

## PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2023****Open to Public Inspection**

<b>A</b> For the 2023 calendar year, or tax year beginning <u>07/01</u> , 2023, and ending <u>06/30</u> , 20 <u>24</u>			
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>LYRIC OPERA OF CHICAGO</u>		<b>D</b> Employer identification number <u>36-6008929</u>
	Doing business as		<b>E</b> Telephone number <u>(312) 332-2244</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<u>20 N WACKER DRIVE</u>	<u>860</u>	<b>G</b> Gross receipts \$ <u>139,764,375</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>CHICAGO, IL 60606</u>		
<b>F</b> Name and address of principal officer: <u>JOHN MANGUM</u> <u>SAME AS C ABOVE</u>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. <b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>L</b> Year of formation: <u>1954</u>	
<b>J</b> Website: <u>WWW.LYRICOPERA.ORG</u>		<b>M</b> State of legal domicile: <u>IL</u>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	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>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>98</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>95</u>
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<u>1,148</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<u>789</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>291,985</u>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<u>37,493</u>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>33,366,098</u>	<u>35,509,671</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>20,549,988</u>	<u>14,107,253</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>3,909,658</u>	<u>5,102,773</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,920,088</u>	<u>2,406,736</u>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>59,745,832</u>	<u>57,126,433</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		<u>0</u>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>51,333,371</u>	<u>48,054,271</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>70,209</u>	<u>57,873</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<u>4,945,795</u>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>34,419,076</u>	<u>29,187,857</u>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>85,822,656</u>	<u>77,300,001</u>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>(26,076,824)</u>	<u>(20,173,568)</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>269,846,836</u>	<u>266,250,685</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>83,947,725</u>	<u>81,306,151</u>
			<u>185,899,111</u>	<u>184,944,534</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.

<b>Sign Here</b>	Signature of officer <u>VINCENTE MILIANTI, CHIEF FINANCIAL &amp; OPERATING OFFICER</u>		Date		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>JENNIFER BURKE</u>	Preparer's signature <u>JENNIFER BURKE</u>	Date <u>5/7/2025</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01342224</u>
	Firm's name <u>CROWE LLP</u>	Firm's EIN <u>35-0921680</u>			
	Firm's address <u>225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-1224</u>	Phone no. <u>(312) 899-7000</u>			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2023)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No

- 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 ☒ 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? ☐ 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 \$ 60,630,153 including grants of \$ 0 ) (Revenue \$ 14,099,480 )  
DURING THE FISCAL YEAR, 40 OPERA PERFORMANCES AND 1 CONCERT WERE PERFORMED BY LYRIC OPERA OF  
CHICAGO. THESE PERFORMANCES WERE ATTENDED BY APPROXIMATELY 108,620 PEOPLE.

**4b** (Code: ) (Expenses \$ 1,140,015 including grants of \$ 0 ) (Revenue \$ 0 )  
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. 32 YOUTH  
AND ADULT PROGRAMS WERE HELD THROUGHOUT THE YEAR. ATTENDANCE FOR THESE EDUCATIONAL ACTIVITIES  
TOTALED APPROXIMATELY 26,575. PLEASE NOTE, AS REQUIRED BY THE INSTRUCTIONS, THE REVENUE  
DISCLOSED HERE DOES NOT INCLUDE CONTRIBUTED REVENUE FOR THESE PROGRAMS.

**4c** (Code: ) (Expenses \$ 198,787 including grants of \$ 0 ) (Revenue \$ 26,746 )  
DURING THE FISCAL YEAR, THERE WERE 16 PRESENTATIONS AND EVENTS HELD IN THE FACILITY WITH TOTAL  
ATTENDANCE OF APPROXIMATELY 4,850 PEOPLE. ADDITIONALLY, 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 61,968,955

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> ✓	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<b>2</b> ✓	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b>	✓
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b>	✓
<b>5</b> 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	✓
<b>6</b> 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? If "Yes," complete Schedule D, Part I . . . . .	<b>6</b>	✓
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<b>7</b>	✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	✓
<b>9</b> 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? If "Yes," complete Schedule D, Part IV . . . . .	<b>9</b>	✓
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b> ✓	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> ✓	
<b>b</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? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b> ✓	
<b>c</b> 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? If "Yes," complete Schedule D, Part VIII . . . . .	<b>11c</b>	✓
<b>d</b> 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? If "Yes," complete Schedule D, Part IX . . . . .	<b>11d</b>	✓
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> ✓	
<b>f</b> 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)? If "Yes," complete Schedule D, Part X . . . . .	<b>11f</b> ✓	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b> ✓	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	<b>12b</b>	✓
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	✓
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	✓
<b>b</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? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b> ✓	
<b>15</b> 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? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b>	✓
<b>16</b> 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? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b>	✓
<b>17</b> 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? If "Yes," complete Schedule G, Part I. See instructions . . . . .	<b>17</b> ✓	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b> ✓	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b>	✓
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> 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? If "Yes," complete Schedule I, Parts I and II . . . . .	<b>21</b>	✓

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? If "Yes," complete Schedule I, Parts I and III . . . . .	<b>22</b>	✓
<b>23</b> 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? If "Yes," complete Schedule J . . . . .	<b>23</b>	✓
<b>24a</b> 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	<b>24a</b>	✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	✓
<b>b</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? If "Yes," complete Schedule L, Part I . . . . .	<b>25b</b>	✓
<b>26</b> 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? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b>	✓
<b>27</b> 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? If "Yes," complete Schedule L, Part III . . . . .	<b>27</b>	✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b>	✓
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b>	✓
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	<b>28c</b>	✓
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M . . . . .	<b>29</b>	✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>	✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>	✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	<b>33</b>	✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	<b>34</b>	✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	✓
<b>b</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)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>	✓
<b>37</b> 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? If "Yes," complete Schedule R, Part VI . . . . .	<b>37</b>	✓
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	✓

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	245
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)			Yes	No
<b>2a</b>	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	<b>2a</b> 1,148		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	✓	
<b>4a</b>	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>4a</b>		✓
<b>b</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).			
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b>	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>6a</b>		✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	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>7a</b>	✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:			
<b>a</b>	Gross income from members or shareholders	<b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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	<b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b>	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 the instructions and file Form 4720, Schedule N.	<b>15</b>		✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>		



**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . .	<b>1a</b> 98		
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.			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent . . .	<b>1b</b> 95		
<b>2</b> 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? . . . . .	<b>2</b>	✓	
<b>3</b> 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? . . . . .	<b>3</b>		✓
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		✓
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		✓
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>	✓	
<b>7a</b> 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? . . . . .	<b>7a</b>	✓	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		✓
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	<b>8a</b>	✓	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	✓	
<b>9</b> 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 . . . . .	<b>9</b>		✓

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	✓
<b>b</b> 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? . . . . .	<b>10b</b>	✓
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	✓
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	✓
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<b>12c</b>	✓
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	✓
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	✓
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	✓
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	✓
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	
<b>b</b> 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? . . . . .	<b>16b</b>	✓

**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.  
VINCENTE MILIANTI, 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) ELIZABETH HURLEY ASST SECRETARY, CAO, DEPUTY GENERAL DIRECTOR/BEG NOV 2023	40.0			✓				775,173	0	47,839
(2) ANTHONY FREUD GENERAL DIRECTOR, PRESIDENT & CEO	40.0	✓		✓				767,456	0	41,747
(3) DREW LANDMESSER CHIEF OPERATING OFFICER & DEPUTY GENERAL DIRECTOR/UNTIL OCT 2023	40.0			✓				682,085	0	37,815
(4) VINCENTE MILIANTI ASST TREASURER, CFAO/UNTIL OCT 2023, CFOO/BEG NOV 2023	40.0			✓				293,391	0	32,864
(5) JOE DOCKWEILER MASTER CARPENTER	40.0					✓		220,274	0	83,064
(6) MATTHEW OZAWA CHIEF ARTISTIC ADMINISTRATION OFFICER	40.0					✓		251,623	0	35,819
(7) PAUL GUNNING VICE PRESIDENT & CHIEF MARKETING OFFICER/UNTIL SEP 2023	40.0					✓		222,607	0	57,299
(8) MICHAEL BLACK CHORUS DIRECTOR & HEAD OF MUSIC	40.0					✓		266,147	0	11,557
(9) KATHLEEN SHEEHAN VICE PRESIDENT FOR PRINCIPAL GIFTS	40.0					✓		247,364	0	28,815
(10) ROBERTA LANE FORMER ASST TREASURER/CFAO	15.0						✓	206,549	0	6,602
(11) ENRIQUE MAZZOLA VICE-CHAIR & MUSIC DIRECTOR	40.0	✓		✓				161,653	0	0
(12) DAVID ORMESHER EXECUTIVE COMMITTEE CHAIR	2.0	✓		✓				0	0	0
(13) SYLVIA NEIL CHAIR	6.0	✓		✓				0	0	0
(14) ERIC S SMITH VICE-CHAIR	2.0	✓		✓				0	0	0

Form **990** (2023)

**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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JAMES L ALEXANDER VICE-CHAIR	2.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(16) SHIRLEY W RYAN VICE-CHAIR	2.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(17) WILLIAM C VANCE VICE-CHAIR/UNTIL SEP 2023	2.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(18) DAN GROSSMAN TREASURER	2.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(19) DONNA VAN EEKEREN SECRETARY	2.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(20) ALLAN B MUCHIN TRUSTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(21) ALLAN DREBIN TRUSTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(22) ALLAN E BULLEY, III TRUSTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(23) AMY CARBONE TRUSTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(24) ANNA PAGLIA TRUSTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								4,094,322	0	383,421
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								4,094,322	0	383,421

**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 **92**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> 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"/>
<b>4</b> 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"/>
<b>5</b> 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 AVENUE, CHICAGO, IL 60622	CONSTRUCTION	1,255,272
ALLIED INTEGRATED MARKETING, 55 CAMBRIDGE PARKWAY, SUITE 200, CAMBRIDGE, MA 02142	ADVERTISING AGENCY	1,158,052
HAMILL PARTNERS INC., 8501 W HIGGINS RD, SUITE 160, CHICAGO, IL 60631	JANITORIAL SERVICES	632,052
VEDDER PRICE, 222 N LASALLE ST, CHICAGO, IL 60601	LEGAL SERVICES	607,384
J AND L FOOD SERVICES, INC., 1639 W WALNUT ST, CHICAGO, IL 60612	CATERING	597,094

**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 **35**



**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	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	1,709,712				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions)	<b>1e</b>	632,146				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	33,167,813				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 3,077,894				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		35,509,671				
	<b>Program Service Revenue</b>							
<b>2a</b>	TICKET SALES	Business Code	711190	12,949,434	12,949,434			
<b>b</b>	TICKET HANDLG/EXCHG FEES	711190	706,167	706,167				
<b>c</b>	PRODUCTION RENTALS/CO-PRODUCTION INCOME	711190	377,181	377,181				
<b>d</b>	PRODUCTION, COSTUME, SET SALES	711190	47,725	47,725				
<b>e</b>	FACILITIES EVENTS FEES	900099	26,746	26,746				
<b>f</b>	All other program service revenue . . . . .		0	0	0	0		
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		14,107,253					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			3,063,996		49,770	3,014,226
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties . . . . .						
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	4,037,051			
	<b>b</b>	Less: rental expenses	<b>6b</b>	2,294,183				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	1,742,868	0			
	<b>d</b>	Net rental income or (loss) . . . . .		1,742,868		1,742,868		
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	79,854,081	(ii) Other	395,123	
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	77,740,643	469,784			
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	2,113,438	(74,661)			
	<b>d</b>	Net gain or (loss) . . . . .		2,038,777		2,038,777		
	<b>8a</b>	Gross income from fundraising events (not including \$ 1,709,712 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	847,340				
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	1,371,495				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		(524,155)		(524,155)		
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
	<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>					
	<b>c</b>	Net income or (loss) from gaming activities . . . . .						
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	1,535,229				
	<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	761,837				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		773,392		3,514	769,878		
<b>Miscellaneous Revenue</b>	<b>11a</b>	PARTY RECEPTION INCOME	Business Code	900099	235,874		235,874	0
	<b>b</b>	MISCELLANEOUS	900099	126,647	18,973		107,674	
	<b>c</b>	RESTAURANT INCOME	900099	33,023		0	33,023	
	<b>d</b>	All other revenue . . . . .	900099	19,087	0	2,827	16,260	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		414,631				
	<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		57,126,433	14,126,226	291,985	7,198,551	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,403,122	958,578	821,708	622,836
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	2,550	2,550		
<b>7</b> Other salaries and wages . . . . .	33,650,979	28,042,047	3,189,016	2,419,916
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	3,065,283	2,844,169	106,030	115,084
<b>9</b> Other employee benefits . . . . .	5,601,683	5,082,674	242,764	276,245
<b>10</b> Payroll taxes . . . . .	3,330,654	2,829,602	265,118	235,934
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	588,313	255,709	332,604	
<b>c</b> Accounting . . . . .	248,099		248,099	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	57,873			57,873
<b>f</b> Investment management fees . . . . .	1,851,776		1,847,917	3,859
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	4,553,136	3,818,460	619,104	115,572
<b>12</b> Advertising and promotion . . . . .	1,590,708	1,498,751	22,391	69,566
<b>13</b> Office expenses . . . . .	1,461,257	934,448	373,911	152,898
<b>14</b> Information technology . . . . .	1,200,135	28,708	1,158,071	13,356
<b>15</b> Royalties . . . . .	201,904	201,904		
<b>16</b> Occupancy . . . . .	2,651,499	2,311,298	252,657	87,544
<b>17</b> Travel . . . . .	997,006	654,518	134,319	208,169
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	31,131	14,255	13,292	3,584
<b>20</b> Interest . . . . .	3,086,500	2,947,945	121,436	17,119
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	4,467,819	4,325,823	141,996	
<b>23</b> Insurance . . . . .	1,116,367	887,618	224,741	4,008
<b>24</b> 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.) . . . . .				
<b>a</b> <u>PRODUCTION COSTS</u> . . . . .	3,226,756	3,226,756		
<b>b</b> <u>CATERING</u> . . . . .	418,914	35,782	56,389	326,743
<b>c</b> <u>CHARGE CARD FEES</u> . . . . .	410,690	371,888	14	38,788
<b>d</b> <u>DUES AND SUBSCRIPTIONS</u> . . . . .	99,524	61,995	26,728	10,801
<b>e</b> All other expenses . . . . .	986,323	633,477	186,946	165,900
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	77,300,001	61,968,955	10,385,251	4,945,795
<b>26</b> <b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	7,885,295	<b>1</b>	13,051,567
	<b>2</b> Savings and temporary cash investments . . . . .	894,548	<b>2</b>	930,145
	<b>3</b> Pledges and grants receivable, net . . . . .	26,376,368	<b>3</b>	16,126,663
	<b>4</b> Accounts receivable, net . . . . .	431,130	<b>4</b>	358,187
	<b>5</b> 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	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	9,298	<b>8</b>	10,194
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,766,166	<b>9</b>	3,881,639
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 127,050,432		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 88,680,184	<b>10c</b>	38,370,248
	<b>11</b> Investments—publicly traded securities . . . . .	47,694,066	<b>11</b>	46,729,889
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	142,374,609	<b>12</b>	146,792,153
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	49,881	<b>15</b>	0
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	269,846,836	<b>16</b>	266,250,685
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	7,586,020	<b>17</b>	6,029,541
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	7,844,469	<b>19</b>	7,713,379
	<b>20</b> Tax-exempt bond liabilities . . . . .	65,800,000	<b>20</b>	65,539,086
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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 . . . . .	2,717,236	<b>25</b>	2,024,145
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	83,947,725	<b>26</b>	81,306,151
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	82,917,791	<b>27</b>	77,396,071
	<b>28</b> Net assets with donor restrictions . . . . .	102,981,320	<b>28</b>	107,548,463
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	0	<b>29</b>	0
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>30</b>	0
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>31</b>	0
	<b>32</b> Total net assets or fund balances . . . . .	185,899,111	<b>32</b>	184,944,534
	<b>33</b> Total liabilities and net assets/fund balances . . . . .	269,846,836	<b>33</b>	266,250,685

Form **990** (2023)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	57,126,433
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	77,300,001
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(20,173,568)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	185,899,111
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	20,810,690
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	(1,591,699)
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	184,944,534

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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 on Schedule O.		
<b>2a</b> 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		✓
<b>b</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	✓	
<b>c</b> 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.	✓	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . .		✓
<b>b</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 .		

Form **990** (2023)

**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) BLYTHE J MCGARVIE ----- TRUSTEE	1.0 -----	✓						0	0	0
(26) BRENDA M SHAPIRO ----- TRUSTEE	1.0 -----	✓						0	0	0
(27) BRENDA ROBINSON ----- TRUSTEE	1.0 -----	✓						0	0	0
(28) BRUCE BRAUN ----- TRUSTEE/BEG APR 2024	1.0 -----	✓						0	0	0
(29) BRYAN TRAUBERT ----- TRUSTEE	1.0 -----	✓						0	0	0
(30) CHARLES DROEGE ----- TRUSTEE	1.0 -----	✓						0	0	0
(31) CHAZ EBERT ----- TRUSTEE	1.0 -----	✓						0	0	0
(32) CHERRYL THOMAS ----- TRUSTEE	1.0 -----	✓						0	0	0
(33) CHRISTINE SCHYVINCK ----- TRUSTEE	1.0 -----	✓						0	0	0
(34) CRAIG C MARTIN ----- TRUSTEE	1.0 -----	✓						0	0	0
(35) DAN DRAPER ----- TRUSTEE	1.0 -----	✓						0	0	0
(36) DENISE GARDNER ----- TRUSTEE/BEG APR 2024	1.0 -----	✓						0	0	0
(37) DON M RANDEL ----- TRUSTEE	1.0 -----	✓						0	0	0
(38) DORRI MCWHORTER ----- TRUSTEE/BEG APR 2024	1.0 -----	✓						0	0	0
(39) ELLIOT E HIRSCH ----- TRUSTEE/UNTIL JUN 2024	1.0 -----	✓						0	0	0
(40) ETHEL C GOFEN ----- TRUSTEE	1.0 -----	✓						0	0	0
(41) FRANCESCA CORNELLI ----- TRUSTEE	1.0 -----	✓						0	0	0
(42) FRANK B MODRUSON ----- TRUSTEE	1.0 -----	✓						0	0	0
(43) GARY HAASE ----- TRUSTEE	1.0 -----	✓						0	0	0
(44) GREGORY J O'LEARY ----- 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) GREGORY JONES ----- TRUSTEE	1.0 -----	✓						0	0	0
(46) H. GAEL NEESON ----- TRUSTEE	1.0 -----	✓						0	0	0
(47) J. THOMAS HURVIS ----- TRUSTEE/UNTIL SEP 2023	1.0 -----	✓						0	0	0
(48) JAMES E. FELLOWES ----- TRUSTEE	1.0 -----	✓						0	0	0
(49) JANE CHU ----- TRUSTEE	1.0 -----	✓						0	0	0
(50) JANE DIRENZO PIGOTT ----- TRUSTEE	1.0 -----	✓						0	0	0
(51) JEFFREY C NEAL ----- TRUSTEE	1.0 -----	✓						0	0	0
(52) JENNIE HUANG BENNETT ----- TRUSTEE/BEG FEB 2024	1.0 -----	✓						0	0	0
(53) JODI HOCHBERGER RUBENSTEIN ----- TRUSTEE	1.0 -----	✓						0	0	0
(54) JOHN E BUTLER ----- TRUSTEE	1.0 -----	✓						0	0	0
(55) JOHN ROBAK ----- TRUSTEE/BEG APR 2024	1.0 -----	✓						0	0	0
(56) JONATHAN LEWIS ----- TRUSTEE	1.0 -----	✓						0	0	0
(57) JOSE L PRADO ----- TRUSTEE	1.0 -----	✓						0	0	0
(58) JOSEF LAKONISHOK ----- TRUSTEE	1.0 -----	✓						0	0	0
(59) JOSEPH RUBINELLI, JR. ----- TRUSTEE	1.0 -----	✓						0	0	0
(60) JULIE BASKES ----- TRUSTEE/UNTIL SEP 2023	1.0 -----	✓						0	0	0
(61) KAREN FREEMAN-WILSON ----- TRUSTEE	1.0 -----	✓						0	0	0
(62) KAREN Z GRAY-KREHBIEL ----- TRUSTEE	1.0 -----	✓						0	0	0
(63) KATHERINE A ABELSON ----- TRUSTEE	1.0 -----	✓						0	0	0
(64) KEVIN SMITH ----- TRUSTEE	1.0 -----	✓						0	0	0
(65) KIP KELLEY, II ----- 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) LAURA DEFELICE ----- TRUSTEE	1.0 -----	✓						0	0	0
(67) LAURIE BAY ----- TRUSTEE/UNTIL JUN 2024	1.0 -----	✓						0	0	0
(68) LESTER CROWN ----- TRUSTEE	1.0 -----	✓						0	0	0
(69) LINDA K MYERS ----- TRUSTEE	1.0 -----	✓						0	0	0
(70) LOIS EISEN ----- TRUSTEE	1.0 -----	✓						0	0	0
(71) LORI A KOMISAR ----- TRUSTEE	1.0 -----	✓						0	0	0
(72) LOUISE BERNARD ----- TRUSTEE/BEG DEC 2023	1.0 -----	✓						0	0	0
(73) MARIA GREEN ----- TRUSTEE	1.0 -----	✓						0	0	0
(74) MARION CAMERON-GRAY ----- TRUSTEE	1.0 -----	✓						0	0	0
(75) MARSHA CRUZAN ----- TRUSTEE	1.0 -----	✓						0	0	0
(76) MARSHA SERLIN ----- TRUSTEE	1.0 -----	✓						0	0	0
(77) MATTHEW A FISHER ----- TRUSTEE	1.0 -----	✓						0	0	0
(78) MATTHEW J PARR ----- TRUSTEE	1.0 -----	✓						0	0	0
(79) MELVIN GRAY ----- TRUSTEE	1.0 -----	✓						0	0	0
(80) MIMI MITCHELL ----- TRUSTEE	1.0 -----	✓						0	0	0
(81) NANCY SANTI ----- TRUSTEE	1.0 -----	✓						0	0	0
(82) NANCY SEARLE ----- TRUSTEE	1.0 -----	✓						0	0	0
(83) NASRIN THIERER ----- TRUSTEE	1.0 -----	✓						0	0	0
(84) NEIL KAWASHIMA ----- TRUSTEE	1.0 -----	✓						0	0	0
(85) OLIVIA TYRRELL ----- TRUSTEE	1.0 -----	✓						0	0	0
(86) OLUFUNMILAYO I OLOPADE, MD ----- 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) ORIT CARPENTER ----- TRUSTEE	1.0 -----	✓						0	0	0
(88) PAM SZOKOL ----- TRUSTEE/UNTIL JUN 2024	1.0 -----	✓						0	0	0
(89) PAUL F ANDERSON ----- TRUSTEE/UNTIL NOV 2023	1.0 -----	✓						0	0	0
(90) PENELOPE R STEINER ----- TRUSTEE	1.0 -----	✓						0	0	0
(91) PHIL LUMPKIN ----- TRUSTEE/BEG SEP 2023	1.0 -----	✓						0	0	0
(92) RALPH HASBUN ----- TRUSTEE	1.0 -----	✓						0	0	0
(93) RICHARD RYAN ----- TRUSTEE	1.0 -----	✓						0	0	0
(94) RICHARD W COLBURN ----- TRUSTEE	1.0 -----	✓						0	0	0
(95) RICHARD W SHEPRO ----- TRUSTEE	1.0 -----	✓						0	0	0
(96) ROBERT B FORD ----- TRUSTEE	1.0 -----	✓						0	0	0
(97) ROBERT J MCCULLEN ----- TRUSTEE	1.0 -----	✓						0	0	0
(98) ROBERTA L WASHLOW ----- TRUSTEE	1.0 -----	✓						0	0	0
(99) SAMIR MAYEKAR ----- TRUSTEE	1.0 -----	✓						0	0	0
(100) SANTINO BIBBO ----- TRUSTEE/BEG APR 2024	1.0 -----	✓						0	0	0
(101) SARAH GARVEY ----- TRUSTEE/BEG SEP 2023	1.0 -----	✓						0	0	0
(102) SCOTT COZAD ----- TRUSTEE/UNTIL APR 2024	1.0 -----	✓						0	0	0
(103) SCOTT SANTI ----- TRUSTEE	1.0 -----	✓						0	0	0
(104) SHARON F OBERLANDER ----- TRUSTEE	1.0 -----	✓						0	0	0
(105) SONIA FLORIAN ----- TRUSTEE/UNTIL SEP 2023	1.0 -----	✓						0	0	0
(106) STEPHEN KAPLAN ----- TRUSTEE	1.0 -----	✓						0	0	0
(107) STEVEN L FRADKIN ----- 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) SUSAN MORRISON ----- TRUSTEE/UNTIL JUL 2023	1.0 -----	✓						0	0	0
(109) TANYA POLSKY ----- TRUSTEE	1.0 -----	✓						0	0	0
(110) VIKRAM KARNANI ----- TRUSTEE	1.0 -----	✓						0	0	0
(111) VINAY COUTO ----- TRUSTEE	1.0 -----	✓						0	0	0
(112) WILLIAM A OSBORN ----- TRUSTEE/UNTIL JUN 2024	1.0 -----	✓						0	0	0

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

LYRIC OPERA OF CHICAGO

Employer identification number

36-6008929

**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).)
- 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 33<sup>1</sup>/<sub>3</sub>% 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 33<sup>1</sup>/<sub>3</sub>% 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 on 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)						
<b>Total</b>						

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

Cat. No. 11285F

Schedule A (Form 990) 2023



**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	36,568,721	33,854,022	56,174,395	33,366,098	35,509,671	195,472,907
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	36,568,721	33,854,022	56,174,395	33,366,098	35,509,671	195,472,907
<b>5</b> 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) . . . . .						11,053,707
<b>6 Public support.</b> Subtract line 5 from line 4						184,419,200

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .	36,568,721	33,854,022	56,174,395	33,366,098	35,509,671	195,472,907
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	4,260,908	1,980,287	3,469,729	3,809,316	7,101,047	20,621,287
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	25,654	0	62,224	116,264	37,493	241,635
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	652,455	102,179	188,569	161,069	156,955	1,261,227
<b>11 Total support.</b> Add lines 7 through 10						217,597,056
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	65,572,511
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	84.75 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	80.45 %
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2023.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test—2022.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> 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 on line 12 of 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> 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>		
<b>b</b> 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 <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> 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>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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 <b>Part VI</b> 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>		
<b>5a</b> 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 <b>Part VI</b>, 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>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b>.</i>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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 <b>Part VI</b>.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> Did a disqualified person (as defined on 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 <b>Part VI</b>.</i>		
<b>10a</b> 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>		
<b>b</b> 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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 <b>Part VI</b> 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.			
<b>2a</b>			
<b>b</b> Did the activities described on 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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 <b>Part VI</b> .			
<b>3a</b>			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<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) 2023



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

Section D—Distributions		Current Year	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>	
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>	
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>	

  

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018 . . . . .			
<b>b</b> From 2019 . . . . .			
<b>c</b> From 2020 . . . . .			
<b>d</b> From 2021 . . . . .			
<b>e</b> From 2022 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019 . . .			
<b>b</b> Excess from 2020 . . .			
<b>c</b> Excess from 2021 . . .			
<b>d</b> Excess from 2022 . . .			
<b>e</b> Excess from 2023 . . .			

Schedule A (Form 990) 2023

## Part VI

**Supplemental Information.** 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.)

## 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(1) DINING SPACES	495,871	0	0	0	0	495,871
	(2) OTHER	156,584	102,179	188,569	161,069	156,955	765,356
	Total	652,455	102,179	188,569	161,069	156,955	1,261,227

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization  
**LYRIC OPERA OF CHICAGO**

Employer identification number  
**36-6008929**

**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 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

Name of organization

LYRIC OPERA OF CHICAGO

Employer identification number

36-6008929

**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		\$ 3,000,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,015,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,650,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,500,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,450,600	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,205,276	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

LYRIC OPERA OF CHICAGO

Employer identification number

36-6008929

**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
7		\$ 1,000,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 905,522	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 750,360	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

LYRIC OPERA OF CHICAGO

Employer identification number

36-6008929

**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
8	PUBLICLY TRADED SECURITIES	\$ 905,522	03/12/2024
9	PUBLICLY TRADED SECURITIES	\$ 740,369	03/05/2024
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	



Name of organization

LYRIC OPERA OF CHICAGO

Employer identification number

36-6008929

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

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public  
Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year) . . . . .		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included on line 2a . . . . .	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year . . . . .	
4 Number of states where property subject to conservation easement is located . . . . .	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1 . . . . .	\$
(ii) Assets included in Form 990, Part X . . . . .	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	
a Revenue included on Form 990, Part VIII, line 1 . . . . .	\$
b Assets included in Form 990, Part X . . . . .	\$

**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
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**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 in 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
<b>1a</b> Beginning of year balance	67,707,897	62,627,889	68,051,058	52,197,208	54,986,095
<b>b</b> Contributions	2,909,296	1,168,514	5,161,427	4,364,692	271,612
<b>c</b> Net investment earnings, gains, and losses	10,242,629	7,481,700	(7,039,532)	14,419,253	(138,918)
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	3,903,938	3,169,699	2,551,173	2,405,839	2,514,315
<b>f</b> Administrative expenses	742,465	400,507	993,891	524,256	407,266
<b>g</b> End of year balance	76,213,419	67,707,897	62,627,889	68,051,058	52,197,208

**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 56.00 %

**c** Term endowment 44.00 %

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? ☒ Yes ☐ No

**(ii)** Related organizations? ☐ Yes ☒ No

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

**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
<b>1a</b> Land		696,577		696,577
<b>b</b> Buildings		104,627,631	75,071,835	29,555,796
<b>c</b> Leasehold improvements		0	0	0
<b>d</b> Equipment		21,178,249	13,608,349	7,569,900
<b>e</b> Other		547,975	0	547,975
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				38,370,248

**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	11,467,618	END OF YEAR MARKET VALUE
(B) ABSOLUTE RETURN- NON-PUBLICLY TRADED	16,105,029	END OF YEAR MARKET VALUE
(C) EQUITIES- NON-PUBLICLY TRADED	93,688,030	END OF YEAR MARKET VALUE
(D) REAL ASSETS- NON-PUBLICLY TRADED	20,136,191	END OF YEAR MARKET VALUE
(E) ASSETS HELD IN TRUST	5,395,285	END OF YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	146,792,153	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . .	

**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	365,814
(3) INTEREST RATE SWAP CONTRACT	1,658,331
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	2,024,145

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	75,640,405
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	20,810,690
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	419,757
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	(2,293,875)
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	1,429,176
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	20,365,748
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	55,274,657
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	1,851,776
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	0
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,851,776
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	57,126,433

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	76,594,982
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	419,757
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	727,000
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,146,757
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	75,448,225
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	1,851,776
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	0
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,851,776
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	77,300,001

**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.

[SEE STATEMENT](#)

## 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	<b>(a) Description</b>	<b>(b) Amount</b>
	UNREALIZED GAIN - INTEREST RATE SWAP	658,396
	COST OF GOODS SOLD	761,837
	DISPOSAL OF FIXED ASSET	74,661
	FUNDRAISING ACTIVITIES	- 65,718
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a) Description</b>	<b>(b) Amount</b>
	COST OF GOODS SOLD	761,837
	DISPOSAL OF FIXED ASSET	74,661
	CHANGE IN SEVERANCE PLANS' VALUATION	- 43,780
	FUNDRAISING EXPENSES	- 65,718

# 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
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	<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>
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<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, 2024 AND JUNE 30, 2023. THERE ARE NO ONGOING FEDERAL, STATE OR LOCAL AUDITS.</p>



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

LYRIC OPERA OF CHICAGO

**Statement of Activities Outside the United States**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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	20,342,605
(2) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	ARTISTIC/PRODUCTION COSTS	481,201
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS	N/A	3,056,047
(4) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	FUNDRAISING	N/A	404,427
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	FUNDRAISING	N/A	6,425
(6) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	ARTISTIC/PRODUCTION COSTS	330,317
(7) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	MANAGEMENT & GEN'L - INFORMATION TECHNOLOGY COSTS	N/A	67,786
(8) RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	ARTISTIC/PRODUCTION COSTS	112,000
(9) SUB-SAHARAN AFRICA	0	0	FUNDRAISING	N/A	2,403
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Subtotal</b> . . . . .	0	0			24,803,211
<b>b Total from continuation sheets to Part I</b> . . . . .	0	0			0
<b>c Totals (add lines 3a and 3b)</b>	0	0			24,803,211

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

Cat. No. 50082W

Schedule F (Form 990) 2023

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> 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**

Schedule F (Form 990) 2023

## 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 EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL RUSSIA AND NEIGHBORING STATES -ACCRUAL SUB-SAHARAN AFRICA -ACCRUAL

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 SD&A TELESERVICES, INC., 5757 W. CENTURY BLVD., SUITE 300, LOS ANGELES, CA 90045	TELEFUNDRAISING		✓	80,690	57,873	22,817
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				80,690	57,873	22,817

- 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.  
CA, IL, IN, MI, NY, WI
- 
- 
- 
- 
- 
- 
- 
- 
- 
-

**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 <u>OPENING NIGHT</u> (event type)	(b) Event #2 <u>BOARD TRIP</u> (event type)	(c) Other events <u>5</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	1,392,674	502,187	657,469	2,552,330
	<b>2</b> Less: Contributions . . . . .	1,324,973	4,564	380,175	1,709,712
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	67,701	497,623	277,294	842,618
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0	0	0
	<b>5</b> Noncash prizes . . . . .	0	0	0	0
	<b>6</b> Rent/facility costs . . . . .	62,919	7,381	20,107	90,407
	<b>7</b> Food and beverages . . . . .	99,584	0	185,266	284,850
	<b>8</b> Entertainment . . . . .	25,322	52,300	9,359	86,981
	<b>9</b> Other direct expenses . . . . .	24,437	503,896	380,924	909,257
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				1,371,495
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				(528,877)

**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))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	<b>8</b> 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: \_\_\_\_\_



- 11** Does the organization conduct gaming activities with nonmembers? ☐ **Yes** ☐ **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name .....

Address .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ ..... and the amount of gaming revenue retained by the third party \$ .....
- c** If "Yes," enter name and address of the third party:

Name .....

Address .....

**16** Gaming manager information:

Name .....

Gaming manager compensation \$ .....

Description of services provided .....

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☐ **No**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ .....

**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.

[SEE NEXT PAGE](#)

**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. \$1.7 MILLION OF CHARITABLE CONTRIBUTIONS WERE COLLECTED (SCHEDULE G, PART II LINE 2) FOR A TRUE NET INCOME OF \$1.2 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

36-6008929

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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. <div><input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</div>		
<b>b</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 . . . . .	<b>1b</b> ✓	
<b>2</b> 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? . . . . .	<b>2</b> ✓	
<b>3</b> 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. <div><input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee</div>		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? . . . . . <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . . <b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . . If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	<b>4a</b> <b>4b</b> <b>4c</b>	✓ ✓ ✓
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b>		
<b>5</b> 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: <b>a</b> The organization? . . . . . <b>b</b> Any related organization? . . . . . If "Yes" on line 5a or 5b, describe in Part III.	<b>5a</b> <b>5b</b>	✓ ✓
<b>6</b> 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: <b>a</b> The organization? . . . . . <b>b</b> Any related organization? . . . . . If "Yes" on line 6a or 6b, describe in Part III.	<b>6a</b> <b>6b</b>	✓ ✓
<b>7</b> 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 . . . . .	<b>7</b>	✓
<b>8</b> 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 . . . . .	<b>8</b>	✓
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .	<b>9</b>	

**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 and/or 1099-NEC 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				
<b>1</b>	ELIZABETH HURLEY ASST SECRETARY, CAO, DEPUTY GENERAL DIRECTOR/BEG NOV 2023	(i) 410,054	(ii) 0	(iii) 365,119	19,802	28,037	823,012	0
		(ii) 0	0	0	0	0	0	0
<b>2</b>	ANTHONY FREUD GENERAL DIRECTOR, PRESIDENT & CEO	(i) 660,740	(ii) 0	(iii) 106,716	19,956	21,791	809,203	30,000
		(ii) 0	0	0	0	0	0	0
<b>3</b>	DREW LANDMESSER CHIEF OPERATING OFFICER & DEPUTY GENERAL DIRECTOR/UNTIL OCT 2023	(i) 510,759	(ii) 0	(iii) 171,326	18,882	18,933	719,900	0
		(ii) 0	0	0	0	0	0	0
<b>4</b>	VINCENTE MILIANTI ASST TREASURER, CFAO/UNTIL OCT 2023, CFOO/BEG NOV 2023	(i) 293,103	(ii) 0	(iii) 288	11,003	21,861	326,255	0
		(ii) 0	0	0	0	0	0	0
<b>5</b>	JOE DOCKWEILER MASTER CARPENTER	(i) 220,274	(ii) 0	(iii) 0	28,242	54,822	303,338	0
		(ii) 0	0	0	0	0	0	0
<b>6</b>	MATTHEW OZAWA CHIEF ARTISTIC ADMINISTRATION OFFICER	(i) 251,431	(ii) 0	(iii) 192	13,850	21,969	287,442	0
		(ii) 0	0	0	0	0	0	0
<b>7</b>	PAUL GUNNING VICE PRESIDENT & CHIEF MARKETING OFFICER/UNTIL SEP 2023	(i) 222,250	(ii) 0	(iii) 357	32,824	24,475	279,906	0
		(ii) 0	0	0	0	0	0	0
<b>8</b>	MICHAEL BLACK CHORUS DIRECTOR & HEAD OF MUSIC	(i) 265,321	(ii) 0	(iii) 826	0	11,557	277,704	0
		(ii) 0	0	0	0	0	0	0
<b>9</b>	KATHLEEN SHEEHAN VICE PRESIDENT FOR PRINCIPAL GIFTS	(i) 246,097	(ii) 0	(iii) 1,267	12,055	16,760	276,179	0
		(ii) 0	0	0	0	0	0	0
<b>10</b>	ROBERTA LANE FORMER ASST TREASURER/CFAO	(i) 206,498	(ii) 0	(iii) 51	6,602	0	213,151	0
		(ii) 0	0	0	0	0	0	0
<b>11</b>	ENRIQUE MAZZOLA VICE-CHAIR & MUSIC DIRECTOR	(i) 161,653	(ii) 0	(iii) 0	0	0	161,653	0
		(ii) 0	0	0	0	0	0	0
<b>12</b>		(i)						
		(ii)						
<b>13</b>		(i)						
		(ii)						
<b>14</b>		(i)						
		(ii)						
<b>15</b>		(i)						
		(ii)						
<b>16</b>		(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 1A - TRAVEL FOR COMPANIONS	TO ENCOURAGE BOARD AND SPONSORSHIP DEVELOPMENT, LYRIC OPERA SPONSORS AN ANNUAL EVENT FOR CERTAIN BOARD MEMBERS AND THEIR SIGNIFICANT OTHERS TO PARTICIPATE IN OPERATIC AND CULTURAL EVENTS IN A FOREIGN LOCALE. THE GENERAL DIRECTOR, PRESIDENT & CEO AND SPOUSE AND THE CHIEF ADVANCEMENT OFFICER ATTEND AND ARE AN INTEGRAL DAILY PART OF THIS EVENT. NONE OF THE COSTS ARE TAXED TO THE EMPLOYEES, AS THE TRIP IS FOR BUSINESS PURPOSES FOR LYRIC OPERA.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	LYRIC CONTRIBUTED \$30,000 TO A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FOR ANTHONY FREUD, WHICH WAS DISTRIBUTED IN 2023. DREW LANDMESSER CONTRIBUTED \$20,160 TO A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THE AMOUNTS THAT WERE CONTRIBUTED TO A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN ARE INCLUDED IN SCHEDULE J, PART II, BOX (B)(III).
SCHEDULE J, PART II, COLUMN (B)(III) - OTHER REPORTABLE COMPENSATION	ANTHONY FREUD, ELIZABETH HURLEY, AND DREW LANDMESSER RECEIVED DEFERRED COMPENSATION PAYMENTS PER THE TERMS OF THEIR EMPLOYMENT CONTRACTS. TOTAL REPORTABLE COMPENSATION MAY INCLUDE MULTIPLE DEFERRED COMPENSATION PAYMENTS REPORTED IN THE SAME TAX YEAR.

**SCHEDULE L  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

LYRIC OPERA OF CHICAGO

**Transactions With Interested Persons**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open To Public  
Inspection**

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)				

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

Cat. No. 50056A

Schedule L (Form 990) 2023

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(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) (SEE STATEMENT)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Provide additional information for responses to questions on Schedule L (see instructions).

[illegible]



**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) BULLEY & ANDREWS CONCRETE RESTORATION, LLC	ENTITY MORE THAN 35% OWNED BY A. BULLEY, TRUSTEE	\$1,652,659	CONTRACTED CONSULTANT - NORMAL COURSE OF BUSINESS		✓

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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 . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	48	2,915,195	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>EMBER MUGS</u> ) . . . . .	✓	1	9,000	MARKET VALUE
26 Other ( <u>VIDEO RECORDING</u> ) . . . . .	✓	1	20,944	MARKET VALUE
27 Other ( <u>AIRPLANE TRAVEL MIL</u> ) . . . . .	✓	1	116,089	MARKET VALUE
28 Other ( <u>(SEE STATEMENT)</u> ) . . . . .				
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	0
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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .				Yes No 30a ✓
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? . . . . .				31 ✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .				32a ✓
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 I

## Types of Property (continued)

Property Type	(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
CATERING	✓	1	1,260	MARKET VALUE
HOSTING GATHERINGS	✓	3	15,406	MARKET VALUE

**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 - EMBER MUGS - NUMBER OF CONTRIBUTIONS
	OTHER - VIDEO RECORDING NUMBER OF CONTRIBUTIONS
	OTHER - AIRPLANE TRAVEL MILES - NUMBER OF CONTRIBUTIONS
	OTHER - CATERING - NUMBER OF CONTRIBUTIONS
	OTHER - HOSTING GATHERINGS - NUMBER OF CONTRIBUTIONS

**SCHEDULE O  
(Form 990)**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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 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	SCOTT SANTI AND NANCY SANTI - FAMILY RELATIONSHIP
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	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.
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.

Return Reference - Identifier	Explanation								
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> <p>1) THE COMPENSATION COMMITTEE, MADE UP OF SIX INDEPENDENT BOARD MEMBERS AND ONE EX-OFFICIO MEMBER, REVIEWED THE FISCAL 2024 COMPENSATION ARRANGEMENTS IN MAY 2023. THIS PROCESS IS DONE ANNUALLY.</p> <p>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.</p> <p>3) SALARIES FOR ALL HIGHLY COMPENSATED EMPLOYEES WITH SALARIES OVER \$150,000 PER YEAR MUST FALL WITHIN THEIR RESPECTIVE SALARY BANDS.</p> <p>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.</p>								
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	LYRIC OPERA OF CHICAGO POSTS AUDITED FINANCIAL STATEMENTS AND MOST RECENT FORM 990 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 VII, SECTION A - NON-US SOURCED INCOME	ENRIQUE MAZZOLA RECEIVED NON-U.S. SOURCED INCOME DURING THE CALENDAR YEAR 2023. THIS INCOME IS NOT SUBJECT TO U.S. TAX REPORTING REQUIREMENTS AND IS NOT INCLUDED IN THE COMPENSATION REPORTED IN PART VII, SECTION A OF FORM 990.								
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table> <tr> <th>(a) Description</th><th>(b) Amount</th></tr> <tr> <td>CHANGE IN SEVERANCE PLANS' VALUATION</td><td>43,780</td></tr> <tr> <td>UNREALIZED GAIN - INTEREST RATE SWAP CONTRACT</td><td>658,396</td></tr> <tr> <td>UNCOLLECTIBLE DEBT</td><td>- 2,293,875</td></tr> </table>	(a) Description	(b) Amount	CHANGE IN SEVERANCE PLANS' VALUATION	43,780	UNREALIZED GAIN - INTEREST RATE SWAP CONTRACT	658,396	UNCOLLECTIBLE DEBT	- 2,293,875
(a) Description	(b) Amount								
CHANGE IN SEVERANCE PLANS' VALUATION	43,780								
UNREALIZED GAIN - INTEREST RATE SWAP CONTRACT	658,396								
UNCOLLECTIBLE DEBT	- 2,293,875								