

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 20 21

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization LYRIC OPERA OF CHICAGO
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
20 N WACKER DRIVE 860
 City or town, state or province, country, and ZIP or foreign postal code
CHICAGO, IL 60606

D Employer identification number 36-6008929

E Telephone number (312) 332-2244

F Name and address of principal officer: ANTHONY FREUD
SAME AS C ABOVE

G Gross receipts \$ 199,089,880

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions
H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.LYRICOPERA.ORG

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 1954 **M** State of legal domicile: IL

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>LYRIC OPERA OF CHICAGO EXISTS TO PROVIDE A BROAD, DEEP, AND RELEVANT CULTURAL SERVICE TO THE CHICAGO REGION AND THE NATION AND TO ADVANCE THE DEVELOPMENT OF THE ART FORM OF OPERA.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	98
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	96
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	836
	6	Total number of volunteers (estimate if necessary)	6	764
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	42,749
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>36,568,721</u>	Current Year <u>33,854,022</u>
	9	Program service revenue (Part VIII, line 2g)	<u>16,882,647</u>	<u>225,681</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>5,083,295</u>	<u>13,045,845</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>1,768,008</u>	<u>(234,557)</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>60,302,671</u>	<u>46,890,991</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<u>0</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>47,497,809</u>	<u>25,211,739</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>4,361,415</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>29,514,165</u>	<u>20,706,542</u>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>77,011,974</u>	<u>45,918,281</u>	
19	Revenue less expenses. Subtract line 18 from line 12	<u>(16,709,303)</u>	<u>972,710</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <u>270,226,178</u>	End of Year <u>312,425,270</u>
	21	Total liabilities (Part X, line 26)	<u>94,660,854</u>	<u>98,042,149</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>175,565,324</u>	<u>214,383,121</u>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____
ROBERTA LANE, ASST TREASURER/CFAO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name NICOLE BENCIK Preparer's signature NICOLE BENCIK Date 5/10/2022 Check if self-employed PTIN P00756195
 Firm's name ▶ CROWE LLP Firm's EIN ▶ 35-0921680
 Firm's address ▶ 225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-1224 Phone no. (312) 899-7000

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: WE BELIEVE IN THE LIFE-CHANGING, TRANSFORMATIONAL, REVELATORY POWER OF GREAT ART AND OPERA. LYRIC OPERA OF CHICAGO EXISTS TO PROVIDE A BROAD, DEEP, AND RELEVANT CULTURAL SERVICE TO THE CHICAGO REGION AND THE NATION, AND TO ADVANCE THE DEVELOPMENT OF THE ART FORM OF OPERA BY: (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 32,333,741 including grants of \$) (Revenue \$ 193,910) LYRIC PERFORMED 2 LIVE OUTDOOR OPERA PERFORMANCES, HANSEL & GRETEL AND TWILIGHT GODS. THE PERFORMANCES WERE ATTENDED BY APPROXIMATELY 1,019 PEOPLE. LYRIC ALSO ENHANCED ITS DIGITAL PROGRAMING, WHICH KEPT LONGSTANDING AUDIENCES ENGAGED AND ALSO ATTRACTED A NEW, GLOBAL AUDIENCE, INCLUDING MANY WITH NO PREVIOUS CONECTION TO LYRIC. LYRIC PRODUCED 11 DIGITAL EVENTS WITH DIGITAL VIEWERSHIP TOPPING 250,000, AND RECORDED AN ADDITIONAL LIVE PERFORMANCE (PAGLIACCI) WHICH WAS STREAMED IN FISCAL YEAR 2022.

4b (Code:) (Expenses \$ 575,350 including grants of \$) (Revenue \$ 5,025) LYRIC UNLIMITED, AN INITIATIVE OF LYRIC OPERA OF CHICAGO, OFFERS A MULTIFACETED PROGRAM OF EXPANDED COMMUNITY ENGAGEMENT AND ARTISTIC INITIATIVES AND INCLUDES LYRIC'S LONGSTANDING EDUCATIONAL PROGRAMS. LYRIC SEEKS TO ENRICH THE LIVES OF CHICAGO-AREA CHILDREN AND ADULTS THROUGH HIGH-QUALITY, ACCESSIBLE ARTS EDUCATION, WHICH FOCUSES ON CULTIVATING A LIFELONG APPRECIATION OF OPERA AND CREATING AUDIENCES FOR THE FUTURE.

LYRIC'S SCHOOL PROGRAMS EMBRACE ARTS EDUCATION AS A CORE SUBJECT AND PROMOTE CROSS-CURRICULAR INTEGRATION WHILE FULFILLING STATE LEARNING STANDARDS. COMMUNITY PROGRAMS PROVIDE EDUCATION ON A VARIETY OF LEVELS, FROM NOVICE TO EXPERT, WHICH HEIGHTEN THE OPERA-GOING EXPERIENCE. 20 YOUTH AND ADULT PROGRAMS WERE HELD THROUGHOUT THE YEAR. MOST OF THESE ACTIVITIES TOOK PLACE VIRTUALLY.

(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 26,746) DURING THE FISCAL YEAR, THERE WERE NO PRESENTATIONS OR EVENTS HELD IN THE FACILITY. HOWEVER, DINING SPACE WAS USED BY BUILDING MANAGEMENT

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 32,909,091

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I See instructions</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	✓	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	✓	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 836		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		✓

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/>	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<input checked="" type="checkbox"/>	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<input checked="" type="checkbox"/>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<input checked="" type="checkbox"/>
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► [CA, IL, NY](#)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ► [ROBERTA LANE, 20 N WACKER DRIVE NO 860, CHICAGO, IL 60606, \(312\) 332-2244](#)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTHONY FREUD GENERAL DIRECTOR, PRESIDENT & CEO	40.0	✓		✓			554,020	0	57,905	
(2) DREW LANDMESSER CHIEF OPERATING OFFICER & DEPUTY GENERAL DIRECTOR	40.0			✓			423,332	0	32,457	
(3) ROBERTA LANE ASST TREASURER, CFAO	40.0			✓			397,533	0	37,567	
(4) ELIZABETH HURLEY ASST SECRETARY, CHIEF ADVANCEMENT OFFICER	40.0			✓			357,625	0	41,165	
(5) MARY LADISH SELANDER FORMER ASST SECRETARY, DIRECTOR OF DEVELOPMENT	0.0					✓	305,950	0	0	
(6) KATHLEEN SHEEHAN VICE PRESIDENT FOR PRINCIPAL GIFTS	40.0					✓	218,007	0	26,879	
(7) SHARON POLIFRONE ASSISTANT CONCERT MASTER	40.0					✓	223,505	0	14,361	
(8) CHARLENE E ZIMMERMAN PRINCIPAL CLARINET	40.0					✓	210,210	0	18,333	
(9) PATRICK NUGENT VICE PRESIDENT FOR DEVELOPMENT	40.0					✓	202,209	0	18,471	
(10) BONITA R DIBELLO SECTION VIOLIN	40.0					✓	183,938	0	12,498	
(11) DAVID ORMESHER EXECUTIVE COMMITTEE CHAIR	2.0	✓		✓			0	0	0	
(12) DONNA VAN EEKEREN SECRETARY	2.0	✓		✓			0	0	0	
(13) JAMES L ALEXANDER VICE-CHAIR	2.0	✓		✓			0	0	0	
(14) RUTH ANN M GILLIS TREASURER	2.0	✓		✓			0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) SHIRLEY WELSH RYAN VICE-CHAIR	2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(16) SIR ANDREW DAVIS VICE-CHAIR/PARTIAL YEAR TO 6.21.21	2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(17) SYLVIA NEIL CHAIR	6.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(18) WILLIAM C VANCE VICE-CHAIR	2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(19) ALLAN B MUCHIN TRUSTEE	1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(20) ALLAN BULLEY TRUSTEE	1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(21) ALLAN DREBIN TRUSTEE	1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(22) AMY CARBONE TRUSTEE	1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(23) ANDREW J MCKENNA TRUSTEE	1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(24) ANN DRAKE TRUSTEE/PARTIAL YEAR TO 2.9.21	1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(25) (SEE STATEMENT)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1b Subtotal								3,076,329	0	259,636
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								3,076,329	0	259,636

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 41

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BULLEY & ANDREWS CONCRETE RESTORATION, LLC, 1755 W. ARMITAGE AVE., CHICAGO, IL 60622	CONSTRUCTION COMPANY	1,934,791
NAVIGATOR TOPCO LP, 401 W. LINCOLN AVE., LITITZ, PA 17543	MACHINING MANUFACTURER	1,011,541
BAY PRODUCTIONS LTD, PORTMAMMOOR ROAD INDUSTRIAL ESTATE, UNIT 38, CARDIFF BAY, CARDIFF, CF24 5HB, UK	THEATER COMPANY	757,922
HMS MEDIA INC., 1677 ELK BLVD., DES PLAINES, IL 60016	VIDEO PRODUCTION	739,177
MCDERMOTT WILL & EMERY LLP, 444 WEST LAKE STREET, SUITE 4000, CHICAGO, IL 60606	LEGAL	676,844

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 25

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,906,355			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	166,200			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	31,781,467			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,141,709			
	h	Total. Add lines 1a-1f		33,854,022			
	Program Service Revenue			Business Code			
2a		TICKET SALES	711190	42,375	42,375		
b		TICKET HNDLG/EXCHG FEES	711190	2,070	2,070		
c		FACILITIES EVENTS FEES	900099	26,746	26,746		
d		EDUCATION ACTIVITIES	711190	5,025	5,025		
e							
f		All other program service revenue . . .	711190	149,465	149,465	0	
g	Total. Add lines 2a-2f		225,681				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,020,209		39,922	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
			6b				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	0	0		
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a	162,651,265			
			7b	151,625,045	584		
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c	11,026,220	(584)		
	d	Net gain or (loss)		11,025,636		11,025,636	
8a	Gross income from fundraising events (not including \$ 1,906,355 of contributions reported on line 1c). See Part IV, line 18	8a	134,395				
b	Less: direct expenses	8b	573,260				
c	Net income or (loss) from fundraising events . . .		(438,865)		(438,865)		
9a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities . . .						
10a	Gross sales of inventory, less returns and allowances	10a	0				
		b	Less: cost of goods sold	10b	0		
		c	Net income or (loss) from sales of inventory . . .		0	0	0
Miscellaneous Revenue			Business Code				
	11a	RENTAL SPACE	900099	2,827	2,827		
	b	INSURANCE REBATE	900099	99,302		99,302	
	c	MISCELLANEOUS	900099	102,179		102,179	
	d	All other revenue		0	0	0	
e	Total. Add lines 11a-11d		204,308				
12	Total revenue. See instructions		46,890,991	225,681	42,749	12,768,539	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,805,736	361,140	787,099	657,497
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	300	300		
7	Other salaries and wages	14,990,494	10,661,587	2,346,505	1,982,402
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,348,476	1,215,922	82,385	50,169
9	Other employee benefits	5,622,382	5,104,691	220,088	297,603
10	Payroll taxes	1,444,351	1,082,420	173,267	188,664
11	Fees for services (nonemployees):				
a	Management				
b	Legal	744,909	312,019	432,890	
c	Accounting	210,111		210,111	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,862,225		1,856,007	6,218
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,470,872	2,751,083	494,133	225,656
12	Advertising and promotion	458,147	406,726	3,426	47,995
13	Office expenses	998,017	564,754	248,111	185,152
14	Information technology	918,174	46,336	870,970	868
15	Royalties	87,151	87,151		
16	Occupancy	2,010,162	1,738,838	201,406	69,918
17	Travel	164,077	108,722	17,429	37,926
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,758	25		2,733
20	Interest	2,427,800	2,100,631	314,072	13,097
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,957,097	3,568,835	388,262	
23	Insurance	207,270	239,579	(34,881)	2,572
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PRODUCTION COSTS	2,109,714	2,104,564	5,150	
b	CHARGE CARD FEES	104,146	83,632	7	20,507
c	CATERING	18,611	3,866		14,745
d	PURCHASES/RENTALS	1,252		875	377
e	All other expenses	954,049	366,270	30,463	557,316
25	Total functional expenses. Add lines 1 through 24e	45,918,281	32,909,091	8,647,775	4,361,415
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,143,234	1	1,854,700
	2 Savings and temporary cash investments	873,047	2	864,638
	3 Pledges and grants receivable, net	27,369,835	3	23,643,662
	4 Accounts receivable, net	2,352,542	4	145,948
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	31,053	8	27,716
	9 Prepaid expenses and deferred charges	1,366,467	9	3,096,210
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 119,372,943		
	b Less: accumulated depreciation	10b 78,220,464	38,370,904	10c 41,152,479
	11 Investments—publicly traded securities	81,886,891	11	56,234,176
	12 Investments—other securities. See Part IV, line 11	115,786,957	12	185,360,421
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	45,248	15	45,320
16 Total assets. Add lines 1 through 15 (must equal line 33)	270,226,178	16	312,425,270	
Liabilities	17 Accounts payable and accrued expenses	6,296,240	17	7,920,603
	18 Grants payable		18	
	19 Deferred revenue	10,130,692	19	9,047,848
	20 Tax-exempt bond liabilities	65,800,000	20	65,800,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	12,433,922	25	15,273,698
	26 Total liabilities. Add lines 17 through 25	94,660,854	26	98,042,149
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	87,066,225	27	112,363,494
	28 Net assets with donor restrictions	88,499,099	28	102,019,627
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	175,565,324	32	214,383,121	
33 Total liabilities and net assets/fund balances	270,226,178	33	312,425,270	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	46,890,991
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,918,281
3	Revenue less expenses. Subtract line 2 from line 1	3	972,710
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	175,565,324
5	Net unrealized gains (losses) on investments	5	35,553,515
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,291,572
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	214,383,121

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) ANNA PAGLIA ----- TRUSTEE/BEGINNING 10.1.20	1.0 -----	✓						0	0	0
(26) BLYTHE J MCGARVIE ----- TRUSTEE	1.0 -----	✓						0	0	0
(27) BRENDA M SHAPIRO ----- TRUSTEE	1.0 -----	✓						0	0	0
(28) BRENDA ROBINSON ----- TRUSTEE	1.0 -----	✓						0	0	0
(29) BRENT W GLEDHILL ----- TRUSTEE/PARTIAL YEAR TO 10.1.20	1.0 -----	✓						0	0	0
(30) BRYAN TRAUBERT ----- TRUSTEE/BEGINNING 7.1.20	1.0 -----	✓						0	0	0
(31) CHARLES DROEGE ----- TRUSTEE	1.0 -----	✓						0	0	0
(32) CHAZ EBERT ----- TRUSTEE	1.0 -----	✓						0	0	0
(33) CHERRYL T THOMAS ----- TRUSTEE	1.0 -----	✓						0	0	0
(34) CHRISTINE SCHYVINCK ----- TRUSTEE	1.0 -----	✓						0	0	0
(35) CLAUDIA M SARAN ----- TRUSTEE	1.0 -----	✓						0	0	0
(36) COLLIN E ROCHE ----- TRUSTEE	1.0 -----	✓						0	0	0
(37) CRAIG C MARTIN ----- TRUSTEE	1.0 -----	✓						0	0	0
(38) DAN DRAPER ----- TRUSTEE	1.0 -----	✓						0	0	0
(39) DAN GROSSMAN ----- TRUSTEE	1.0 -----	✓						0	0	0
(40) DAVID W CARPENTER ----- TRUSTEE	1.0 -----	✓						0	0	0
(41) DIETRICH M GROSS ----- TRUSTEE - BECAME LIFE MEMBER 9/8/20	1.0 -----	✓						0	0	0
(42) DON M RANDEL ----- TRUSTEE	1.0 -----	✓						0	0	0
(43) ELKE REHBOCK ----- TRUSTEE	1.0 -----	✓						0	0	0
(44) ELLIOT E HIRSCH ----- TRUSTEE	1.0 -----	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(45) ERIC L HIRSCHFIELD ----- TRUSTEE	1.0 -----	✓						0	0	0
(46) ERIC S SMITH ----- TRUSTEE	1.0 -----	✓						0	0	0
(47) ETHEL C GOFEN ----- TRUSTEE	1.0 -----	✓						0	0	0
(48) FRANCESCA CORNELLI ----- TRUSTEE/BEGINNING 2.4.21	1.0 -----	✓						0	0	0
(49) FRANCO TEDESCHI ----- TRUSTEE	1.0 -----	✓						0	0	0
(50) FRANK B MODRUSON ----- TRUSTEE	1.0 -----	✓						0	0	0
(51) FRED KREHBIEL ----- TRUSTEE/PARTIAL YEAR TO 6.3.21	1.0 -----	✓						0	0	0
(52) GERALD DORROS ----- TRUSTEE	1.0 -----	✓						0	0	0
(53) GILDA BUCHBINDER ----- TRUSTEE/PARTIAL YEAR TO 6.10.21	1.0 -----	✓						0	0	0
(54) GREGORY K JONES ----- TRUSTEE	1.0 -----	✓						0	0	0
(55) GREGORY O'LEARY ----- TRUSTEE	1.0 -----	✓						0	0	0
(56) H. GAEL NEESON ----- TRUSTEE	1.0 -----	✓						0	0	0
(57) HOWARD L GOTTLIEB ----- TRUSTEE - BECAME LIFE MEMBER 9/8/20	1.0 -----	✓						0	0	0
(58) J THOMAS HURVIS ----- TRUSTEE	1.0 -----	✓						0	0	0
(59) JAMES FELLOWS ----- TRUSTEE	1.0 -----	✓						0	0	0
(60) JAMES MABIE ----- TRUSTEE/PARTIAL YEAR TO 5.8.21	1.0 -----	✓						0	0	0
(61) JANE CHU ----- TRUSTEE	1.0 -----	✓						0	0	0
(62) JANE DIRENZO PIGOTT ----- TRUSTEE	1.0 -----	✓						0	0	0
(63) JEFFREY C NEAL ----- TRUSTEE	1.0 -----	✓						0	0	0
(64) JOHN E BUTLER ----- TRUSTEE	1.0 -----	✓						0	0	0
(65) JOHN NICHOLS ----- TRUSTEE	1.0 -----	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(66) JOHN P AMBOIAN ----- TRUSTEE	1.0 -----	✓						0	0	0
(67) JOSE LUIS PRADO ----- TRUSTEE	1.0 -----	✓						0	0	0
(68) JOSEF LAKONISHOK ----- TRUSTEE	1.0 -----	✓						0	0	0
(69) JOSEPH DOMINGUEZ ----- TRUSTEE	1.0 -----	✓						0	0	0
(70) JOSEPH O RUBINELLI, JR. ----- TRUSTEE	1.0 -----	✓						0	0	0
(71) JULIE BASKES ----- TRUSTEE	1.0 -----	✓						0	0	0
(72) KAREN FREEMAN-WILSON ----- TRUSTEE/BEGINNING 2.4.21	1.0 -----	✓						0	0	0
(73) KAREN GRAY-KREHBIEL ----- TRUSTEE	1.0 -----	✓						0	0	0
(74) KATHERINE A ABELSON ----- TRUSTEE	1.0 -----	✓						0	0	0
(75) KEN NORGAN ----- TRUSTEE/PARTIAL YEAR TO 10.2.20	1.0 -----	✓						0	0	0
(76) KEVIN SMITH ----- TRUSTEE	1.0 -----	✓						0	0	0
(77) KIP KELLEY, II ----- TRUSTEE	1.0 -----	✓						0	0	0
(78) LARRY A BARDEN ----- TRUSTEE	1.0 -----	✓						0	0	0
(79) LESTER CROWN ----- TRUSTEE	1.0 -----	✓						0	0	0
(80) LINDA K MYERS ----- TRUSTEE	1.0 -----	✓						0	0	0
(81) LOIS EISEN ----- TRUSTEE	1.0 -----	✓						0	0	0
(82) LORI KOMISAR ----- TRUSTEE	1.0 -----	✓						0	0	0
(83) MARIA C GREEN ----- TRUSTEE	1.0 -----	✓						0	0	0
(84) MARION A CAMERON ----- TRUSTEE	1.0 -----	✓						0	0	0
(85) MARSHA CRUZAN ----- TRUSTEE	1.0 -----	✓						0	0	0
(86) MARSHA SERLIN ----- TRUSTEE	1.0 -----	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) MARY PAT GANNON ----- TRUSTEE/PARIAL YEAR TO 8.30.20	1.0 -----	✓						0	0	0
(88) MATTHEW FISHER ----- TRUSTEE	1.0 -----	✓						0	0	0
(89) MATTHEW J PARR ----- TRUSTEE	1.0 -----	✓						0	0	0
(90) MELVIN GRAY ----- TRUSTEE	1.0 -----	✓						0	0	0
(91) MICHAEL P COLE ----- TRUSTEE	1.0 -----	✓						0	0	0
(92) MICHAEL STRAUTMANIS ----- TRUSTEE/BEGINNING 2.4.21	1.0 -----	✓						0	0	0
(93) MILES D WHITE ----- TRUSTEE	1.0 -----	✓						0	0	0
(94) MIMI MITCHELL ----- TRUSTEE	1.0 -----	✓						0	0	0
(95) NANCY SEARLE ----- TRUSTEE/BEGINNING 10.1.20	1.0 -----	✓						0	0	0
(96) NASRIN THIERER ----- TRUSTEE	1.0 -----	✓						0	0	0
(97) OLIVIA TYRRELL ----- TRUSTEE	1.0 -----	✓						0	0	0
(98) OLUFUMMILAYO OLOPADE ----- TRUSTEE	1.0 -----	✓						0	0	0
(99) PAM SZOKOL ----- TRUSTEE	1.0 -----	✓						0	0	0
(100) PAUL F ANDERSON ----- TRUSTEE	1.0 -----	✓						0	0	0
(101) RICHARD POMEROY ----- TRUSTEE	1.0 -----	✓						0	0	0
(102) RICHARD RYAN ----- TRUSTEE	1.0 -----	✓						0	0	0
(103) RICHARD SHEPRO ----- TRUSTEE	1.0 -----	✓						0	0	0
(104) RICHARD W COLBURN ----- TRUSTEE	1.0 -----	✓						0	0	0
(105) ROBERT J MCCULLEN ----- TRUSTEE	1.0 -----	✓						0	0	0
(106) ROBERTA L WASHLOW ----- TRUSTEE	1.0 -----	✓						0	0	0
(107) RODD M SCHREIBER ----- TRUSTEE	1.0 -----	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(108) SCOTT COZAD ----- TRUSTEE	1.0 -----	✓						0	0	0
(109) SCOTT E SANTI ----- TRUSTEE	1.0 -----	✓						0	0	0
(110) SHARON F OBERLANDER ----- TRUSTEE	1.0 -----	✓						0	0	0
(111) SONIA FLORIAN ----- TRUSTEE	1.0 -----	✓						0	0	0
(112) STEPHEN KAPLAN ----- TRUSTEE	1.0 -----	✓						0	0	0
(113) STEVEN FRADKIN ----- TRUSTEE	1.0 -----	✓						0	0	0
(114) SUSAN KIPHART ----- TRUSTEE/PARTIAL YEAR TO 6.21.21	1.0 -----	✓						0	0	0
(115) SUSAN MORRISON ----- TRUSTEE	1.0 -----	✓						0	0	0
(116) VIKRAM KARNANI ----- TRUSTEE	1.0 -----	✓						0	0	0
(117) VINAY COUTO ----- TRUSTEE	1.0 -----	✓						0	0	0
(118) WILLIAM A OSBORN ----- TRUSTEE	1.0 -----	✓						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization LYRIC OPERA OF CHICAGO	Employer identification number 36-6008929
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26,201,904	27,438,056	39,120,440	36,568,721	33,854,022	163,183,143
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	26,201,904	27,438,056	39,120,440	36,568,721	33,854,022	163,183,143
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						21,636,996
6 Public support. Subtract line 5 from line 4						141,546,147

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	26,201,904	27,438,056	39,120,440	36,568,721	33,854,022	163,183,143
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,448,237	2,193,262	3,804,399	4,260,908	1,980,287	14,687,093
9 Net income from unrelated business activities, whether or not the business is regularly carried on	67,579	36,546	72,976	25,654	0	202,755
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	911,764	1,029,141	1,216,737	652,455	102,179	3,912,276
11 Total support. Add lines 7 through 10						181,985,267
12 Gross receipts from related activities, etc. (see instructions)					12	112,928,550
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	77.78 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	79.40 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	DINING SPACES	794,128	795,866	853,776	495,871	0	2,939,641
	OTHER	117,636	233,275	362,961	156,584	102,179	972,635
	Total	911,764	1,029,141	1,216,737	652,455	102,179	3,912,276

Schedule of Contributors

2020

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization LYRIC OPERA OF CHICAGO	Employer identification number 36-6008929
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ
 - 501(c)(3) (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
- Form 990-PF
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor’s total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering “N/A” in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don’t complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization LYRIC OPERA OF CHICAGO	Employer identification number 36-6008929
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 1,050,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 900,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 2,535,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 2,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 1,200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 6,169,273	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LYRIC OPERA OF CHICAGO	Employer identification number 36-6008929
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization LYRIC OPERA OF CHICAGO	Employer identification number 36-6008929
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization LYRIC OPERA OF CHICAGO

Employer identification number 36-6008929

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2 regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	52,197,208	54,986,095	55,392,183	53,157,706	47,495,887
b Contributions	4,364,692	271,612	75,467	725,560	1,581,116
c Net investment earnings, gains, and losses	14,419,253	(138,918)	2,399,562	4,287,527	6,653,730
d Grants or scholarships					
e Other expenditures for facilities and programs	2,405,839	2,514,315	2,516,320	2,431,050	2,400,903
f Administrative expenses	524,256	407,266	364,797	347,560	172,124
g End of year balance	68,051,058	52,197,208	54,986,095	55,392,183	53,157,706

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 0.00 %
- b** Permanent endowment ▶ 50.00 %
- c** Term endowment ▶ 50.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	✓	
3a(ii)		✓
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		696,577		696,577
b Buildings		91,294,499	65,976,407	25,318,092
c Leasehold improvements		0	0	0
d Equipment		17,541,673	10,355,210	7,186,463
e Other		9,840,194	1,888,847	7,951,347
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				41,152,479

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) HEDGED EQUITIES - NON-PUBLICLY TRADED	24,001,211	END OF YEAR MARKET VALUE
(B) ABSOLUTE RETURN - NON-PUBLICLY TRADED	31,181,598	END OF YEAR MARKET VALUE
(C) EQUITIES - NON-PUBLICLY TRADED	116,596,664	END OF YEAR MARKET VALUE
(D) REAL ASSETS - NON-PUBLICLY TRADED	7,875,802	END OF YEAR MARKET VALUE
(E) ASSETS HELD IN TRUST	5,705,146	END OF YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	185,360,421	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	661,666
(3) INTEREST RATE SWAP CONTRACT	8,961,587
(4) FORGIVABLE PAYCHECK PROTECTION PROGRAM LOAN	5,650,445
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	15,273,698

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XIII

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	UNREALIZED GAIN - INTEREST RATE SWAP	2,769,939
	INVESTMENT ADVISOR FEES	- 1,862,226
	FUNDRAISING ACTIVITIES	- 12,443
	DISPOSAL OF FIXED ASSET	584
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	FUNDRAISING EXPENSES	- 12,443
	CHANGE IN SEVERANCE PLANS' VALUATION	- 4,360
	LOSS ON DISPOSAL OF FIXED ASSET	584

Part XIII

Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS</p>	<p>THE OPERA'S ENDOWMENT IS COMPRISED OF DONOR-RESTRICTED ENDOWMENT FUNDS. RELATED NET ASSETS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.</p> <p>THE OPERA'S BOARD OF DIRECTORS HAS APPROVED A SPENDING POLICY WHICH ALLOWS FOR THE TRANSFER OF 5% OF THE AVERAGE OF THE MARKET VALUES OF THE TRAILING TWELVE QUARTER BALANCE OF THE MANAGED PORTFOLIO AT DECEMBER 31 OF THE PREVIOUS FISCAL YEAR, INCLUDING ENDOWMENT BALANCES, TO BE USED TO SUPPORT OPERATIONS AND FUND DEBT SERVICE. THE SPENDING RATE APPROXIMATES THE RETURN OBJECTIVE OF THE FUND ALLOWING FOR THE PRESERVATION OF PURCHASING POWER AND GROWTH OF THE MANAGED PORTFOLIO THROUGH INVESTMENT RETURNS IN EXCESS OF THE OBJECTIVE AND NEW GIFTS.</p>
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>THE OPERA IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE OPERA HAS CONCLUDED THERE WERE NO MATERIAL UNCERTAIN TAX POSITIONS NOR DOES THE OPERA EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. THE OPERA DOES NOT HAVE NOR DOES IT ANTICIPATE ANY INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX POSITIONS IN INTEREST AND INCOME TAX EXPENSE AS OF JUNE 30, 2021 AND JUNE 30, 2020. THERE ARE NO ONGOING FEDERAL, STATE OR LOCAL AUDITS.</p>

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2020

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization

LYRIC OPERA OF CHICAGO

Employer identification number

36-6008929

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	39,607,836
(2) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	MANAGEMENT & GEN'L - INFORMATION TECHNOLOGY COSTS	N/A	4,000
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	ARTISTIC/PRODUCTION COSTS	539,046
(4) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	FUNDRAISING	N/A	3,295
(5) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ARTISTIC/PRODUCTION COSTS	1,383
(6) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS	N/A	6,687,357
(7) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	ARTISTIC/PRODUCTION COSTS	61,054
(8) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	MANAGEMENT & GEN'L - INFORMATION TECHNOLOGY COSTS	N/A	24,798
(9) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	ARTISTIC/PRODUCTION COSTS	6,500
(10) RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	ARTISTIC/PRODUCTION COSTS	25,475
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			46,960,744
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			46,960,744

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50082W

Schedule F (Form 990) 2020

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶

3 Enter total number of other organizations or entities . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* **Yes** **No**

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* **Yes** **No**

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* **Yes** **No**

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* **Yes** **No**

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* **Yes** **No**

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* **Yes** **No**

Part V

Supplemental Information. Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL RUSSIA AND NEIGHBORING STATES: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

LYRIC OPERA OF CHICAGO

Employer identification number

36-6008929

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		OPENING NIGHT/OPERA BALL (event type)	WINE AUCTION INTERLUDE SERIES (event type)	6 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,483,929	89,100	467,721	2,040,750
	2 Less: Contributions	1,449,679	49,680	406,996	1,906,355
	3 Gross income (line 1 minus line 2)	34,250	39,420	60,725	134,395
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	250		55,938	56,188
	7 Food and beverages	35,611	25,870	18,098	79,579
	8 Entertainment	836		14,567	15,403
	9 Other direct expenses	219,469		202,621	422,090
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				573,260
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(438,865)

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE G, PART II - LINE 11 NET INCOME	THE MECHANICS OF SCHEDULE G REQUIRE THAT WE REMOVE CHARITABLE CONTRIBUTIONS COLLECTED AT THE SPECIAL EVENT, IN ORDER TO DETERMINE INCOME OR LOSS ON EVENTS. \$1.9 MILLION OF CHARITABLE CONTRIBUTIONS WERE COLLECTED (SCHEDULE G, PART II, LINE 2) FOR A TRUE NET INCOME OF \$1.5 MILLION COLLECTED AT THESE EVENTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LYRIC OPERA OF CHICAGO

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

36-6008929

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	✓
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	✓
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	✓
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ANTHONY FREUD GENERAL DIRECTOR, PRESIDENT & CEO	(i) 465,306	0	88,714	37,373	20,532	611,925	0
	(ii)	0	0	0	0	0	0	0
2	DREW LANDMESSER CHIEF OPERATING OFFICER & DEPUTY GENERAL DIRECTOR	(i) 252,464	0	170,868	16,906	15,551	455,789	0
	(ii)	0	0	0	0	0	0	0
3	ROBERTA LANE ASST TREASURER, CFAO	(i) 296,217	0	101,316	17,873	19,694	435,100	0
	(ii)	0	0	0	0	0	0	0
4	ELIZABETH HURLEY ASST SECRETARY, CHIEF ADVANCEMENT OFFICER	(i) 328,968	0	28,657	17,882	23,283	398,790	0
	(ii)	0	0	0	0	0	0	0
5	MARY LADISH SELANDER FORMER ASST SECRETARY, DIRECTOR OF DEVELOPMENT	(i) 305,950	0	0	0	0	305,950	0
	(ii)	0	0	0	0	0	0	0
6	KATHLEEN SHEEHAN VICE PRESIDENT FOR PRINCIPAL GIFTS	(i) 217,181	0	826	7,129	19,750	244,886	0
	(ii)	0	0	0	0	0	0	0
7	SHARON POLIFRONE ASSISTANT CONCERT MASTER	(i) 74,436	0	149,069	9,018	5,343	237,866	0
	(ii)	0	0	0	0	0	0	0
8	CHARLENE E ZIMMERMAN PRINCIPAL CLARINET	(i) 72,821	0	137,389	8,851	9,482	228,543	0
	(ii)	0	0	0	0	0	0	0
9	PATRICK NUGENT VICE PRESIDENT FOR DEVELOPMENT	(i) 201,383	0	826	0	18,471	220,680	0
	(ii)	0	0	0	0	0	0	0
10	BONITA R DIBELLO SECTION VIOLIN	(i) 61,108	0	122,830	7,389	5,109	196,436	0
	(ii)	0	0	0	0	0	0	0
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

Part III

Supplemental Information. Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	DUE TO A CONFIDENTIALITY AGREEMENT, LYRIC OPERA IS PROHIBITED FROM DISCLOSING SPECIFIC DETAILS. HOWEVER, THE AMOUNTS OF SEVERANCE RECEIVED BY THE INDIVIDUALS ARE INCLUDED IN SCHEDULE J, PART II, BOX (B)(III).
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	DUE TO A CONFIDENTIALITY AGREEMENT, LYRIC OPERA IS PROHIBITED FROM DISCLOSING SPECIFIC DETAILS. HOWEVER, THE AMOUNT OF PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN RECEIVED BY THE INDIVIDUAL IS INCLUDED IN SCHEDULE J, PART II, BOX (B)(III).

**SCHEDULE L
(Form 990 or 990-EZ)**

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

LYRIC OPERA OF CHICAGO

Employer identification number

36-6008929

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV**Business Transactions Involving Interested Persons** (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SIRAD INC	ENTITY MORE THAN 35% OWNED BY A. DAVIS, TRUSTEE - PARTIAL YEAR ENDING 6/21/21	\$506,996	CONTRACTED CONSULTANT - NORMAL COURSE OF BUSINESS		✓
(2) BULLEY & ANDREWS CONCRETE RESTORATION, LLC	ENTITY MORE THAN 35% OWNED BY A. BULLEY, TRUSTEE	\$1,934,790	UPDATES TO MAIN FLOOR THEATER SEATING		✓

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

LYRIC OPERA OF CHICAGO

Employer identification number

36-6008929

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	✓	1	1	MARKET VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	✓		16,944	MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	58	1,092,605	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>GIFT CERTIFICATES</u>)	✓	4	31,754	MARKET VALUE
26 Other ▶ (<u>MUSICAL SCORE</u>)	✓	1	205	MARKET VALUE
27 Other ▶ (<u>ENTERTAINMENT</u>)	✓	1	200	MARKET VALUE
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 3

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - STOCK DONATIONS RECEIVED OTHER - GIFT CERTIFICATES - NUMBER OF CONTRIBUTIONS ART - WORKS OF ART - ART NUMBER OF CONTRIBUTIONS OTHER - MUSICAL SCORE - NUMBER OF ITEMS RECEIVED OTHER - ENTERTAINMENT - NUMBER OF ITEMS RECEIVED

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the Organization
LYRIC OPERA OF CHICAGO

Employer Identification Number
36-6008929

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	<p>- PRODUCING AND PERFORMING CONSISTENTLY THRILLING, WORLD-CLASS OPERA, WITH A BALANCED REPERTOIRE THAT ENCOMPASSES CORE CLASSICS, LESSER-KNOWN MASTERPIECES, AND NEW WORKS.</p> <p>- CREATING A DIVERSE, INNOVATIVE, WIDE-RANGING PROGRAM OF COMMUNITY ENGAGEMENT AND EDUCATION ACTIVITIES THAT REACHES THE WIDEST POSSIBLE PUBLIC.</p> <p>- DEVELOPING EXCEPTIONAL EMERGING OPERATIC TALENT.</p>
FORM 990, PART III, LINE 3 - SIGNIFICANT CHANGES IN PROGRAM SERVICES	<p>ON MARCH 12, 2020, THE STATE OF ILLINOIS AND CITY OF CHICAGO MANDATED THE CANCELLATION OF ALL LARGE-SCALE EVENTS EXCEEDING 1,000 INDIVIDUALS DUE TO THE COVID-19 PANDEMIC. LYRIC OPERA OF CHICAGO CANCELLED ALL ONSITE PERFORMANCES FOR THE 2021 FISCAL YEAR. LYRIC OPERA HAS MADE A SIGNIFICANT INVESTMENT IN DEVELOPING AN EXPANDED DIGITAL ENGAGEMENT STRATEGY - LEVERAGING EXISTING AUDIO VIDEO, IMAGE, AND NARRATIVE CONTENT, AND SELECTIVELY CREATING TARGETED NEW CONTENT. DEPLOYMENT OF THE SIGNIFICANTLY ENHANCED DIGITAL STRATEGY ENSURES THAT EVEN DURING SOCIAL DISTANCING, LYRIC OPERA, THE OPERATIC GENRE, AND THE PERFORMING ARTS REMAIN A PART OF EVERYDAY LIFE FOR STUDENTS, FAMILIES, AND OPERA FANS ACROSS CHICAGO AND AROUND THE WORLD</p>
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>ATTENDANCE FOR THESE EDUCATIONAL ACTIVITIES TOTALED APPROXIMATELY 1,350. PLEASE NOTE, AS REQUIRED BY THE INSTRUCTIONS, THE REVENUE DISCLOSED HERE DOES NOT INCLUDE CONTRIBUTED REVENUE FOR THESE PROGRAMS.</p>
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	<p>THE BOARD OF DIRECTORS SHALL DESIGNATE NOT MORE THAN 30 DIRECTORS TO CONSTITUTE AN EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL HAVE ALL OF THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE CORPORATION EXCEPT WITH REGARD TO MATTERS ON WHICH THE BOARD HAS ACTED AND EXCEPT FURTHER THE EXECUTIVE COMMITTEE SHALL NOT:</p> <p>(A) ADOPT A PLAN FOR THE DISTRIBUTION OF THE ASSETS OF THE CORPORATION, OR FOR DISSOLUTION;</p> <p>(B) APPROVE OR RECOMMEND TO MEMBERS ANY ACT THE ILLINOIS GENERAL NOT FOR PROFIT CORPORATION ACT OF 1986 REQUIRES TO BE APPROVED BY MEMBERS;</p> <p>(C) FILL VACANCIES ON THE BOARD OR ON ANY OF ITS COMMITTEES;</p> <p>(D) ELECT, APPOINT OR REMOVE ANY OFFICER OR DIRECTOR OR MEMBER OF ANY COMMITTEE, OR FIX THE COMPENSATION OF ANY MEMBER OF A COMMITTEE;</p> <p>(E) ADOPT, AMEND, OR REPEAL THE BYLAWS OR THE ARTICLES OF INCORPORATION;</p> <p>(F) ADOPT A PLAN OF MERGER OR ADOPT A PLAN OF CONSOLIDATION WITH ANOTHER CORPORATION, OR AUTHORIZE THE SALE, LEASE, EXCHANGE OR MORTGAGE OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY OR ASSETS OF THE CORPORATION; OR</p> <p>(G) AMEND, ALTER, REPEAL OR TAKE ACTION INCONSISTENT WITH ANY RESOLUTION OR ACTION OF THE BOARD OF DIRECTORS WHEN THE RESOLUTION OR ACTION OF THE BOARD OF DIRECTORS PROVIDES BY ITS TERMS THAT IT SHALL NOT BE AMENDED, ALTERED OR REPEALED BY ACTION OF A COMMITTEE.</p> <p>THE DELEGATION HEREIN OF AUTHORITY TO THE EXECUTIVE COMMITTEE SHALL NOT OPERATE TO RELIEVE THE BOARD OF DIRECTORS, OR ANY INDIVIDUAL DIRECTOR, OF ANY RESPONSIBILITY IMPOSED UPON IT, HIM, OR HER BY LAW.</p>
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	<p>MILES D. WHITE & WILLIAM OSBORN - BUSINESS RELATIONSHIP</p>
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	<p>EACH PERSON, FIRM OR CORPORATION DONATING \$500 OR MORE TO THE CORPORATION IN ANY 10-MONTH PERIOD FROM JULY 1 OF ANY CALENDAR YEAR THROUGH APRIL 30 OF THE FOLLOWING CALENDAR YEAR SHALL BECOME A MEMBER FOR THE 12-MONTH PERIOD BEGINNING ON THE MAY 1 IMMEDIATELY FOLLOWING THE END OF SUCH 10-MONTH PERIOD AND ENDING ON THE FOLLOWING APRIL 30. EACH PERSON, FIRM OR CORPORATION DONATING \$500 OR MORE TO THE CORPORATION IN ANY 2-MONTH PERIOD BEGINNING ON THE JULY 1 IMMEDIATELY FOLLOWING THE END OF SUCH 2-MONTH PERIOD AND ENDING ON THE FOLLOWING JUNE 30.</p> <p>THE GENERAL DIRECTOR OR EXECUTIVE COMMITTEE SHALL DESIGNATE EACH MEMBER AS ARIA, PLATINUM, GRAND, GOLDEN GRAND, SILVER GRAND, PREMIER BENEFACTOR, BRAVO CIRCLE, IMPRESARIO, FRIEND, SUSTAINER OR SUCH OTHER DESIGNATION AS THE GENERAL DIRECTOR OR EXECUTIVE COMMITTEE SHALL DETERMINE BASED UPON AMOUNT OF CONTRIBUTION. THE GENERAL DIRECTOR OR EXECUTIVE COMMITTEE SHALL SET AND INCREASE OR DECREASE, FROM TIME TO TIME, THE RESPECTIVE AMOUNTS REQUIRED FOR EACH DESIGNATION. THE VARIOUS DESIGNATIONS SHALL NOT AFFECT THE VOTING AND OTHER LEGAL RIGHTS OF MEMBERS UNDER THE ILLINOIS GENERAL NOT FOR PROFIT CORPORATION ACT OF 1986.</p>
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	<p>EACH MEMBER SHALL BE ENTITLED TO ONE VOTE AT EACH ANNUAL MEETING FOR THE ELECTION OF DIRECTORS AND ON SUCH OTHER MATTERS AS ARE SUBMITTED TO A VOTE OF THE MEMBERS. EACH MEMBER SHALL HAVE THE RIGHT TO VOTE IN PERSON, BY PROXY OR BY E-MAIL OR OTHER ELECTRONIC MEANS FOR AS MANY PERSONS AS THERE ARE DIRECTORS TO BE ELECTED. NO CUMULATIVE VOTING SHALL BE PERMITTED.</p>

Return Reference - Identifier	Explanation								
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE LYRIC OPERA OF CHICAGO FORM 990 AND SUPPLEMENTAL SCHEDULES ARE PREPARED AND REVIEWED BY LYRIC STAFF. A REVIEW IS THEN PERFORMED BY OUR TAX ADVISOR. THE FORM 990 AND SUPPLEMENTAL SCHEDULES ARE PROVIDED TO THE FULL LYRIC OPERA AUDIT COMMITTEE, ALONG WITH THE APPROPRIATE MEMBERS OF LYRIC OPERA STAFF. FOR THEIR REVIEW PRIOR TO A MEETING OF THE FULL AUDIT COMMITTEE WHERE THE TAX ADVISOR OVERSEES THE DISCUSSION AND REVIEW OF THE FORM 990. THE AUDIT COMMITTEE THEN APPROVES THE FILINGS PRIOR TO THEM BEING FILED WITH THE IRS.								
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>LYRIC OPERA MAINTAINS A CONFLICT OF INTEREST POLICY WHICH APPLIES TO ALL DIRECTORS, OFFICERS OF AUXILIARY ORGANIZATIONS AUTHORIZED BY THE OPERA, AS WELL AS SENIOR MANAGEMENT AND OTHER DESIGNATED MEMBERS OF THE STAFF. THE POLICY REQUIRES EACH PERSON TO WHOM THE POLICY APPLIES TO COMPLETE AN ANNUAL DISCLOSURE QUESTIONNAIRE WHICH IDENTIFIES A BUSINESS OR FINANCIAL INTEREST OF THAT PERSON WHICH IS PLANNING TO ENGAGE IN A BUSINESS TRANSACTION WITH THE OPERA, OR HAS ENGAGED IN A BUSINESS TRANSACTION WITH THE OPERA DURING THE PRECEDING YEAR.</p> <p>THE POLICY FORBIDS SUCH INDIVIDUALS FROM VOTING ON OR USING THEIR PERSONAL INFLUENCE IN CONNECTION WITH SUCH TRANSACTIONS. IN THE EVENT THE OPERA DOES CONDUCT BUSINESS WITH A RELATED PARTY, THE FINANCIAL TERMS OF THOSE RELATIONSHIPS ARE REPORTED ANNUALLY TO THE AUDIT COMMITTEE, WHOSE MEMBERS MUST BE INDEPENDENT PER THE TERMS OF ITS CHARTER.</p> <p>THE OPERA REQUIRES EACH FULL-TIME NON-UNION EMPLOYEE TO CONDUCT THEMSELVES IN ACCORDANCE WITH THE CODE OF BUSINESS CONDUCT AND ETHICS, APPROVED BY THE OPERA'S BOARD OF DIRECTORS, AND TO SIGN AN ANNUAL STATEMENT ACKNOWLEDGING THEIR UNDERSTANDING OF THIS CODE.</p>								
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>THE PROCESS OF DETERMINING COMPENSATION OF THE ORGANIZATION'S GENERAL DIRECTOR INCLUDED THE FOLLOWING:</p> <p>THE GENERAL DIRECTOR WAS HIRED IN APRIL 2011 WITH A 5 YEAR CONTRACT, THROUGH JUNE 30, 2016. THE COMPENSATION COMMITTEE, COMPRISED OF SEVEN INDEPENDENT BOARD MEMBERS AND TWO EX-OFFICIO MEMBERS, WAS CHARGED UNDER THEIR CHARTER WITH THE RESPONSIBILITY TO REVIEW AND ESTABLISH OBJECTIVES RELEVANT TO THE GENERAL DIRECTOR'S COMPENSATION, EVALUATE THE GENERAL DIRECTOR'S PERFORMANCE IN LIGHT OF THOSE OBJECTIVES, AND RECOMMEND TO THE EXECUTIVE COMMITTEE THE GENERAL DIRECTOR'S COMPENSATION LEVEL BASED ON THIS EVALUATION. IN 2016, THE GENERAL DIRECTOR (NOW CALLED THE GENERAL DIRECTOR, PRESIDENT AND CHIEF EXECUTIVE OFFICER) WAS OFFERED A NEW FIVE-YEAR CONTRACT, STARTING JULY 1, 2016 THROUGH JUNE 30, 2021. ON JUNE 28, 2021, THE COMPENSATION COMMITTEE RENEWED THE GENERAL DIRECTOR, PRESIDENT, AND CEO CONTRACT FOR AN ADDITIONAL 5 YEAR TERM ENDING JUNE 30, 2026. THE BASE SALARY OFFERED IN THE NEW CONTRACT WAS BENCHMARKED AGAINST COMPARABLE OPERA AND PERFORMING ARTS COMPANIES AND AGAIN APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS.</p>								
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	<p>THE PROCESS OF DETERMINING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES (ANYONE EARNING MORE THAN \$150,000) INCLUDED THE FOLLOWING:</p> <ol style="list-style-type: none"> 1) THE COMPENSATION COMMITTEE, MADE UP OF SEVEN INDEPENDENT BOARD MEMBERS AND TWO EX-OFFICIO MEMBERS, REVIEWED THE FISCAL 2021 COMPENSATION ARRANGEMENTS IN JUNE 2020. THIS PROCESS IS DONE ANNUALLY. 2) LYRIC SALARY BANDS ARE DETERMINED IN CONSULTATION WITH AN INDEPENDENT CONSULTANT ON A PERIODIC BASIS WHO, LEVERAGING COMPARABILITY DATA AND BENCHMARK COMPARISONS FROM PEER INDUSTRY ORGANIZATIONS BASED ON SIZE OF REVENUE AND OPERATING BUDGET AS WELL AS SCOPE OF MANAGEMENT RESPONSIBILITY, SETS SALARY BANDS FOR EACH OF LYRIC'S EIGHT STAFF JOB LEVELS. 3) SALARIES FOR ALL HIGHLY COMPENSATED EMPLOYEES WITH SALARIES OVER \$150,000 PER YEAR MUST FALL WITHIN THEIR RESPECTIVE SALARY BANDS. 4) RECOMMENDATIONS, AS WELL AS ANY DELIBERATION, WERE DOCUMENTED IN THE COMPENSATION COMMITTEE MINUTES. A REPORT TO THE BOARD WITH RESPECT TO COMPENSATION RECOMMENDATION WAS REFLECTED IN THE BOARD MEETING MINUTES. 								
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	LYRIC OPERA OF CHICAGO POSTS AUDITED FINANCIAL STATEMENTS ON ITS WEBSITE. GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY ARE NOT REQUIRED DISCLOSURES PURSUANT TO IRC SEC. 6104. THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME.								
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">(a) Description</th> <th style="text-align: center;">(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CHANGE IN SEVERANCE PLANS' VALUATION</td> <td style="text-align: right;">4,360</td> </tr> <tr> <td>UNREALIZED GAIN - INTEREST RATE SWAP CONTRACT</td> <td style="text-align: right;">2,769,939</td> </tr> <tr> <td>UNCOLLECTIBLE DEBT</td> <td style="text-align: right;">- 482,727</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN SEVERANCE PLANS' VALUATION	4,360	UNREALIZED GAIN - INTEREST RATE SWAP CONTRACT	2,769,939	UNCOLLECTIBLE DEBT	- 482,727
(a) Description	(b) Amount								
CHANGE IN SEVERANCE PLANS' VALUATION	4,360								
UNREALIZED GAIN - INTEREST RATE SWAP CONTRACT	2,769,939								
UNCOLLECTIBLE DEBT	- 482,727								