

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 20 18

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

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

D Employer identification number
36-6008929

E Telephone number
(312) 332-2244

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

G Gross receipts \$ 114,177,922

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: ▶ WWW.LYRICOPERA.ORG

K Form of organization: Corporation Trust Association Other ▶

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

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>LYRIC OPERA OF CHICAGO EXISTS TO PROVIDE A BROAD, DEEP, AND RELEVANT CULTURAL SERVICE TO THE CHICAGO REGION AND THE NATION AND TO ADVANCE THE DEVELOPMENT OF THE ART FORM OF OPERA.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>102</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>99</u>
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	<u>1,131</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>1,157</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>780,190</u>
b	Net unrelated business taxable income from Form 990-T, line 34	7b	<u>36,545</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>26,201,904</u>	<u>27,438,056</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>28,607,282</u>	<u>29,058,100</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>4,180,946</u>	<u>3,314,056</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,875,989</u>	<u>2,068,579</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>60,866,121</u>	<u>61,878,791</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>50,031,733</u>	<u>48,643,185</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>144,190</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>4,882,359</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>36,300,010</u>	<u>36,518,844</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>86,475,933</u>	<u>85,162,029</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>(25,609,812)</u>	<u>(23,283,238)</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>306,031,427</u>	<u>293,716,752</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>97,535,916</u>	<u>94,923,224</u>
			<u>208,495,511</u>	<u>198,793,528</u>

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____

Type or print name and title ROBERTA LANE, ASST TREASURER/CFO

Paid Preparer Use Only

Print/Type preparer's name NICOLE BENCIK Preparer's signature *Nicole Bencik* Date 5/13/2019 Check if self-employed PTIN P00756195

Firm's name ▶ CROWE LLP Firm's EIN ▶ 35-0921680

Firm's address ▶ 225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-1224 Phone no. (312) 899-7000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2017)

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number, see instructions	
Type or print	Name of exempt organization or other filer, see instructions. LYRIC OPERA OF CHICAGO	Employer identification number (EIN) or 36-6008929
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 20 N WACKER DRIVE, 860	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60606	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ ROBERTA LANE

Telephone No. ▶ (312) 332-2244 Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 20 19, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or

▶ tax year beginning 07/01, 20 17, and ending 06/30, 20 18.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

Check 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 \$ 65,862,866 including grants of \$) (Revenue \$ 29,017,070)

DURING THE FISCAL YEAR, 60 OPERA PERFORMANCES, 25 PERFORMANCES OF ONE MUSICAL, AND 3 CONCERTS/RECITALS REHEARSALS WERE PRODUCED BY LYRIC OPERA OF CHICAGO. THESE PERFORMANCES WERE ATTENDED BY APPROXIMATELY 230,500 PEOPLE.

4b (Code:) (Expenses \$ 2,799,807 including grants of \$) (Revenue \$ 63,836)

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. MORE THAN 400 YOUTH AND ADULT PROGRAMS WERE HELD THROUGHOUT THE YEAR. MOST OF THESE ACTIVITIES TOOK PLACE AT VARIOUS LOCATIONS THROUGHOUT THE CHICAGOLAND AREA.

(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 1,922,367 including grants of \$) (Revenue \$ 80,472)

PRESENTATION AND EVENTS HELD IN THE FACILITY DURING THE FISCAL YEAR WAS COMPRISED OF 49 EVENTS WITH TOTAL ATTENDANCE OF APPROXIMATELY 34,000 PEOPLE.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **70,585,040**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		✓
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	✓	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	✓	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	✓	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes sub-questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7g, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b. Some cells contain numerical values like 335, 0, 1,131.

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► CA, IL, NY
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
 ROBERTA LANE, 20 N WACKER DRIVE NO 860, CHICAGO, IL 60606, (312) 332-2244

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID T ORMESHER CHAIRMAN	6.0	✓		✓				0	0	0
(2) LESTER CROWN EXECUTIVE COMMITTEE CHAIR	1.0	✓		✓				0	0	0
(3) WILLIAM C VANCE VICE-CHAIR	1.0	✓		✓				0	0	0
(4) SIR ANDREW DAVIS VICE-CHAIR	1.0	✓		✓				0	0	0
(5) SHIRLEY WELSH RYAN VICE-CHAIR	2.0	✓		✓				0	0	0
(6) JAMES L ALEXANDER VICE-CHAIR	3.0	✓		✓				0	0	0
(7) RENEE FLEMING VICE-CHAIR	1.0	✓		✓				0	0	0
(8) PAUL J CARBONE TREASURER	3.0	✓		✓				0	0	0
(9) DONNA VAN EEKEREN SECRETARY	2.0	✓		✓				0	0	0
(10) ANTHONY FREUD GENERAL DIRECTOR, PRESIDENT & CEO	40.0	✓		✓			709,928	0	75,708	
(11) KATHERINE A ABELSON TRUSTEE	1.0	✓						0	0	0
(12) LARRY A BARDEN TRUSTEE	1.0	✓						0	0	0
(13) JULIE BASKES TRUSTEE	2.0	✓						0	0	0
(14) JAMES N BAY, JR. TRUSTEE	1.0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MELVIN BERLIN TRUSTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(16) GILDA BUCHBINDER TRUSTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(17) ALLAN E BULLEY, III TRUSTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(18) MARION A CAMERON TRUSTEE	2.0	<input checked="" type="checkbox"/>						0	0	0
(19) DAVID W CARPENTER TRUSTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(20) TIMOTHY L CHRISTEN TRUSTEE/PARTIAL YEAR TO 9.12.17	1.0	<input checked="" type="checkbox"/>						0	0	0
(21) RICHARD W COLBURN TRUSTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(22) MICHAEL P KELLER TRUSTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(23) VINAY COUTO TRUSTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(24) JOHN V CROWE TRUSTEE/PARTIAL YEAR TO 10.3.17	1.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Sub-total								709,928	0	75,708
c Total from continuation sheets to Part VII, Section A								1,938,102	0	488,257
d Total (add lines 1b and 1c)								2,648,030	0	563,965

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 **▶** 97

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<input 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
CALIHAN CATERING, 833 W. HAINES, CHICAGO, IL 60622	CATERING	1,133,740
ALLIED INTEGRATED MARKETING, 55 CAMBRIDGE PARKWAY, CAMBRIDGE, MA 02142	ADVERTISING AGENCY	1,078,384
SIRAD, INC., 215 W. WASHINGTON STREET, CHICAGO, IL 60606	CONDUCTOR, MUSIC DIRECTOR	916,852
THE ABER GROUP INC, 120 EGLINTON AVENUE EAST, SUITE 202, TORONTO, ONTARIO, M4P1E2, CA	ADVERTISING AGENCY	842,041
JEWELL EVENTS CATERING, 424 N. WOOD ST., CHICAGO, IL 60622	CATERING	702,127

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 **▶** 60

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	3,822,966				
	d Related organizations	1d					
	e Government grants (contributions)	1e	111,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	23,504,090				
	g Noncash contributions included in lines 1a-1f: \$		2,427,966				
	h Total. Add lines 1a-1f		27,438,056				
Program Service Revenue			Business Code				
	2a <u>TICKET SALES</u>	711190	25,975,812	25,975,812			
	b <u>TICKET HANDLING/EXCHANGE FEES</u>	711190	1,203,053	1,203,053			
	c <u>PRODUCTION RENTALS/CO-PRODUCTION INCOME</u>	711190	855,335	855,335			
	d <u>OFFSITE CONCERT</u>	711190	804,595	804,595			
	e <u>EDUCATION ACTIVITIES</u>	711190	63,836	63,836			
	f All other program service revenue .	711190	155,469	155,469	0	0	
	g Total. Add lines 2a-2f		29,058,100				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,869,912		83,138	1,786,774	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)	0	0			
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				49,449,117	0		
		b Less: cost or other basis and sales expenses		47,994,679	10,294		
		c Gain or (loss)		1,454,438	(10,294)		
	d Net gain or (loss)		1,444,144			1,444,144	
	8a Gross income from fundraising events (not including \$ <u>3,822,966</u> of contributions reported on line 1c). See Part IV, line 18	a		2,573,226			
		b Less: direct expenses	b	3,656,620			
		c Net income or (loss) from fundraising events .		(1,083,394)			(1,083,394)
	9a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities . .					
	10a Gross sales of inventory, less returns and allowances	a		1,621,348			
		b Less: cost of goods sold	b	637,538			
c Net income or (loss) from sales of inventory .			983,810	22,806	103,723	857,281	
Miscellaneous Revenue		Business Code					
11a <u>DINING SPACES</u>	900099	795,866			795,866		
b <u>FACILITIES EVENTS FEES</u>	900099	80,472	80,472				
c <u>PARTY RECEPTION INCOME</u>	900099	997,406		590,918	406,488		
d All other revenue		294,419	0	2,411	292,008		
e Total. Add lines 11a-11d		2,168,163					
12 Total revenue. See instructions.		61,878,791	29,161,378	780,190	4,499,167		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,701,917	351,911	685,215	664,791
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	10,965	10,965		
7 Other salaries and wages	35,734,370	31,260,287	2,682,038	1,792,045
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,979,200	2,776,104	136,854	66,242
9 Other employee benefits	5,027,765	4,525,284	163,514	338,967
10 Payroll taxes	3,188,968	2,731,848	293,806	163,314
11 Fees for services (non-employees):				
a Management				
b Legal	153,993	132,770	21,223	
c Accounting	94,840		94,840	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,206,812		1,201,199	5,613
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	9,216,849	8,015,690	861,164	339,995
12 Advertising and promotion	2,774,304	2,669,692	3,392	101,220
13 Office expenses	1,585,190	907,432	380,964	296,794
14 Information technology	822,039	40,969	776,282	4,788
15 Royalties	1,012,299	1,011,849	450	
16 Occupancy	2,379,849	2,138,537	173,304	68,008
17 Travel	1,126,633	835,159	137,750	153,724
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,403	9,025	6,045	15,333
20 Interest	2,537,683	2,188,105	335,936	13,642
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,311,533	3,526,489	785,044	
23 Insurance	651,682	434,754	215,017	1,911
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER - PRODUCTION COSTS	4,923,296	4,923,296		
b OTHER - CHARGE CARD FEES	617,760	552,126		65,634
c OTHER - CATERING	291,963	43,136	29,826	219,001
d OTHER - PURCHASES/RENTALS	28,392		2,000	26,392
e All other expenses	2,753,324	1,499,612	708,767	544,945
25 Total functional expenses. Add lines 1 through 24e	85,162,029	70,585,040	9,694,630	4,882,359
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	3,422,813	1	2,643,435
	2 Savings and temporary cash investments	756,512	2	847,432
	3 Pledges and grants receivable, net	54,079,541	3	44,700,790
	4 Accounts receivable, net	917,679	4	989,351
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	28,788	8	40,726
	9 Prepaid expenses and deferred charges	3,585,235	9	3,076,241
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	111,499,139		
	b Less: accumulated depreciation	68,136,297	10c	43,362,842
	11 Investments—publicly traded securities	77,611,461	11	75,937,955
	12 Investments—other securities. See Part IV, line 11	119,027,767	12	122,074,570
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	573,815	15	43,410
16 Total assets. Add lines 1 through 15 (must equal line 34)	306,031,427	16	293,716,752	
Liabilities	17 Accounts payable and accrued expenses	7,917,516	17	6,879,828
	18 Grants payable		18	
	19 Deferred revenue	13,785,891	19	13,929,007
	20 Tax-exempt bond liabilities	65,700,000	20	65,800,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	17,631	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,114,878	25	8,314,389
	26 Total liabilities. Add lines 17 through 25	97,535,916	26	94,923,224
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	91,507,283	27	97,953,873
	28 Temporarily restricted net assets	88,192,748	28	71,318,615
	29 Permanently restricted net assets	28,795,480	29	29,521,040
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	208,495,511	33	198,793,528
34 Total liabilities and net assets/fund balances	306,031,427	34	293,716,752	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	61,878,791
2	Total expenses (must equal Part IX, column (A), line 25)	2	85,162,029
3	Revenue less expenses. Subtract line 2 from line 1	3	(23,283,238)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	208,495,511
5	Net unrealized gains (losses) on investments	5	11,341,102
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,240,153
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	198,793,528

Part XII Financial Statements and Reporting

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

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

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) MARSHA CRUZAN ----- TRUSTEE	1.0 -----	✓						0	0	0
(26) DR WHITNEY ADDINGTON ----- TRUSTEE	1.0 -----	✓						0	0	0
(27) JOHN P AMBOIAN ----- TRUSTEE	1.0 -----	✓						0	0	0
(28) PAUL F ANDERSON ----- TRUSTEE	1.0 -----	✓						0	0	0
(29) CHAZ EBERT ----- TRUSTEE/BEGINNING 2.8.18	1.0 -----	✓						0	0	0
(30) STEFAN T EDLIS ----- TRUSTEE	1.0 -----	✓						0	0	0
(31) LOIS EISEN ----- TRUSTEE	1.0 -----	✓						0	0	0
(32) W JAMES FARRELL ----- TRUSTEE/PARTIAL YEAR TO 6.23.18	1.0 -----	✓						0	0	0
(33) MICHAEL W FERRO, JR. ----- TRUSTEE	1.0 -----	✓						0	0	0
(34) SONIA FLORIAN ----- TRUSTEE	1.0 -----	✓						0	0	0
(35) MICHAEL T FOLEY ----- TRUSTEE	1.0 -----	✓						0	0	0
(36) RONALD J GIDWITZ ----- TRUSTEE	2.0 -----	✓						0	0	0
(37) RUTH ANN M GILLIS ----- TRUSTEE	2.0 -----	✓						0	0	0
(38) DAN DRAPER ----- TRUSTEE	1.0 -----	✓						0	0	0
(39) CHARLES DROEGE ----- TRUSTEE/BEGINNING 2.8.18	1.0 -----	✓						0	0	0
(40) ALEXANDRA DOUSMANIS-CURTIS ----- TRUSTEE/PARTIAL YEAR TO 2.6.18	1.0 -----	✓						0	0	0
(41) ANN DRAKE ----- TRUSTEE	1.0 -----	✓						0	0	0
(42) MARY PATRICIA GANNON ----- TRUSTEE	1.0 -----	✓						0	0	0
(43) BRENT W GLEDHILL ----- TRUSTEE	2.0 -----	✓						0	0	0
(44) MARIA C GREEN ----- 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) DIETRICH M GROSS ----- TRUSTEE	1.0 -----	✓						0	0	0
(46) CARRIE J HIGHTMAN ----- TRUSTEE	1.0 -----	✓						0	0	0
(47) ELLIOT E HIRSCH ----- TRUSTEE	1.0 -----	✓						0	0	0
(48) ERIC L HIRSCHFIELD ----- TRUSTEE	1.0 -----	✓						0	0	0
(49) J THOMAS HURVIS ----- TRUSTEE	2.0 -----	✓						0	0	0
(50) GREGORY K JONES ----- TRUSTEE	1.0 -----	✓						0	0	0
(51) DAN GROSSMAN ----- TRUSTEE	1.0 -----	✓						0	0	0
(52) KIP KELLEY, II ----- TRUSTEE	1.0 -----	✓						0	0	0
(53) NANCY KNOWLES ----- TRUSTEE/PARTIAL YEAR TO 8.27.17	1.0 -----	✓						0	0	0
(54) LORI KOMISAR ----- TRUSTEE/BEGINNING 6.21.18	1.0 -----	✓						0	0	0
(55) JOSEF LAKONISHOK ----- TRUSTEE	2.0 -----	✓						0	0	0
(56) ETHEL C GOFEN ----- TRUSTEE	1.0 -----	✓						0	0	0
(57) HOWARD L GOTTLIEB ----- TRUSTEE	2.0 -----	✓						0	0	0
(58) MELVIN GRAY ----- TRUSTEE	1.0 -----	✓						0	0	0
(59) BLYTHE J MCGARVIE ----- TRUSTEE	1.0 -----	✓						0	0	0
(60) ANDREW J MCKENNA ----- TRUSTEE	1.0 -----	✓						0	0	0
(61) FRANK B MODRUSON ----- TRUSTEE	2.0 -----	✓						0	0	0
(62) ROBERT S MORRISON ----- TRUSTEE	1.0 -----	✓						0	0	0
(63) ALLAN B MUCHIN ----- TRUSTEE	2.0 -----	✓						0	0	0
(64) LINDA K MYERS ----- TRUSTEE	1.0 -----	✓						0	0	0
(65) JEFFREY C NEAL ----- 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) SYLVIA NEIL ----- TRUSTEE	2.0 -----	✓						0	0	0
(67) KEN R NORGAN ----- TRUSTEE	1.0 -----	✓						0	0	0
(68) SHARON F OBERLANDER ----- TRUSTEE	2.0 -----	✓						0	0	0
(69) JOHN W OLENICZAK ----- TRUSTEE	2.0 -----	✓						0	0	0
(70) GREGORY O'LEARY ----- TRUSTEE/BEGINNING 6.21.18	1.0 -----	✓						0	0	0
(71) JAMES W MABIE ----- TRUSTEE	2.0 -----	✓						0	0	0
(72) CRAIG C MARTIN ----- TRUSTEE	1.0 -----	✓						0	0	0
(73) ROBERT J MCCULLEN ----- TRUSTEE	1.0 -----	✓						0	0	0
(74) OLUFUNMILAYO OLOPADE ----- TRUSTEE	1.0 -----	✓						0	0	0
(75) RICHARD POMEROY ----- TRUSTEE/BEGINNING 4.19.18	1.0 -----	✓						0	0	0
(76) DON M RANDEL ----- TRUSTEE	1.0 -----	✓						0	0	0
(77) ELKE REHBOCK ----- TRUSTEE	1.0 -----	✓						0	0	0
(78) J CHRISTOPHER REYES ----- TRUSTEE	1.0 -----	✓						0	0	0
(79) ANNE N REYES ----- TRUSTEE	1.0 -----	✓						0	0	0
(80) THOMAS REYNOLDS ----- TRUSTEE/PARTIAL YEAR TO 9.19.17	1.0 -----	✓						0	0	0
(81) BRENDA ROBINSON ----- TRUSTEE/BEGINNING 10.18.17	1.0 -----	✓						0	0	0
(82) COLLIN E ROCHE ----- TRUSTEE	1.0 -----	✓						0	0	0
(83) RICARDO ROSENKRANZ ----- TRUSTEE/PARTIAL YEAR TO 9.6.17	1.0 -----	✓						0	0	0
(84) EDWARD B ROUSE ----- TRUSTEE/PARTIAL YEAR TO 6.15.18	2.0 -----	✓						0	0	0
(85) JOSEPH O RUBINELLI, JR. ----- TRUSTEE	1.0 -----	✓						0	0	0
(86) CLAUDIA M SARAN ----- 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) RODD M SCHREIBER ----- TRUSTEE	1.0 -----	✓						0	0	0
(88) JANA R SCHREUDER ----- TRUSTEE	1.0 -----	✓						0	0	0
(89) MARSHA SERLIN ----- TRUSTEE	2.0 -----	✓						0	0	0
(90) BRENDA M SHAPIRO ----- TRUSTEE	2.0 -----	✓						0	0	0
(91) RICHARD SHEPRO ----- TRUSTEE	1.0 -----	✓						0	0	0
(92) ERIC S SMITH ----- TRUSTEE	2.0 -----	✓						0	0	0
(93) SARAH BILLINGHURST SOLOMON ----- TRUSTEE/PARTIAL YEAR TO 2.1.18	1.0 -----	✓						0	0	0
(94) PAM SZOKOL ----- TRUSTEE	1.0 -----	✓						0	0	0
(95) FRANCO TEDESCHI ----- TRUSTEE	1.0 -----	✓						0	0	0
(96) MARK A THIERER ----- TRUSTEE	1.0 -----	✓						0	0	0
(97) CHERRYL T THOMAS ----- TRUSTEE	1.0 -----	✓						0	0	0
(98) OLIVIA TYRRELL ----- TRUSTEE/BEGINNING 6.21.18	1.0 -----	✓						0	0	0
(99) MARK A WAGNER ----- TRUSTEE/PARTIAL YEAR TO 9.14.17	1.0 -----	✓						0	0	0
(100) ROBERTA L WASHLOW ----- TRUSTEE	1.0 -----	✓						0	0	0
(101) MILES D WHITE ----- TRUSTEE	1.0 -----	✓						0	0	0
(102) MATTHEW FISHER ----- TRUSTEE	1.0 -----	✓						0	0	0
(103) AMELIE NEGRIER ----- TRUSTEE	1.0 -----	✓						0	0	0
(104) JOSE LUIS PRADO ----- TRUSTEE	1.0 -----	✓						0	0	0
(105) KRISTINE GARRETT ----- TRUSTEE/PARTIAL YEAR 10.12.17	1.0 -----	✓						0	0	0
(106) WILLIAM A OSBORN ----- TRUSTEE	1.0 -----	✓						0	0	0
(107) MATTHEW J PARR ----- 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) JANE DIRENZO PIGOTT ----- TRUSTEE	1.0 -----	✓						0	0	0
(109) JOHN E BUTLER ----- TRUSTEE	1.0 -----	✓						0	0	0
(110) ALLAN DREBIN ----- TRUSTEE	1.0 -----	✓						0	0	0
(111) SCOTT E SANTI ----- TRUSTEE	1.0 -----	✓						0	0	0
(112) DREW LANDMESSER ----- DEPUTY GENERAL DIRECTOR	40.0 -----			✓				303,247	0	53,915
(113) MARY L SELANDER ----- ASST SECRETARY, DIRECTOR OF DEVELOPMENT UNTIL MARCH 2018	40.0 -----			✓				301,249	0	78,157
(114) ELIZABETH HURLEY ----- ASST SECRETARY, DIRECTOR OF DEVELOPMENT BEGINNING MARCH 2018	40.0 -----			✓				0	0	0
(115) ROBERTA LANE ----- ASST TREASURER, CFO	40.0 -----			✓				309,523	0	56,476
(116) MICHAEL C REYNOLDS ----- MASTER ELECTRICIAN	40.0 -----					✓		195,598	0	58,569
(117) LISA MIDDLETON ----- VICE PRESIDENT, MARKETING AND COMMUNICATIONS	40.0 -----					✓		203,648	0	45,840
(118) MICHAEL REILLY ----- STAGEHAND MANAGER	40.0 -----					✓		203,112	0	63,256
(119) JOE DOCKWEILER ----- MASTER CARPENTER	40.0 -----					✓		217,720	0	70,375
(120) JOSEPH R SCHOFIELD ----- HEAD A/V TECHNICIAN	40.0 -----					✓		204,005	0	61,669

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization LYRIC OPERA OF CHICAGO	Employer identification number 36-6008929
-----------------------------------------------------------	-----------------------------------------------------

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	54,895,389	54,197,015	37,985,524	26,201,904	27,438,056	200,717,888
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	54,895,389	54,197,015	37,985,524	26,201,904	27,438,056	200,717,888
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,600,123
6 Public support. Subtract line 5 from line 4						197,117,765

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	54,895,389	54,197,015	37,985,524	26,201,904	27,438,056	200,717,888
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,304,895	2,074,070	2,207,420	2,448,237	2,193,262	11,227,884
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	320,368	67,579	36,546	424,493
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,094,510	912,618	962,582	911,764	1,029,141	4,910,615
11 Total support. Add lines 7 through 10						217,280,880
12 Gross receipts from related activities, etc. (see instructions)					12	149,285,390
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	90.72 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	90.64 %
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Part VI

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	DINING SPACES	1,001,275	885,907	867,039	794,128	795,866	4,344,215
	OTHER	93,235	26,711	95,543	117,636	233,275	566,400
	Total	1,094,510	912,618	962,582	911,764	1,029,141	4,910,615

Schedule of Contributors

2017

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

Name of the organization LYRIC OPERA OF CHICAGO	Employer identification number 36-6008929
-----------------------------------------------------------	-----------------------------------------------------

Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

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

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

Name of organization LYRIC OPERA OF CHICAGO	Employer identification number 36-6008929
-------------------------------------------------------	-----------------------------------------------------

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	----- ----- -----	\$ 659,221	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 700,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 848,819	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LYRIC OPERA OF CHICAGO	Employer identification number 36-6008929
-------------------------------------------------------	-----------------------------------------------------

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
3	STOCK ----- ----- -----	\$ 828,709	06/26/2018
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----

Name of organization LYRIC OPERA OF CHICAGO	Employer identification number 36-6008929
-------------------------------------------------------	-----------------------------------------------------

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

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047

2017

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number and acreage, and monitoring requirements. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenue and assets.

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 are a 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 programs
- e** Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	0

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	53,157,706	47,495,887	49,178,387	49,589,868	43,529,952
b Contributions	725,560	1,581,116	1,639,585	237,861	717,107
c Net investment earnings, gains, and losses	4,287,527	6,653,730	(961,141)	1,437,419	7,494,297
d Grants or scholarships					
e Other expenditures for facilities and programs	2,431,050	2,400,903	2,191,886	1,843,533	1,896,590
f Administrative expenses	347,560	172,124	169,058	243,228	254,898
g End of year balance	55,392,183	53,157,706	47,495,887	49,178,387	49,589,868

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 ▶ 53.00 %
- c** Temporarily restricted endowment ▶ 47.00 %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	✓	
3a(ii)		✓
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		696,577		696,577
b Buildings		90,357,351	58,201,855	32,155,496
c Leasehold improvements				
d Equipment		17,935,481	8,290,781	9,644,700
e Other		2,509,730	1,643,661	866,069
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				43,362,842

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	26,306,780	END OF YEAR MARKET VALUE
(B) ABSOLUTE RETURN- NON-PUBLICLY TRADED	30,036,541	END OF YEAR MARKET VALUE
(C) EQUITIES- NON-PUBLICLY TRADED	53,965,938	END OF YEAR MARKET VALUE
(D) REAL ASSETS- NON-PUBLICLY TRADED	7,061,987	END OF YEAR MARKET VALUE
(E) ASSETS HELD IN TRUST	4,703,324	END OF YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	122,074,570	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ANNUITIES PAYABLE	607,626	
(3) INTEREST RATE SWAP CONTRACT	7,011,157	
(4) INTERCOMPANY	695,606	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,314,389	

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 FIN 48 (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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

Series of horizontal dashed lines for providing supplemental information.

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 IV, LINE 1B - AGENT, TRUSTEE, CUSTODIAN, OR OTHER INTERMEDIARY ARRANGEMENT	LYRIC OPERA ACTS AS CUSTODIAN OF ALL ASSETS AND PAYMASTER FOR PAYMENTS FOR THE RYAN OPERA CENTER, TO FACILITATE BETTER CONTROLS AND COST EFFECTIVENESS.
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 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 RETURNS 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	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 WOULD RECOGNIZE INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX POSITIONS IN INTEREST AND INCOME TAX EXPENSE, RESPECTIVELY. HOWEVER, THE OPERA HAS NO AMOUNTS ACCRUED FOR INTEREST OR PENALTIES AS OF JUNE 30, 2018 AND 2017. THERE ARE NO ON-GOING FEDERAL, STATE OR LOCAL TAX AUDITS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

LYRIC OPERA OF CHICAGO

Employer identification number

36-6008929

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	MANAGEMENT & GEN'L - INFORMATION TECHNOLOGY COSTS	NA	5,604
(2) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	ARTISTIC/PRODUCTION COSTS	2,714
(3) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	NA	46,741,192
(4) EAST ASIA AND THE PACIFIC	0	0	MANAGEMENT & GENERAL - MISC.	NA	200
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	MARKETING CONSULTING	739,302
(6) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	FUNDRAISING	NA	73,623
(7) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	ARTISTIC/PRODUCTION COSTS	1,545,227
(8) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	FUNDRAISING	NA	3,095
(9) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	MANAGEMENT & GEN'L - TRAVEL	NA	127,475
(10) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	MANAGEMENT & GEN'L - INFORMATION TECHNOLOGY COSTS	NA	22,036
(11) SOUTH AMERICA	0	0	PROGRAM SERVICES	ARTISTIC/PRODUCTION COST	250
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			49,260,718
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			49,260,718

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

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

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

3 Enter total number of other organizations or entities ▶ _____

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

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

Part IV Foreign Forms

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

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

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

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

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

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

Part V

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 -	TO ENCOURAGE BOARD AND SPONSORSHIP DEVELOPMENT, LYRIC OPERA SPONSORS AN ANNUAL EVENT FOR CERTAIN BOARD MEMBERS TO PARTICIPATE IN OPERATIC AND CULTURAL EVENTS IN A FOREIGN LOCALE. EXPENSES FOR LODGING, MEALS, AND EVENTS ARE PAID BY LYRIC AND REIMBURSED BY THE ATTENDING BOARD MEMBERS.
SCHEDULE F, PART I, LINE 3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL SOUTH AMERICA: ACCRUAL

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

LYRIC OPERA OF CHICAGO

Employer identification number

36-6008929

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		WINE AUCTION (event type)	OPENING NIGHT/OPERA BALL (event type)	14 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	3,528,769	942,440	1,924,983	6,396,192
	2 Less: Contributions	2,002,814	810,249	1,009,903	3,822,966
	3 Gross income (line 1 minus line 2)	1,525,955	132,191	915,080	2,573,226
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	103,526	28,350	37,734	169,610
	7 Food and beverages	236,799	142,629	282,774	662,202
	8 Entertainment	195	13,463	94,125	107,783
	9 Other direct expenses	1,533,405	148,920	1,034,700	2,717,025
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				3,656,620
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(1,083,394)	

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 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:

a The organization's facility	13a	%
b An outside facility	13b	%

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	PART II: 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. \$3.8 MILLION OF CHARITABLE CONTRIBUTIONS WERE COLLECTED (SCHEDULE G, PART II, LINE 2) FOR A TRUE NET INCOME OF \$2.7 MILLION COLLECTED AT THESE EVENTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LYRIC OPERA OF CHICAGO

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

36-6008929

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ANTHONY FREUD GENERAL DIRECTOR, PRESIDENT & CEO	(i) 637,786	0	72,142	54,043	21,665	785,636	0
	(ii)	0	0	0	0	0	0	0
2	DREW LANDMESSER DEPUTY GENERAL DIRECTOR	(i) 301,980	0	1,267	34,984	18,931	357,162	0
	(ii)	0	0	0	0	0	0	0
3	MARY L SELANDER ASST SECRETARY, DIRECTOR OF DEVELOPMENT UNTIL MARCH 2018	(i) 299,982	0	1,267	58,290	19,867	379,406	0
	(ii)	0	0	0	0	0	0	0
4	ROBERTA LANE ASST TREASURER, CFO	(i) 308,290	0	1,233	36,904	19,572	365,999	0
	(ii)	0	0	0	0	0	0	0
5	MICHAEL C REYNOLDS MASTER ELECTRICIAN	(i) 195,598	0	0	20,886	37,683	254,167	0
	(ii)	0	0	0	0	0	0	0
6	LISA MIDDLETON VICE PRESIDENT, MARKETING AND COMMUNICATIONS	(i) 203,360	0	288	17,248	28,592	249,488	0
	(ii)	0	0	0	0	0	0	0
7	MICHAEL REILLY STAGEHAND MANAGER	(i) 203,112	0	0	22,150	41,106	266,368	0
	(ii)	0	0	0	0	0	0	0
8	JOE DOCKWEILER MASTER CARPENTER	(i) 217,720	0	0	23,852	46,523	288,095	0
	(ii)	0	0	0	0	0	0	0
9	JOSEPH R SCHOFIELD HEAD AV TECHNICIAN	(i) 204,005	0	0	22,169	39,500	265,674	0
	(ii)	0	0	0	0	0	0	0
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	IN ACCORDANCE WITH THE TERMS OF HIS CONTRACT WHEN HIRED, LYRIC OPERA REIMBURSES MR. FREUD FOR HIS HEALTH CLUB DUES, WHICH ARE A TAXABLE BENEFIT.
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. BOTH THE GENERAL DIRECTOR AND THE DIRECTOR OF DEVELOPMENT, ALONG WITH THEIR SPOUSES, ATTEND AND ARE AN INTEGRAL DAILY PART OF THIS EVENT. NONE OF THE COSTS ARE TAXED TO THE EMPLOYEES, AS THE TRIP IS FOR BONA FIDE BUSINESS PURPOSES FOR LYRIC OPERA.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2017

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Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

LYRIC OPERA OF CHICAGO

Employer identification number

36-6008929

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SIRAD INC	ENTITY MORE THAN 35% OWNED BY A. DAVIS, CURRENT TRUSTEE	\$813,577	CONTRACTED CONSULTANT - NORMAL COURSE OF BUSINESS		✓
(2) COLIN URE	FAMILY MEMBER OF CURRENT TRUSTEE	\$10,965	EMPLOYMENT		✓

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization LYRIC OPERA OF CHICAGO	Employer identification number 36-6008929
-----------------------------------------------------------	-----------------------------------------------------

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	✓	1	306	MARKET VALUE
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	✓	62	1,552,694	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 ▶ (SCORES/DVDS)	✓	3	1,530	MARKET VALUE
26 Other ▶ (FURNITURE)	✓	1	249	MARKET VALUE
27 Other ▶ (FOOD & REFRESHMENTS)	✓	3	3,117	MARKET VALUE
28 Other ▶ (SEE STATEMENT)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----	---

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

Part 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
GIFT CERTIFICATES	✓	1	900	MARKET VALUE
DECORATIONS	✓	3	151	MARKET VALUE
HAIR STYLING	✓	1	92	MARKET VALUE
CREATIVE DESIGN	✓	1	11,700	MARKET VALUE
WINE AUCTION ITEMS	✓	164	857,227	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 - SCORES/DVDS - NUMBER OF CONTRIBUTIONS OTHER - FURNITURE - NUMBER OF CONTRIBUTIONS OTHER - FOOD & REFRESHMENTS - NUMBER OF CONTRIBUTIONS OTHER - GIFT CERTIFICATES - NUMBER OF CONTRIBUTIONS ART - WORKS OF ART - NUMBER OF ITEMS RECEIVED OTHER - DECORATIONS - NUMBER OF CONTRIBUTIONS OTHER - HAIR STYLING - NUMBER OF CONTRIBUTIONS OTHER - CREATIVE DESIGN - NUMBER OF CONTRIBUTIONS OTHER - WINE AUCTION ITEMS - NUMBER OF CONTRIBUTIONS

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

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the Organization
LYRIC OPERA OF CHICAGO

Employer Identification Number
36-6008929

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 7A - UNRELATED BUSINESS INCOME	LINE 13 OF FORM 990-T SHOWS UNRELATED BUSINESS INCOME IN THE AMOUNT OF \$835,872. THIS AMOUNT INCLUDES \$55,682 OF DISALLOWED TRANSPORTATION FRINGE BENEFITS. THIS IS NOT REFLECTED ON FORM 990, PART VIII, COLUMN C. AS A RESULT, FORM 990, PART I, LINE 7A IS \$780,190
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	<p>- PRODUCING AND PERFORMING CONSISTENTLY THRILLING, WORLD-CLASS OPERA, WITH A BALANCED REPERTOIRE THAT ENCOMPASSES CORE CLASSICS, LESSER-KNOWN MASTERPIECES, AND NEW WORKS.</p> <p>- CREATING A DIVERSE, INNOVATIVE, WIDE-RANGING PROGRAM OF COMMUNITY ENGAGEMENT AND EDUCATION ACTIVITIES THAT REACHES THE WIDEST POSSIBLE PUBLIC.</p> <p>- DEVELOPING EXCEPTIONAL EMERGING OPERATIC TALENT.</p>
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	ATTENDANCE FOR THESE EDUCATIONAL ACTIVITIES TOTALED APPROXIMATELY 95,500. PLEASE NOTE, AS REQUIRED BY THE INSTRUCTIONS, THE REVENUE DISCLOSED HERE DOES NOT INCLUDE CONTRIBUTED REVENUE FOR THESE PROGRAMS.
FORM 990, PART V, LINE 1A - NUMBER REPORTED IN BOX 3 OF FORM 1096	LYRIC OPERA PROVIDES ADMINISTRATIVE SERVICES AND MAINTAINS THE BOOKS AND RECORDS OF THE RYAN OPERA CENTER. ALL VENDORS, INCLUDING INDEPENDENT CONTRACTORS, FOR BOTH LYRIC OPERA AND THE RYAN OPERA CENTER ARE PAID THROUGH LYRIC OPERA OF CHICAGO.
FORM 990, PART V, LINE 7D - NUMBER OF FORMS 8282 FILED DURING THE YEAR	LYRIC OPERA FILED THIRTEEN FORMS 8282 IN FISCAL YEAR 2019 FOR DONATED ITEMS SOLD IN FISCAL YEAR 2018.
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	MICHAEL W. FERRO JR., ANDREW J. MCKENNA, MILES D. WHITE, WILLIAM OSBORN - BUSINESS RELATIONSHIP J. CHRISTOPHER REYES AND ANNE N REYES - 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>

Return Reference - Identifier	Explanation
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 SCHEDULES ARE PREPARED AND REVIEWED BY LYRIC STAFF. A REVIEW IS THEN PERFORMED BY OUR TAX ADVISOR. THE TAX ADVISOR OVERSEES THE DISCUSSION AND REVIEW OF THE FORM 990 WITH MEMBERS OF THE LYRIC OPERA AUDIT COMMITTEE, ALONG WITH APPROPRIATE LYRIC STAFF. THE ENTIRE FORM 990 AND FORM 990-T PACKAGE IS SENT ALONG WITH A SUMMARY MEMO, VIA E-MAIL, TO ALL MEMBERS OF THE LYRIC OPERA OF CHICAGO AUDIT COMMITTEE PRIOR TO FILING ELECTRONICALLY WITH THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>LYRIC OPERA MAINTAINS A CONFLICT OF INTEREST POLICY WHICH APPLIES TO ALL DIRECTORS, OFFICERS OF AUXILIARY ORGANIZATIONS AUTHORIZED BY THE OPERA, AS WELL AS SENIOR MANAGEMENT AND OTHER DESIGNATED MEMBERS OF THE STAFF. THE POLICY REQUIRES EACH PERSON TO WHOM THE POLICY APPLIES TO COMPLETE AN ANNUAL DISCLOSURE QUESTIONNAIRE WHICH IDENTIFIES A BUSINESS OR FINANCIAL INTEREST OF THAT PERSON WHICH IS PLANNING TO ENGAGE IN A BUSINESS TRANSACTION WITH THE OPERA, OR HAS ENGAGED IN A BUSINESS TRANSACTION WITH THE OPERA DURING THE PRECEDING YEAR.</p> <p>THE POLICY FORBIDS SUCH INDIVIDUALS FROM VOTING ON OR USING THEIR PERSONAL INFLUENCE IN CONNECTION WITH SUCH TRANSACTIONS. IN THE EVENT THE OPERA DOES CONDUCT BUSINESS WITH A RELATED PARTY, THE FINANCIAL TERMS OF THOSE RELATIONSHIPS ARE REPORTED ANNUALLY TO THE AUDIT COMMITTEE, WHOSE MEMBERS MUST BE INDEPENDENT PER THE TERMS OF ITS CHARTER.</p> <p>THE OPERA REQUIRES EACH FULL-TIME NON-UNION EMPLOYEE TO CONDUCT THEMSELVES IN ACCORDANCE WITH THE CODE OF BUSINESS CONDUCT AND ETHICS, APPROVED BY THE OPERA'S BOARD OF DIRECTORS, AND TO SIGN AN ANNUAL STATEMENT ACKNOWLEDGING THEIR UNDERSTANDING OF THIS CODE.</p>
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE PROCESS OF DETERMINING COMPENSATION OF THE ORGANIZATION'S GENERAL DIRECTOR INCLUDED THE FOLLOWING: THE GENERAL DIRECTOR WAS HIRED IN APRIL 2011 WITH A 5 YEAR CONTRACT, THROUGH JUNE 30, 2016. THE COMPENSATION COMMITTEE, COMPRISED OF NINE MEMBERS OF THE BOARD OF DIRECTORS WHO ARE DEEMED INDEPENDENT, 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. THE COMPENSATION 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. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE CONTRACT ON AN ANNUAL BASIS.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	<p>THE PROCESS OF DETERMINING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES (ANYONE EARNING MORE THAN \$150,000) INCLUDED THE FOLLOWING:</p> <ol style="list-style-type: none"> 1) THE COMPENSATION COMMITTEE, MADE UP OF NINE INDEPENDENT BOARD MEMBERS, REVIEWED THE FISCAL 2018 COMPENSATION ARRANGEMENTS ON APRIL 4, 2017. THIS PROCESS IS DONE ANNUALLY. 2) LYRIC SALARY BANDS ARE DETERMINED BY AN INDEPENDENT CONSULTANT EVERY THREE YEARS WHO, LEVERAGING COMPARABILITY DATA AND BENCHMARK COMPARISONS FROM PEER INDUSTRY ORGANIZATIONS BASED ON SIZE OF REVENUE AND OPERATING BUDGET AS WELL AS SCOPE OF MANAGEMENT RESPONSIBILITY, SETS SALARY BANDS FOR EACH OF LYRIC'S EIGHT STAFF JOB LEVELS. 3) SALARIES FOR ALL HIGHLY COMPENSATED EMPLOYEES WITH SALARIES OVER \$150,000 PER YEAR MUST FALL WITHIN THEIR RESPECTIVE SALARY BANDS. 4) RECOMMENDATIONS, AS WELL AS ANY DELIBERATION, WERE DOCUMENTED IN THE COMPENSATION COMMITTEE MINUTES. A REPORT TO THE BOARD WITH RESPECT TO COMPENSATION RECOMMENDATION WAS REFLECTED IN THE BOARD MEETING MINUTES.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	LYRIC OPERA OF CHICAGO POSTS AUDITED FINANCIAL STATEMENTS ON ITS WEBSITE. GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY ARE NOT REQUIRED DISCLOSURES PURSUANT TO IRC SEC. 6104. THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME.

Return Reference - Identifier	Explanation				
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses
	ARTISTS/SINGERS	3,718,310	3,718,310		
	ARTISTIC CONSULTANTS	466,764	466,764		
	CONDUCTORS	1,111,456	1,111,456		
	STAGE DIRECTORS/CHOREOGRAPHERS	522,207	522,207		
	PRODUCTION DESIGNERS	528,035	528,035		
	MARKETING CONSULTANTS	179,195	179,195		
	MUSIC COMMISSIONS	40,723	40,723		
	SOFTWARE CONSULTANTS	268,861		268,861	
	COMMUNITY ENGAGEMENT CONSULTANTS	85,965	85,965		
OTHER VARIOUS IC'S	2,295,333	1,363,035	592,303	339,995	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description				(b) Amount
	CHANGE IN SEVERANCE PLANS' VALUATION				- 223,138
	UNREALIZED LOSS - INTEREST RATE SWAP CONTRACT				2,463,291