# **PUBLIC DISCLOSURE COPY**

# **Return of Organization Exempt From Income Tax**

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

Department of the Treasury Internal Revenue Service

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

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

<u>A F</u>	or the	2020 calendar year, or tax year beginning JUL	1, 2020 and	ending J	<u>UN 30, 2021</u>	
	heck if pplicable	C Name of organization			D Employer identif	ication number
X	Addres	THE CHICAGO PHILHARMONIC	SOCIETY			
	Name change				36-36160	76
	Initial return	Number and street (or P.O. box if mail is not delivered	d to street address)	Room/suite	E Telephone number	er
	☐Final return/	226 SOUTH WABASH AVE, FLO	OR 10		312-957-	
	termin- ated		or foreign postal code		G Gross receipts \$	1,050,268.
	Amend	CHICAGO, III 00004			H(a) Is this a group	
	Application pendin		S MANNING		for subordinate	—
		SAME AS C ABOVE			H(b) Are all subordinates	included? Yes No
			insert no.) 4947(a)(1) c	or 527	1 '	a list. See instructions
		e: WWW.CHICAGOPHILHARMONIC.O			H(c) Group exemption	
	orm of art I	organization: X Corporation Trust Associa	tion Other	<b>L</b> Year	of formation: 1988	M State of legal domicile: IL
Po		Summary	ПО Б3	VCTME	ENCACE AN	т прумскори
ė		Briefly describe the organization's mission or most signi DIVERSE AUDIENCES WITH THE B				D TRANSFORM
au						· · · · · · · · · · · · · · · · · · ·
Activities & Governance	I	Check this box  \[ \] if the organization discontinue \[ \] Number of voting members of the governing body (Part			ı	1 20
é		Number of independent voting members of the governir				
<b>ფ</b>		Total number of individuals employed in calendar year 2				219
ij		Total number of volunteers (estimate if necessary)				
ċ		Total unrelated business revenue from Part VIII, column				
ď	I	, Net unrelated business taxable income from Form 990-1				
					Prior Year	Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)			1,067,987.	
ž	l				1,322,761.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and	7d)		21,606.	
<b>E</b>	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,	10c, and 11e)		7,840.	
	12	Total revenue - add lines 8 through 11 (must equal Part	VIII, column (A), line 12)		2,420,194.	<del>                                     </del>
	13	Grants and similar amounts paid (Part IX, column (A), lin	nes 1-3)		0.	
	I	Benefits paid to or for members (Part IX, column (A), line			0.	
es	15	Salaries, other compensation, employee benefits (Part I)			2,070,540.	
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 1	1e)		0.	0.
ă	_b <sup>·</sup>	Total fundraising expenses (Part IX, column (D), line 25)			240 020	160 005
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-2			348,920. 2,419,460.	
		Total expenses. Add lines 13-17 (must equal Part IX, col			734.	
×	19	Revenue less expenses. Subtract line 18 from line 12 .		Ro	ginning of Current Year	End of Year
ets o	20	Total assets (Part X, line 16)			638,432.	1,354,412.
Asse	21				108,579.	
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 2			529,853.	
Pa	rt II	Signature Block			•	· · ·
Und	er pena	lties of perjury, I declare that I have examined this return, includ	ding accompanying schedules	and stateme	ents, and to the best of m	y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is b	based on all information of wh	ich preparer	has any knowledge.	
Sig	n	Signature of officer			Date	
Her	е	TERELL JOHNSON, EXECUTIVE	DIRECTOR			
		Type or print name and title		1.5	) ata 1	DTIN
_			parer's signature		Date Check	PTIN
Paid	l l		SON FLAHIVE		5/13/22 self-emplo	
-	arer	Firm's name OSTROW REISIN BERK			Firm's EIN ▶	36-2938874
use	Only	Firm's address   455 N CITYFRONT PLA	AZA DK, SUITE	T200	5. 31	2 670 7444
	. 46 - 17	CHICAGO, IL 60611	Na a dinadim sabba		•	_2-670-7444 X Yes No
ivia\	r trie it	RS discuss this return with the preparer shown above? S	SEE ITISTITUCTIONS			X Yes No

Page 2

032002 12-23-20

Page 3

# 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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? If "Yes," complete Schedule C, Part II	4		Х
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? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		
0	, ,	8		X
0	Schedule D, Part III	-		1
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<del></del> -
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b>–</b> "		<del></del>
.0		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	<b>⊢</b> °		<del>  ^</del> `
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<sub>V</sub>
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

032003 12-23-20

Form 990 (2020) THE CHICAGO PHILHARMONIC SOCIETY

Part IV | Checklist of Required Schedules (continued)

i ai	Officerist of Required Scriedules (continued)			
	P::		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			,,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		X
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		
-	Schedule N. Part II	32		X
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
Da	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		 T	
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1a. 5	_		
	The far families of Forms W Za moladed in line fat. Effect of infect applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Х	
00000	(gambling) winnings to prize winners?	1c		<u> </u> (2020)
U3200 <sup>2</sup>	‡ 12-23-20	LOUIT	, 550	(CUCU)

# Form 990 (2020) THE CHICAGO PHILHARMONIC SOCIETY Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	e e e e e e e e e e e e e e e e e e e				·
0-	Enter the number of ampleyage vanested on Ferm W.C. Transmittel of Wage and Tay Statements	l I		Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 219			
h	filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х	
b	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file (see instructions		20		
3a		7	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		- 55		
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		х
b	If "Yes," enter the name of the foreign country	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?	 I I	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations		7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	by the	8		
9	Sponsoring organizations maintaining donor advised funds.		0		
а	5111		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	L I			
	organization is licensed to issue qualified health plans	13b			
C	Enter the amount of reserves on hand	13c	4.6 -		v
14a			14a		X
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		15		Х
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.		15		Λ
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	income?	10		
	ii 100, complete i omi 4120, concedio o.		Гокт	990	(2020)

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

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion 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	1a		26			
	If there are material differences in voting rights among members of the governing body, or if the governing			$\neg$			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		nv other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the			¨			
•					3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			- 1	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			·	5		X
6	Did the organization have members or stockholders?			Г	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			''			
, .	more members of the governing body?				7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			··	1 a		
b			,		7b	Х	
Q	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			··	7.0	- 21	
8		-	-		8a	Х	
a	The governing body?  Each committee with authority to act on behalf of the governing body?				8b	X	
b				⊦	on		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				9		x
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)			V	N <sub>a</sub>
40-	Did the amonitation have lead shouton hypershop or offlicted.			٢	10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			··	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•	•		401-		
44-			a filip a the form	··· ⊦	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	e filing the form?	-	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				40	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			··· ├	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			├	12b		_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				Х	
40	in Schedule O how this was done			Г	12c	X	
13	Did the organization have a written whistleblower policy?			Г	13	X	_
14	Did the organization have a written document retention and destruction policy?			⊦	14	Λ_	
15	Did the process for determining compensation of the following persons include a review and approva	l by inc	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					v	
а	The organization's CEO, Executive Director, or top management official				15a	X	- V
b	Other officers or key employees of the organization			}	15b		X
	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 arrangements of the contribute assets to, or participate in a joint venture or similar arrangements.						v
_	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's				
<u> </u>	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed >IL		<b>-</b>	) (C)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	(Section 501(c	:)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest policy,	and	financ	cial	
	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 boo	ks and	records  _				
	NATHANIEL DAVIS - 312-957-0000						
	226 SOUTH WABASH AVE, FLOOR 10, CHICAGO, IL 60604					000	(0000)

# 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.

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per nd a di	more rson i	than o	n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DONNA MILANOVICH	40.00							50 500	•	
SECRETARY & EXEC DIRECTOR - TERM	1 00	Х		X				72,569.	0.	0.
(2) KARIN URSIN	1.00							10 005	•	•
BOARD MEMBER	1 00	Х						12,835.	0.	0.
(3) CARMEN LLOP KASSINGER BOARD MEMBER	1.00	Х						10,621.	0.	0.
(4) BARBARA HAFFNER	1.00							10,021.	0.	<u></u>
BOARD MEMBER	1.00	Х						8,180.	0.	0.
(5) REED CAPSHAW	1.00	22						0,100.	<b></b>	•
BOARD MEMBER	1100	х						7,954.	0.	0.
(6) JENNIFER CAPPELLI	1.00	<u> </u>						7,73321		
BOARD MEMBER		х						7,937.	0.	0.
(7) LORI ASHIKAWA	1.00							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
BOARD MEMBER		Х						7,545.	0.	0.
(8) ELIZANDRO GARCIA-MONTOYA	1.00									
BOARD MEMBER		Х						5,441.	0.	0.
(9) JOEL COHEN	1.00									
BOARD MEMBER		Х						4,642.	0.	0.
(10) CHRISTIAN DILLINGHAM	1.00									
BOARD MEMBER		Х						4,611.	0.	0.
(11) ANNE BACH	1.00									
BOARD MEMBER		Х						3,783.	0.	0.
(12) BILL DENTON	1.00								_	_
BOARD MEMBER		Х						3,200.	0.	0.
(13) MELISSA KIRK	1.00	1								_
BOARD MEMBER		Х						1,060.	0.	0.
(14) NEIL KIMEL	1.00									_
BOARD MEMBER	F 60	Х			_	_		1,031.	0.	0.
(15) THOMAS MANNING	5.00			,,					•	_
CHAIRMAN OF THE BOARD	1 00	X		Х		_		0.	0.	0.
(16) DUFFIE ADELSON	1.00	3,7		37					<u> </u>	_
VICE-CHAIR OF THE BOARD	1 00	Х	_	Х	_			0.	0.	0.
(17) ROBERT EVERSON VICE-CHAIR OF THE BOARD	1.00	Х		х				0.	0.	0.
VICE-CHAIR OF THE BOARD	1	Λ		Λ	<u> </u>			<u> </u>	0.	Form <b>990</b> (2020)

36-3616076

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss per	more rson i	than is bot or/trus	h an		(E) Reportable compensation from related	1	(F) stimate mount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org an	npensa from the ganizati nd relate anization	e ion ed
(18) PAUL R. JUDY TREASURER	5.00	Х		Х				0.	0.			0.
(19) TERELL JOHNSON	40.00	Δ		^				0.	<b>.</b>	+		<u> </u>
EXECUTIVE DIRECTOR		х		х				0.	0.			0.
(20) JAMES BERKENSTOCK	1.00											
BOARD MEMBER		Х						0.	0.			0.
(21) JENYCE BOOLTON	1.00											
BOARD MEMBER		Х						0.	0.	<b>↓</b>		0.
(22) KEVIN BRADLEY	1.00	l										•
BOARD MEMBER	1 00	Х				-		0.	0.	-		0.
(23) BRIAN FELTZIN BOARD MEMBER	1.00	х						0.	0.			0.
(24) LYNN MCDONOUGH	1.00	Λ				_		0.	0.	$\vdash$		<u> </u>
BOARD MEMBER	1.00	Х						0.	0.			0.
(25) SCOTT NESLUND	1.00								•	$\vdash$		
BOARD MEMBER		х						0.	0.			0.
(26) JOY THOMAS	1.00											
BOARD MEMBER		Х						0.	0.			0.
1b Subtotal							▶	151,409.	0.			0.
c Total from continuation sheets to Part VI							▶	0.	0.	ــــــ		0.
d Total (add lines 1b and 1c)							▶	151,409.	0.			0.
<ul><li>2 Total number of individuals (including but no compensation from the organization</li></ul>	ot limited to th	ose	liste	d ab	oove	e) wh	no r	eceived more than \$100,	000 of reportable			0
											Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	сеу е	empl	loye	e, o	r hi	ghest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for sa	uch individual									3		Х
4 For any individual listed on line 1a, is the su	•								-			
and related organizations greater than \$150	),000? If "Yes,	" co	mple	ete S	Sche	edule	e J	for such individual		4		X
5 Did any person listed on line 1a receive or a									dual for services	_		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	9 <i>J f</i>	or st	ıch į	oers	on				5		
Complete this table for your five highest contains the second secon	mnensated ind	lene	nder	nt co	ontra	acto	rs t	hat received more than 9	S100 000 of compens	ation fr		
the organization. Report compensation for t	-	-							· · ·			
(A)	•							(B)		((	C)	
Name and business	address	NC	INC	3				Description of s	services	Compe	ensation	n
2 Total number of independent contractors (in	•	ot lin	nited	d to		_	stec	d above) who received me	ore than			
\$100,000 of compensation from the organiz		TNT	TTN	mŦ	_	)	TT.	2 TZ M C		_	000	000
SEE PART VII, SECTION	A CONT	ΤIJ	UΑ	тт	OΝ	ר ב	ni	CTU		Form	990 (2	ZU20)

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Form 990 THE CHICA	AGO PHIL	ιHΑ	RM	ON	ΙIC	S	OC	!IETY	36-361	6076	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average		Position					Reportable	Reportable	Estimated	
	hours	(cl	heck	all ·	that	app	ly)	compensation	compensation	amount of	
	per .							from	from related	other	
	week (list any	rot				Highest compensated employee		the organization	organizations (W-2/1099-MISC)	compensation from the	
	hours for	Individual trustee or director				ma pa		(W-2/1099-MISC)	(** 27 1033 141100)	organization	
	related	tee or	ıstee			ensate		(** = *********************************		and related	
	organizations	trus	Institutional trustee		Key employee	om pe				organizations	
	below	ividua	titutio	Officer	emp,	hesto	Former				
	line)	pul	Sul	0#	Ke	Hig	For				
(27) FENG XUE	1.00									_	
BOARD MEMBER		Х						0.	0.	0.	
(28) GUILLERMO BUBLIK	1.00										
BOARD MEMBER - TERM		Х						0.	0.	0.	
		Ī									
		ł									
		ŀ									
			L		L	L					
Total to Part VII, Section A, line 1c											

#### Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns ..... 1a 1b **b** Membership dues c Fundraising events ..... 1c d Related organizations 1d 515,681. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 447,364. similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 963,045. h Total. Add lines 1a-1f **Business Code** 5,204. 5,204. 2 a TICKET ADMISSIONS 711130 Program Service f All other program service revenue ..... 5,204. g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and 586. 586. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 80,156. assets other than inventory b Less: cost or other basis 49,181. 7b Other Revenue and sales expenses ...... 30,975.c Gain or (loss) \_\_\_\_\_\_\_7c 30,975. 30,975. d Net gain or (loss) 8 a Gross income from fundraising events (not of including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 1,277. 1,277 11 a MISCELLANEOUS REVENUE 900099 d All other revenue 1,277. e Total. Add lines 11a-11d **▶** 1,001,087. 5,204. 32,838. **12 Total revenue.** See instructions

#### 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 (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 79,885. 34,686. 29,661. 15,538. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 254,702. 169,415. 55,969. 29,318. Other salaries and wages 7 Pension plan accruals and contributions (include 4,813. 4,813. section 401(k) and 403(b) employer contributions) Other employee benefits 9 38,969. 28,194. 7,071. 3,704. 10 Payroll taxes Fees for services (nonemployees): Management 215. 215. Legal 39,448. 39,448. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 9,275 9,275. column (A) amount, list line 11g expenses on Sch O.) 1,320. 13,522. 11,846. 356. Advertising and promotion 12 20,958. 7,127. 10,795. 3,036. Office expenses 13 Information technology 14 15 Royalties 7,419. 17,086. 6,344. 3,323. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 854. 371. 317. 166. 20 Payments to affiliates 21 282. 122. 105. 55. Depreciation, depletion, and amortization 22 10,865. 8,660. 1,447. 758. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 54,781. 54,781. CONCERT PRODUCTION COST ENDOWMENT EXPENSE 2,519. 2,519. С d All other expenses 548,174. 336,709. 154,247. 57,218. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2020)

if following SOP 98-2 (ASC 958-720)

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			93,260.	1	58,246.
	2	Savings and temporary cash investments			7,450.	2	212,150.
	3	Pledges and grants receivable, net			24,100.	3	468,603.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantia	contributor, or 35%			
		controlled entity or family member of any of t	these pe	sons		5	
	6	Loans and other receivables from other disqu	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			2,037.	9	3,007.
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10	12,592. 11,183.			
	b	Less: accumulated depreciation		•	0.	10c	1,409.
	11	Investments - publicly traded securities			540.050	11	500 551
	12	Investments - other securities. See Part IV, lir			510,252.	12	609,664.
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets			1 222	14	1 222
	15	Other assets. See Part IV, line 11			1,333.	15	1,333.
	16	Total assets. Add lines 1 through 15 (must e			638,432.	16	1,354,412.
	17	Accounts payable and accrued expenses			72,170.	17	71,443.
	18	Grants payable			2,634.	18	204,821.
	19	Deferred revenue	2,034.	19	204,021.		
	20	Tax-exempt bond liabilities		/ - ( O - I I - I - D		20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su controlled entity or family member of any of t		· ·		22	
Lia	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela			33,775.	24	
	25	Other liabilities (including federal income tax,			3377731	24	
		parties, and other liabilities not included on li					
		of O also also by				25	
	26	<b>Total liabilities.</b> Add lines 17 through 25			108,579.	26	276,264.
		Organizations that follow FASB ASC 958, o	check he	re 🕨 🗓	·		•
es		and complete lines 27, 28, 32, and 33.		· —			
auc	27	Net assets without donor restrictions			-349.	27	729,888.
Bal	28	Net assets with donor restrictions			530,202.	28	348,260.
pu		Organizations that do not follow FASB AS6	С 958, с	eck here 🕨 🗌			
Ē.		and complete lines 29 through 33.					
S OF	29	Capital stock or trust principal, or current fun	nds			29	
set	30	Paid-in or capital surplus, or land, building, or	r equipm	ent fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	d income	or other funds		31	
Ret	32	Total net assets or fund balances		529,853.	32	1,078,148.	
	33	Total liabilities and net assets/fund balances			638,432.	33	1,354,412.

Pai	t 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	1,00		
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,1	
3	Revenue less expenses. Subtract line 2 from line 1	3		2,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52	9,8	<u>53.</u>
5	Net unrealized gains (losses) on investments	5	9	5,3	82.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,07	8,1	48.
Pa	t 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2020)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

Part I Reason for Public Charity Status. (All organizations must of	CIETY			_	6-3616076
	omplete th	nis part.) S	ee instruction	S.	
The organization is not a private foundation because it is: (For lines 1 through 12, c	heck only	one box.)			
1 A church, convention of churches, or association of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3 A hospital or a cooperative hospital service organization described in se	ection 170	(b)(1)(A)(ii	ii).		
4 A medical research organization operated in conjunction with a hospital	described	in <b>sectio</b>	n 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 owner	l or operate	ed by a go	vernmental u	nit describe	ed in
section 170(b)(1)(A)(iv). (Complete Part II.)					
6 A federal, state, or local government or governmental unit described in	section 17	70(b)(1)(A)	(v).		
7 An organization that normally receives a substantial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	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 Par	t II.)				
9 An agricultural research organization described in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a	land-grant	college
or university or a non-land-grant college of agriculture (see instructions).	Enter the I	name, city	, and state of	the college	e or
university:					
10 X An organization that normally receives (1) more than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
activities related to its exempt functions, subject to certain exceptions;	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
income and unrelated business taxable income (less section 511 tax) from	m busines	ses acqui	red by the org	janization a	after June 30, 1975.
See section 509(a)(2). (Complete Part III.)					
11 An organization organized and operated exclusively to test for public sa					_
An organization organized and operated exclusively for the benefit of, to	-			•	•
more publicly supported organizations described in section 509(a)(1) or					Check the box in
lines 12a through 12d that describes the type of supporting organization				-	
a Type I. A supporting organization operated, supervised, or controlled	•	-			
the supported organization(s) the power to regularly appoint or elect a	majority o	it the direc	tors or truste	es of the su	apporting
organization. You must complete Part IV, Sections A and B.	ion with its		d organizatio	n(a) by bay	vin a
<b>b</b> Type II. A supporting organization supervised or controlled in connect					
control or management of the supporting organization vested in the satisfies organization(s). You must complete Part IV, Sections A and C.	arrie persoi	ns that co	ntroi or manag	ge trie supp	oorted
	in connect	ion with	and functional	ly integrate	ad with
its supported organization(s) (see instructions). You must complete I				iy iiilegiale	cu witti,
d Type III non-functionally integrated. A supporting organization oper				ted organia	zation(s)
that is not functionally integrated. The organization generally must sat				-	
requirement (see instructions). You must complete Part IV, Sections	•		-	an attorni	VOITOGO
e Check this box if the organization received a written determination fro	•			II. Type III	
functionally integrated, or Type III non-functionally integrated supporti			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, . , p =	
f Enter the number of supported organizations					
<b>g</b> Provide the following information about the supported organization(s).					
(i) Name of supported (ii) EIN (iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	,	(vi) Amount of other
organization (described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total					

20348.01

# 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				1		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4		` ,			, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12		etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for the	•	,			501(c)(3)	
	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publi		_				
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2020. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	١			▶□
b	33 1/3% support test - 2019. If the	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	- <b>2020.</b> If the org	anization did not				
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances test	- <b>2019.</b> If the org	anization did not	check a box on line			
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and s	<b>top here.</b> Explain i	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qu	alifies as a publicly	supported organi	zation	<b>&gt;</b>
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ınd see instructions	<u> </u>
		<u> </u>	<u>-</u>	<u>-</u>	Sch	edule A (Form 990	or 990-F7) 2020

### 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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	468,416.	725,335.	1016203.	1067987.	963,045.	4240986.
	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1482087.	1672471.	1970637.	1322761.	5,204.	6453160.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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						
	Total. Add lines 1 through 5	1950503.	2397806.	2986840.	2390748.	968,249.	10694146.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	95,000.	270,000.	522,971.	352,035.	107,170.	1347176.
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	33,755.	18,206.	48,164.	23,266.		123,391.
c	Add lines 7a and 7b	128,755.	288,206.	571,135.		107,170.	
	Public support. (Subtract line 7c from line 6.)		, =	, =	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, =	9223579.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	1950503.	2397806.	2986840.	2390748.	968,249.	10694146.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					586.	586.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					586.	586.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,944. 1952447.	1,617. 2399423.	2,815. 2989655.	7,840. 2398588.	1,277.	15,493. 10710225.
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the check this box and stop here	•		•			,,, 
Sec	etion C. Computation of Public						
	Public support percentage for 2020 (li			olumn (f))		15	86.12 %
	Public support percentage from 2019	, (,,	,			16	87.29 %
_	ction D. Computation of Inves						
	Investment income percentage for 20					17	.01 %
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2019. If the						
20	line 18 is not more than 33 1/3%, chec						

Т..

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b 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?
- c 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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))? If "Yes," provide detail in **Part VI.**
- **b** 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? If "Yes," provide detail in **Part VI.**
- c 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
-iu		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
10b		
	O E71	0000

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	, , , , , , , , , , , , , , , , , , ,			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			<u> </u>
	<u></u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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			
		1		
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	-		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
<u>Sac</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	i <b>-</b>		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		T
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	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.						
Sect	ion 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					
Sect	ion 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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	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 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting orga	nization (see			
	instructions).			•			

Schedule A (Form 990 or 990-EZ) 2020

Par	t v   Type III Non-Functionally Integrated 509(	aj(s) Supporting Orga	nizations (continu	<u>ed)</u>	
Secti	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>i</u>	Carryover from 2015 not applied (see instructions)				
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

### **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 Open to Public Inspection

Name of the organization

THE CHICAGO PHILHARMONIC SOCIETY

**Employer identification number** 36-3616076

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	,		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the c	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
•			(4)(D)(:)
8	Does each conservation easement reported on line 2(d) above		
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservati		
9	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.	lote to the organization's infancial statemen	its that describes the
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		d balance sheet works
	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its final	, ,	•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2020

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

Sche		CAGO PHILHA					<u> 36-36</u>		
Par	t III   Organizations Maintaining C	ollections of Art	i, Historical Tre	asures, or C	Other S	imilai	Assets	(continu	ıed)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that m	ake sign	ificant ι	use of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's	s exempt	t purpos	se in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	ures, or other s	imilar as	sets			
	to be sold to raise funds rather than to be ma							Yes	☐ No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered "Ye	es" on Fo	rm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other asset	s not inc	luded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					?		Yes	No
	If "Yes," explain the arrangement in Part XIII.				•			_	$\Box$
Par									
	·	(a) Current year	(b) Prior year	(c) Two years b		Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	510,252.	494,144.	175,0			25,000.		25,000.
	Contributions	5,000.		305,0	000.	1	50,000.		
С	Net investment earnings, gains, and losses	124,412.	21,108.	22,9	900.				
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	30,000.	5,000.	8,7	756.				
g	End of year balance	609,664.	510,252.	494,1	144.	1	75,000.		25,000.
2	Provide the estimated percentage of the curre	ent vear end balance	(line 1g. column (a)	) held as:					
	· · · · · · · · · · · · · · · · · · ·	46.0000	%	, 45.					
	Permanent endowment ► 54.0000	%	_,,						
		<u></u> ,							
_	The percentages on lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses	•	tion that are held an	d administered	for the o	organiza	ation		
	by:	3				5		- F	res No
	(i) Unrelated organizations							$\overline{}$	X
	(ii) Related organizations							3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the							0.2	
Par	t VI Land, Buildings, and Equipme		William Tarias.						
	Complete if the organization answered		. Part IV. line 11a. S	ee Form 990. P	art X. lin	e 10.			
	Description of property	(a) Cost or o	<u> </u>	i i	(c) Acci		ed be	(d) Book	value
	2 3 3 3 1 Proporty	basis (investm		· · · · · · · · · · · · · · · · · · ·	` '	eciation	-	(a) 200K	. 3.40
1a	Land	· ·		. ,					
	Buildings								
	Leasehold improvements								
	Equipment			7,427.		6,03	18.	1	,409.
u	Other			5 165		5 1			<del>, - • 5 •</del>

Schedule D (Form 990) 2020

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	THITHIMMIC	DOCTELL 30	JULUU/U Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o  (a) Description of security or category (including name of security)	on Form 990, Part IV, line 1 (b) Book value	<ul><li>1b. See Form 990, Part X, line 12.</li><li>(c) Method of valuation: Cost or end</li></ul>	-of-year market value
(1) Financial derivatives	(b) Book value	(c) Method of Valuation. Cost of Che	or year market value
(2) Closely held equity interests			
(3) Other			
(A) JEWISH FEDERATION POOLED			
(B) ENDOWMENT FUND	609,664.	END-OF-YEAR MARKET	VALUE
(C)	, , , , ,		-
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	609,664.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or		1c. 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)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	- F 000 D-+ N/ P 4	1d One Form COO Book V Pro 45	
Complete if the organization answered "Yes" o	on Form 990, Part IV, line 1 Description	1d. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) Book value
<u>(1)</u>			
(2)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15)	<b>&gt;</b>	
Part X Other Liabilities.	, <u>, , , , , , , , , , , , , , , , , , </u>		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(9)			

X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2020

(9)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pai	t XI F	Reconciliation of Revenue per Audited Financial Sta	atements With R	evenue per Ret	turn.	
	C	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total rev	venue, gains, and other support per audited financial statements			1	1,117,950.
2	Amount	s included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unre	ealized gains (losses) on investments	2a	95,382.		
b	Donated	I services and use of facilities	2b	24,000.		
С		ies of prior year grants				
d	Other (D	escribe in Part XIII.)	2d			
е	Add line	s 2a through 2d			2e	119,382.
3	Subtract	t line 2e from line 1			3	998,568.
4	Amount	s included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investme	ent expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (D	escribe in Part XIII.)	4b	2,519.		
С	Add line	s <b>4a</b> and <b>4b</b>			4c	2,519.
5	Total rev	venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1:	2.)		5	1,001,087.
Pa	rt XII   F	Reconciliation of Expenses per Audited Financial S	tatements With E	Expenses per R	Returi	n.
				•		· <del></del>
		Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1			line 12a.		1	569,655.
1 2	Total ex	Complete if the organization answered "Yes" on Form 990, Part IV, penses and losses per audited financial statements sincluded on line 1 but not on Form 990, Part IX, line 25:	line 12a.			
_	Total ex	Complete if the organization answered "Yes" on Form 990, Part IV, penses and losses per audited financial statements	line 12a.			
2	Total ex Amounts	Complete if the organization answered "Yes" on Form 990, Part IV, penses and losses per audited financial statements sincluded on line 1 but not on Form 990, Part IX, line 25:	line 12a. 			
2 a	Total exp Amounts Donated Prior year	Complete if the organization answered "Yes" on Form 990, Part IV, penses and losses per audited financial statements s included on line 1 but not on Form 990, Part IX, line 25: I services and use of facilities	2a 2b			
2 a	Total ex Amounts Donated Prior year Other los	complete if the organization answered "Yes" on Form 990, Part IV, penses and losses per audited financial statements sincluded on line 1 but not on Form 990, Part IX, line 25:  I services and use of facilities ar adjustments	2a 2b 2c			569,655.
2 a b c	Total ex Amounts Donated Prior yea Other lo	Complete if the organization answered "Yes" on Form 990, Part IV, penses and losses per audited financial statements is included on line 1 but not on Form 990, Part IX, line 25: Il services and use of facilities is ar adjustments isses	2a 2b 2c 2d	24,000.		569,655. 24,000.
2 a b c	Total ex Amount: Donated Prior yea Other lo Other (D	Complete if the organization answered "Yes" on Form 990, Part IV, penses and losses per audited financial statements is included on line 1 but not on Form 990, Part IX, line 25: Il services and use of facilities in adjustments in sesses in Part XIII.) Is 2a through 2d	2a 2b 2c 2d	24,000.	1	569,655.
2 a b c d	Total exp Amounts Donated Prior yea Other lo Other (D Add line Subtract	Complete if the organization answered "Yes" on Form 990, Part IV, penses and losses per audited financial statements is included on line 1 but not on Form 990, Part IX, line 25: Il services and use of facilities ar adjustments isses	2a 2b 2c 2d	24,000.	1 2e	569,655. 24,000.
2 a b c d	Total exp Amounts Donated Prior year Other lo Other (D Add line Subtract Amounts	complete if the organization answered "Yes" on Form 990, Part IV, penses and losses per audited financial statements is included on line 1 but not on Form 990, Part IX, line 25: I services and use of facilities ar adjustments isses lescribe in Part XIII.) Is 2a through 2d tiline 2e from line 1	2a 2b 2c 2d	24,000.	1 2e	569,655. 24,000.
2 a b c d e 3	Total exp Amounts Donated Prior year Other loo Other (D Add line Subtract Amounts Investment	complete if the organization answered "Yes" on Form 990, Part IV, I penses and losses per audited financial statements is included on line 1 but not on Form 990, Part IX, line 25:  I services and use of facilities ar adjustments is sees  Rescribe in Part XIII.)  Is 2a through 2d it line 2e from line 1 is included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	24,000.	1 2e	24,000. 545,655.
2 a b c d e 3 4 a b	Total eximal Amounts Donated Prior year Other location Other (D Add line Subtract Amounts Investme Other (D	Complete if the organization answered "Yes" on Form 990, Part IV, penses and losses per audited financial statements is included on line 1 but not on Form 990, Part IX, line 25:  I services and use of facilities are adjustments in sessions are secribe in Part XIII.)  Is 2a through 2d it line 2e from line 1 is included on Form 990, Part IX, line 25, but not on line 1: each expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	24,000.	1 2e	569,655. 24,000.

| 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.

#### PART V, LINE 4:

THE SOCIETY HOLDS ALL THEIR INVESTMENTS WITH THE JEWISH FEDERATION POOLED ENDOWMENT FUND (THE FUND). THE SOCIETY'S INVESTMENTS ARE COMBINED WITH THE HOLDINGS OF OTHER ENTITIES AND THE FUND INVESTS THE POOLED AMOUNT. INVESTMENT INCOME AND LOSS IS THEN ALLOCATED TO THE SOCIETY IN PROPORTION TO ITS HOLDINGS COMPARED TO THE FUND AS A WHOLE.

### PART X, LINE 2:

THE SOCIETY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND, THEREFORE, THERE IS NO PROVISION FOR FEDERAL INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 THE CHICAGO PHILHARMONIC SOCIETY 30-30100/0 Page 5
Part XIII   Supplemental Information (continued)
THE SOCIETY FOLLOWS THE REQUIREMENTS FOR ACCOUNTING FOR UNCERTAIN TAX
POSITIONS AND MANAGEMENT HAS DETERMINED THAT THE SOCIETY WAS NOT REQUIRED
TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AS OF JUNE 30,
2021.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
ENDOWMENT EXPENSES 2,519.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
ENDOWMENT EXPENSES 2,519.

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the 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.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE CHICAGO PHILHARMONIC SOCIETY

Employer identification number 36-3616076

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS OF THE ORGANIZATION HAVE THE POWER TO ELECT OR APPOINT MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

CHANGES TO THE ORGANIZATION'S BY-LAWS ARE SUBJECT TO APPROVAL BY MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 FORM IS ATTACHED TO AN EMAIL TO ALL BOARD MEMBERS, SOLICITING

COMMENTS AND CRITIQUES OF ANY ASPECT. RESPONSES ARE TAKEN INTO ACCOUNT IN

THE FINAL DRAFT.

FORM 990, PART VI, SECTION B, LINE 12C:

AN ANNUAL DISCUSSION AND EMAIL FOLLOW-UP WITH BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15A:

ANNUALLY THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED CONSIDERING

TIME SPENT, THE COMPENSATION OF PERSONS WITH COMPARABLE DUTIES AND

RESPONSIBILITIES, THE COMPENSATION THE PERSON COULD ALTERNATIVELY RECEIVE,

AND THE WORKING PERFORMANCE OF THE PERSON. APPROPRIATE DATA ARE ORGANIZED

FOR SUCH A REVIEW AND THE FINAL EVALUATION AND DECISION IS RECORDED.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization THE CHICAGO PHILHARMONIC SOCIETY	Employer identification number 36-3616076
THE SOCIETY INCLUDES THE ANNUAL FINANCIAL STATEMENTS AND	990 TAX FORMS ON
THEIR WEBSITE AVAILABLE FOR THE PUBLIC. THE SOCIETY'S GOVE	ERNING DOCUMENTS
AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST	Γ.