### **PUBLIC DISCLOSURE COPY**

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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.

Open to Public

| A F           | or the                 | 2021 calendar year, or tax year beginning J   | ${ m UL}  1$ , $ 2021$ and          | ending J      | <u>UN 30, 202</u>              | 22                                     |
|---------------|------------------------|---|-------------------------------------|---------------|--------------------------------|--|
|               | Check if pplicable     | C Name of organization  |                                     |               | D Employer iden                | ntification number                     |
|               | Addres                 |   | C SOCIETY                           |               |                                |  |
| F             | Name                   | - · · ·   |                                     |               | 36-3616                        | 5076                                   |
|               | Initial                | Number and street (or P.O. box if mail is not deli  | ivered to street address)           | Room/suite    | E Telephone num                |  |
|               | <br>□Final<br>□return/ | 226 SOUTH WARACH AVE T  |                                     |               | 312-957                        |  |
|               | termin-<br>ated        |   |                                     |               | G Gross receipts \$            | 3,210,456.                             |
|               | Ameno<br>return        | CHICAGO, IL 60604   | -                                   |               | H(a) Is this a grou            | p return                               |
|               | Applic tion            | F Name and address of principal officer. 11101  | MAS MANNING                         |               | for subordina                  | ates? Yes X No                         |
|               | pendin                 | SAME AS C ABOVE   |                                     |               | <b>H(b)</b> Are all subordinat | tes included? Yes No                   |
|               |                        |   | <b>◄</b> (insert no.)               | or 527        | If "No," attac                 | h a list. See instructions             |
|               |                        | e: > WWW.CHICAGOPHILHARMONIC  |                                     |               | H(c) Group exemp               |  |
|               |                        | organization,   | sociation Other                     | <b>L</b> Year | of formation: 1988             | B <b>M</b> State of legal domicile: II |
| Pa            | _                      | Summary   | <b></b>                             |               |                                |  |
| Ģ             | 1                      | Briefly describe the organization's mission or most   |                                     |               |                                | AND TRANSFORM                          |
| auc           |                        | DIVERSE AUDIENCES WITH THE  |                                     |               |                                |  |
| Governance    | 2                      | Check this box  if the organization discor  |                                     |               |                                |  |
| <u>3</u> 0    | 3                      | Number of voting members of the governing body (  |                                     |               |                                | 3 27<br>4 12                           |
|               | 1 -                    | Number of independent voting members of the gov   |                                     |               |                                | 4 12<br>5 248                          |
| Activities &  |                        | Total number of individuals employed in calendar ye   |                                     |               |                                | 6 14                                   |
| ξį            |                        | Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, col |                                     |               |                                | 7a 0.                                  |
| Ac            |                        | Net unrelated business taxable income from Form §   |                                     |               |                                | 7b 0.                                  |
|               |                        | Not difficiated business taxable moonle from Forme  | , r are i, iii o i i                |               | Prior Year                     | Current Year                           |
|               | 8                      | Contributions and grants (Part VIII, line 1h)   |                                     |               | 963,045                        |  |
| nue           | l                      | D ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '   |                                     |               | 5,204                          |  |
| Revenue       | 1                      | Investment income (Part VIII, column (A), lines 3, 4,   |                                     |               | 31,561                         |  |
| æ             |                        | Other revenue (Part VIII, column (A), lines 5, 6d, 8c,  |                                     |               | 1,277                          |  |
|               |                        | Total revenue - add lines 8 through 11 (must equal I  |                                     |               | 1,001,087                      | 7. 3,210,456.                          |
|               |                        | Grants and similar amounts paid (Part IX, column (A   |                                     |               |                                | 0.                                     |
|               | I                      | Benefits paid to or for members (Part IX, column (A)  |                                     |               |                                | 0.                                     |
| Ś             | 15                     | Salaries, other compensation, employee benefits (P  | art IX, column (A), lines 5-10)     |               | 378,369                        | 2,132,553.                             |
| Expenses      | 16a                    | Professional fundraising fees (Part IX, column (A), lin   |                                     |               | C                              | 0.                                     |
| x             | b                      | Total fundraising expenses (Part IX, column (D), line   | e 25) <b>\rightarrow 142,9</b>      | 73.           |                                |  |
| Ш             | ''                     | Other expenses (Part IX, column (A), lines 11a-11d,   |                                     |               | 169,805                        |  |
|               |                        | Total expenses. Add lines 13-17 (must equal Part IX   |                                     |               | 548,174                        |  |
|               | 19                     | Revenue less expenses. Subtract line 18 from line 1   | l2                                  |               | 452,913                        |  |
| Net Assets or |                        |   |                                     | Ве            | ginning of Current Ye          |  |
| Sset          | 20                     | Total assets (Part X, line 16)  |                                     |               | 1,354,412                      |  |
| et A          | 21                     | Total liabilities (Part X, line 26)   |                                     |               | 276,264<br>1,078,148           |  |
|               | 22<br>art II           | Net assets or fund balances. Subtract line 21 from Signature Block                                      | line 20                             |               | 1,070,140                      | 1,331,103.                             |
|               |                        | Ities of perjury, I declare that I have examined this return,   | including accompanying schedule     | s and stateme | ents, and to the hest of       | f my knowledge and helief it is        |
|               |                        | t, and complete. Declaration of preparer (other than office   |                                     |               |                                | i my knowicage and belief, it is       |
| truo          | , 001100               | , and complete. Bediatation of proparer (earlier than emice.  | 1) 10 based on an information of wi | mon propuror  | nuo uny knowieuge.             |  |
| Sig           | n                      | Signature of officer  |                                     |               | Date                           |  |
| Her           |                        | TERELL JOHNSON, EXECUTI   | VE DIRECTOR                         |               |                                |  |
|               |                        | Type or print name and title  |                                     |               |                                |  |
|               |                        | Print/Type preparer's name  | Preparer's signature                | 1             | Date Check                     | PTIN                                   |
| Paid          | ı                      |   | JASON FLAHIVE                       | 0             | 5/12/23 self-en                |  |
| Prep          | arer                   | Firm's name STROW REISIN BER  | D.                                  |               | ▶ 36-2938874                   |  |
| Use           | Only                   | Firm's address 455 N CITYFRONT I  |                                     | 1500          |                                |  |
|               |                        | CHICAGO, IL 60611   |                                     |               | Phone no.                      | 312-670-7444                           |
| May           | the IF                 | RS discuss this return with the preparer shown above  | ve? See instructions                |               |                                | X Yes No                               |

| Form      | 1 990 (2021) THE CHICAGO PHILHARMONIC SOCIETY   | 36-3616076                 | Page 2          |
|-----------|---|----------------------------|-----------------|
| Pa        | rt III Statement of Program Service Accomplishments   |                            |                 |
|           | Check if Schedule O contains a response or note to any line in this Part III  | <u></u>                    | <u></u>         |
| 1         | Briefly describe the organization's mission:  TO PERFORM CLASSICAL MUSIC AT THE HIGHEST STANDARD, THREE ENSEMBLES INCLUDING SYMPHONY ORCHESTRA PERFORMANCES, TO | OUGH VARIOUS               |                 |
|           | DIVERSE AUDIENCES, IN ENGAGING PRESENTATIONS, AT AFFORD   |                            |                 |
|           | ACCESSIBLE IN A RANGE OF VENUES AND COMMUNITIES.  | ADDE INICES,               |                 |
| _         |   |                            |                 |
| 2         | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?                          | Ye                         | S X No          |
| _         | If "Yes," describe these new services on Schedule O.  |                            | <b>37</b>       |
| 3         | Did the organization cease conducting, or make significant changes in how it conducts, any program services' If "Yes," describe these changes on Schedule O.    |                            | S X No          |
| 4         | Describe the organization's program service accomplishments for each of its three largest program services, a   |                            |                 |
|           | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other  | ers, the total expenses, a | and             |
|           | revenue, if any, for each program service reported.   |                            |                 |
| 4a        | (Code:) (Expenses \$2 , 474 , 575 • including grants of \$) (Rev  | renue \$1,929,             | ,582 <b>.</b> ) |
|           | THE PROMOTION AND APPRECIATION OF ORCHESTRAL AND CHAMBE   | R MUSIC AMONO              | 3               |
|           | THE GENERAL PUBLIC.   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
| 4b        | (Code:) (Expenses \$) (Rev  | enue \$                    | )               |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
| 4c        | (Code:) (Expenses \$ including grants of \$) (Rev   | renue \$                   | )               |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
|           |   |                            |                 |
| 4d        | Other program services (Describe on Schedule O.)  |                            |                 |
| Tu        |   | ١                          |                 |
| 1-        | (Expenses \$\frac{\text{including grants of \$\text{\$}}}{\text{Total program service expenses}} \rightarrow \frac{2,474,575}{\text{•}}                         | 1                          |                 |
| <u>4e</u> | Total program service expenses 2,474,575.   |                            | 990 (2021)      |
|           |   | FORM                       | (2021)          |

# Form 990 (2021) THE CHICAGO PHILHARMONIC SOCIETY 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   | Х   |          |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 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   |     | Х        |
| 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 Rev. Proc. 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   |     | Х        |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                  |     |     |          |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                       | 7   |     | Х        |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> |     |     |          |
|     | Schedule D, Part III   | 8   |     | х        |
| 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?                  |     |     |          |
|     | If "Yes," complete Schedule D, Part IV   | 9   |     | Х        |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                               |     |     |          |
|     | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10  | Х   |          |
| 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 | Х   |          |
| 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 | Х   |          |
| 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 | Х   |          |
| 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 |     | <u> </u> |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | X        |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |     | X        |
| 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 |     | X        |
| 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  |     | X        |
| 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,                    |     |     |          |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions   | 17  |     | X        |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines               |     |     |          |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |     | X        |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"                     |     |     | ,.       |
|     | complete Schedule G, Part III  | 19  |     | X        |
|     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |     | X        |
|     | 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                                |     |     |          |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  |     | X        |

132003 12-09-21

Part IV Checklist of Required Schedules (continued)

|     | ·  |     | Yes | No     |
|-----|--|-----|-----|--------|
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                  |     |     |        |
|     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |     | Х      |
| 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? 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 |     |        |
|     | 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 |     |        |
|     | 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 |     | Х      |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and     |     |     |        |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete          |     |     |        |
|     | Schedule L, Part I   | 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    |     |     |        |
|     | 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 the 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? <i>If</i>        |     |     |        |
| -   | "Yes," complete Schedule L, Part IV  | 28a |     | x      |
| b   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                                | 28b |     | Х      |
|     | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>                |     |     |        |
|     | "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  |     | Х      |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation    |     |     |        |
|     | 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  |     | Х      |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> |     |     |        |
|     | 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  |     | X      |
| 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  |     | x      |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |     | Х      |
|     | 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 |     |        |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?     |     |     |        |
|     | If "Yes," complete Schedule R, Part V, line 2  | 36  |     | Х      |
| 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? If "Yes," complete Schedule R, Part VI                   | 37  |     | Х      |
| 38  | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?                 |     |     |        |
|     | Note: All Form 990 filers are required to complete Schedule O  | 38  | Х   |        |
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance  |     |     |        |
|     | Check if Schedule O contains a response or note to any line in this Part V   |     |     |        |
|     |  |     | Yes | No     |
|     | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 13  |     |     |        |
|     | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  |     |     |        |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming             |     |     |        |
|     | (gambling) winnings to prize winners?  | 1c  | 000 |        |
|     |  |     | uun | (2021) |

132004 12-09-21

O21) THE CHICAGO PHILHARMONIC SOCIETY

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

|          |   |            | Yes | No          |
|----------|---|------------|-----|-------------|
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |            |     |             |
|          | filed for the calendar year ending with or within the year covered by this return   |            |     |             |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b         | Х   |             |
|          | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.   |            |     |             |
|          | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a         |     | X           |
|          | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O   | 3b         |     |             |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a   |            |     | ,,,         |
|          | financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a         |     | X           |
| b        | If "Yes," enter the name of the foreign country   |            |     |             |
| _        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   | _          |     | v           |
| 5a       | J 1 7 1   | 5a         |     | X           |
| b        | ,   | 5b         |     | _           |
| C        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c         |     |             |
| ьа       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit   | <b>C</b> - |     | X           |
| <b>L</b> | any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | 6a         |     |             |
| D        |   | 6h         |     |             |
| 7        | were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).   | 6b         |     |             |
| и<br>а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7a         |     | х           |
| b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b         |     | <del></del> |
| c        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required   | 7.5        |     |             |
| ·        | to file Form 8282?  | 7с         |     | x           |
| d        |   | 10         |     |             |
| e        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e         |     | х           |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f         |     | Х           |
| g        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g         |     |             |
| h        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h         |     |             |
| 8        | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |            |     |             |
|          | sponsoring organization have excess business holdings at any time during the year?  | 8          |     |             |
| 9        | Sponsoring organizations maintaining donor advised funds.   |            |     |             |
| а        | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a         |     |             |
| b        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b         |     |             |
| 10       | Section 501(c)(7) organizations. Enter:   |            |     |             |
| а        | Initiation fees and capital contributions included on Part VIII, line 12  |            |     |             |
| b        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |            |     |             |
| 11       | Section 501(c)(12) organizations. Enter:  |            |     |             |
| а        | Gross income from members or shareholders   |            |     |             |
| b        | Gross income from other sources. (Do not net amounts due or paid to other sources against   |            |     |             |
|          | amounts due or received from them.)   |            |     |             |
|          | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a        |     |             |
|          | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |            |     |             |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.  | 13a        |     |             |
| а        | Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.           | เงล        |     |             |
| h        | Enter the amount of reserves the organization is required to maintain by the states in which the  |            |     |             |
| J        | organization is licensed to issue qualified health plans  |            |     |             |
| С        | Enter the amount of reserves on hand 13c  |            |     |             |
|          | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a        |     | Х           |
|          | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O   | 14b        |     |             |
| 15       | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or   |            |     |             |
|          | excess parachute payment(s) during the year?  | 15         |     | х           |
|          | If "Yes," see the instructions and file Form 4720, Schedule N.  |            |     |             |
| 16       | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 16         |     | Х           |
|          | If "Yes," complete Form 4720, Schedule O.   |            |     |             |
| 17       | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any  |            |     |             |
|          | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   | 17         |     |             |
|          | If "Yes." complete Form 6069.   |            |     |             |

20348.01

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

| Sec | tion A. Governing Body and Management   |          |         | 21  |
|-----|---|----------|---------|-----|
| 000 | tion A. doverning body and Management   |          | Vaa     | Na  |
| 4.  | Enter the number of voting members of the governing body at the end of the tax year 27  |          | Yes     | No  |
| ıa  | 3 3 7   | 1        |         |     |
|     | If there are material differences in voting rights among members of the governing body, or if the governing   |          |         |     |
|     | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.  Enter the number of voting members included on line 1a, above, who are independent 1b 12 |          |         |     |
| b   | , , , ,   | 1        |         |     |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other  |          |         | v   |
| •   | officer, director, trustee, or key employee?  | 2        |         | _X_ |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision   |          |         | v   |
|     | of officers, directors, trustees, or key employees to a management company or other person?   | 3        |         | X   |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4        |         | X   |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5        | v       |     |
| 6   | Did the organization have members or stockholders?  | 6        | X       |     |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or  | l _      | v       |     |
|     | more members of the governing body?   | 7a       | X       |     |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or  | l        | 37      |     |
|     | persons other than the governing body?  | 7b       | Х       |     |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |          | 37      |     |
| а   | The governing body?   | 8a       | X       |     |
| b   | Each committee with authority to act on behalf of the governing body?   | 8b       | X       |     |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the  |          |         |     |
|     | organization's mailing address? If "Yes," provide the names and addresses on Schedule O   | 9        |         | X   |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  |          |         |     |
|     |   |          | Yes     | No  |
|     | Did the organization have local chapters, branches, or affiliates?  | 10a      |         | _X_ |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,  |          |         |     |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b      |         |     |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a      | Х       |     |
| b   | Describe on 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   | 12a      | X       |     |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b      | Х       |     |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe  |          |         |     |
|     | on Schedule O how this was done   | 12c      | X       |     |
| 13  | Did the organization have a written whistleblower policy?   | 13       | X       |     |
| 14  | Did the organization have a written document retention and destruction policy?  | 14       | X       |     |
| 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?   |          |         |     |
|     | The organization's CEO, Executive Director, or top management official  | 15a      | Х       |     |
| b   | Other officers or key employees of the organization   | 15b      |         | X   |
|     | If "Yes" to line 15a or 15b, describe the process on 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?   | 16a      |         | X   |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation  |          |         |     |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's  |          |         |     |
|     | exempt status with respect to such arrangements?  | 16b      |         |     |
| Sec | tion C. Disclosure  |          |         |     |
| 17  | List the states with which a copy of this Form 990 is required to be filed ▶IL  |          |         |     |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))  | s only)  | availal | ole |
|     | for public inspection. Indicate how you made these available. Check all that apply.   |          |         |     |
|     | X Own website Another's website X Upon request Other (explain on Schedule O)  |          |         |     |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and   | d 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 books and records  |          |         |     |
|     | NATHANIEL DAVIS - 312-957-0000  |          |         |     |
|     | 226 SOUTH WABASH AVE, FLOOR 10, CHICAGO, IL 60604   |          |         |     |

132006 12-09-21 Form **990** (2021)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| (A)                                  | (B)               |                                |                       |         | C)           |                              |        | (D)                             | (E)                          | (F)                   |
|--------------------------------------|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------------------|------------------------------|-----------------------|
| Name and title                       | Average           | (do                            |                       | Pos     |              | <b>)</b><br>than c           | no.    | Reportable                      | Reportable                   | Estimated             |
|                                      | hours per         | box                            | , unles               | ss per  | rson i       | s both                       | an     | compensation                    | compensation                 | amount of             |
|                                      | week              | _                              | cer an                | d a d   | irecto       | r/trus                       | iee)   | from                            | from related                 | other                 |
|                                      | (list any         | recto                          |                       |         |              |                              |        | the                             | organizations                | compensation          |
|                                      | hours for related | e or d                         | tee                   |         |              | sated                        |        | organization<br>(W-2/1099-MISC/ | (W-2/1099-MISC/<br>1099-NEC) | from the organization |
|                                      | organizations     | Individual trustee or director | Institutional trustee |         | yee          | mpen                         |        | 1099-NEC)                       | 1099-1120)                   | and related           |
|                                      | below             | idual t                        | ution                 | 70      | Key employee | sst co<br>oyee               | er     |                                 |                              | organizations         |
|                                      | line)             | Indiv                          | Instit                | Officer | Key 6        | Highest compensated employee | Former |                                 |                              | _                     |
| (1) TERELL JOHNSON                   | 40.00             |                                |                       |         |              |                              |        |                                 |                              |                       |
| EXECUTIVE DIRECTOR                   |                   | Х                              |                       | Х       |              |                              |        | 55,308.                         | 0.                           | 0.                    |
| (2) DONNA MILANOVICH                 | 1.00              |                                |                       |         |              |                              |        |                                 |                              |                       |
| BOARD MEMBER                         |                   | Х                              |                       |         |              |                              |        | 44,000.                         | 0.                           | 0.                    |
| (3) BILL DENTON                      | 1.00              |                                |                       |         |              |                              |        |                                 |                              |                       |
| BOARD MEMBER                         |                   | Х                              |                       |         |              |                              |        | 13,849.                         | 0.                           | 0.                    |
| (4) JENNIFER CAPPELLI                | 1.00              |                                |                       |         |              |                              |        |                                 |                              |                       |
| BOARD MEMBER                         |                   | Х                              |                       |         |              |                              |        | 10,458.                         | 0.                           | 0.                    |
| (5) ANNE BACH                        | 1.00              |                                |                       |         |              |                              |        |                                 | _                            | _                     |
| BOARD MEMBER                         |                   | Х                              |                       |         |              |                              |        | 9,929.                          | 0.                           | 0.                    |
| (6) ELIZANDRO GARCIA-MONTOYA         | 1.00              |                                |                       |         |              |                              |        |                                 |                              |                       |
| BOARD MEMBER                         | 1                 | Х                              |                       |         |              |                              |        | 7,639.                          | 0.                           | 0.                    |
| (7) NEIL KIMEL                       | 1.00              | ļ                              |                       |         |              |                              |        | 4 000                           | •                            |                       |
| BOARD MEMBER                         | 1 00              | Х                              |                       |         |              |                              |        | 4,988.                          | 0.                           | 0.                    |
| (8) KARIN URSIN                      | 1.00              |                                |                       |         |              |                              |        | 4 505                           | •                            |                       |
| BOARD MEMBER                         | 1 00              | Х                              |                       |         |              |                              |        | 4,525.                          | 0.                           | 0.                    |
| (9) CARMEN KASSINGER                 | 1.00              |                                |                       |         |              |                              |        | 4 446                           | •                            |                       |
| BOARD MEMBER                         | 1 00              | Х                              |                       |         |              |                              |        | 4,446.                          | 0.                           | 0.                    |
| (10) MELISSA KIRK                    | 1.00              | <b>.</b> ,                     |                       |         |              |                              |        | 2 026                           | 0                            | _                     |
| BOARD MEMBER                         | 1 00              | Х                              |                       |         |              |                              |        | 3,926.                          | 0.                           | 0.                    |
| (11) ROBERT EVERSON BOARD VICE-CHAIR | 1.00              | Х                              |                       | х       |              |                              |        | 2 202                           | 0.                           | _                     |
| (12) REED CAPSHAW                    | 1.00              | Λ                              |                       | Δ       |              |                              |        | 3,292.                          | 0.                           | 0.                    |
| BOARD MEMBER                         | 1.00              | Х                              |                       |         |              |                              |        | 3,238.                          | 0.                           | 0.                    |
| (13) CHRISTIAN DILLINGHAM            | 1.00              | Δ                              |                       |         |              |                              |        | 3,230.                          | 0.                           | · ·                   |
| BOARD MEMBER                         | 1.00              | Х                              |                       |         |              |                              |        | 2,164.                          | 0.                           | 0.                    |
| (14) LORI ASHIKAWA                   | 1.00              | -22                            | $\vdash$              |         | $\vdash$     |                              |        | 2,104.                          | 0.                           |                       |
| BOARD MEMBER                         | 1.00              | Х                              |                       |         |              |                              |        | 1,186.                          | 0.                           | 0.                    |
| (15) BARBARA HAFFNER                 | 1.00              |                                | $\vdash$              |         |              |                              |        | 1,100.                          | J.                           | ·                     |
| BOARD MEMBER                         | 1.00              | х                              |                       |         |              |                              |        | 480.                            | 0.                           | 0.                    |
| (16) THOMAS MANNING                  | 5.00              |                                |                       |         |              |                              |        | 100.                            | J.                           |                       |
| BOARD CHAIR                          | 3130              | х                              |                       | Х       |              |                              |        | 0.                              | 0.                           | 0.                    |
| (17) DUFFIE ADELSON                  | 1.00              |                                |                       |         |              |                              |        |                                 |                              |                       |
| SECRETARY                            |                   | х                              |                       | Х       |              |                              |        | 0.                              | 0.                           | 0.                    |

132007 12-09-21 Form **990** (2021)

36-3616076

| Part VII Section A. Officers, Directors, Trus   | tees, Key Em           | oloy                  | ees,            | and     | l Hig        | ghes                         | st C     | Compensated Employee            | s (continued)              |              |          |                     |            |
|---|------------------------|-----------------------|-----------------|---------|--------------|------------------------------|----------|---------------------------------|----------------------------|--------------|----------|---------------------|------------|
| (A)   | (B)                    |                       |                 | ((      |              |                              |          | (D)                             | (E)                        |              |          | (F)                 |            |
| Name and title  | Average                | (da                   |                 | Pos     | itior        |                              |          | Reportable                      | Reportable                 |              | Es       | stimated            |            |
|   | hours per              | box                   | , unle          | ss per  | son i        | than o                       | n an     | compensation                    | compensatio                | n            | an       | nount of            |            |
|   | week                   |                       | cer ar          | id a di | recto        | or/trus                      | tee)     | from                            | from related               | - 1          |          | other               |            |
|   | (list any hours for    | director              |                 |         |              |                              |          | the                             | organization               |              |          | pensatio            | n          |
|   | related                | e or d                | tee             |         |              | sated                        |          | organization<br>(W-2/1099-MISC/ | (W-2/1099-MIS<br>1099-NEC) | /ن،          |          | om the<br>anization | ,          |
|   | organizations          | ruste                 | l trustee       |         | 99           | npen                         |          | 1099-NEC)                       | 1099-1120)                 |              |          | d related           |            |
|   | below                  | Individual trustee or | utiona          | _       | key employee | st col                       | er       | 1                               |                            |              |          | anizations          |            |
|   | line)                  | Indivi                | Institutional t | Officer | Key er       | Highest compensated employee | Former   |                                 |                            |              |          |                     |            |
| (18) JOY THOMAS   | 5.00                   |                       |                 |         |              |                              |          |                                 |                            |              |          |                     |            |
| TREASURER   |                        | Х                     |                 | Х       |              |                              |          | 0.                              |                            | 0.           |          | C                   | ).         |
| (19) PAUL R. JUDY   | 1.00                   |                       |                 |         |              |                              |          |                                 |                            |              |          |                     |            |
| CHAIRMAN EMERITUS   |                        | Х                     |                 | Х       |              |                              |          | 0.                              |                            | 0.           |          |                     | ) <b>.</b> |
| (20) JENYCE BOOLTON   | 1.00                   |                       |                 |         |              |                              |          |                                 |                            |              |          |                     |            |
| BOARD MEMBER  |                        | Х                     |                 |         |              |                              |          | 0.                              |                            | 0.           |          | C                   | ) <u>.</u> |
| (21) KEVIN BRADLEY  | 1.00                   |                       |                 |         |              |                              |          |                                 |                            |              |          |                     |            |
| BOARD MEMBER  |                        | Х                     |                 |         |              |                              |          | 0.                              |                            | 0.           |          | C                   | ) <u>.</u> |
| (22) ED CLINTON   | 1.00                   |                       |                 |         |              |                              |          |                                 |                            |              |          |                     |            |
| BOARD MEMBER  |                        | Х                     |                 |         |              |                              |          | 0.                              |                            | 0.           |          | C                   | ) <u>.</u> |
| (23) BRIAN FELTZIN  | 1.00                   |                       |                 |         |              |                              |          |                                 |                            |              |          |                     |            |
| BOARD MEMBER  |                        | Х                     |                 |         |              |                              |          | 0.                              |                            | 0.           |          |                     | ) <b>.</b> |
| (24) LYNN MCDONOUGH   | 1.00                   |                       |                 |         |              |                              |          |                                 |                            |              |          |                     |            |
| BOARD MEMBER  |                        | Х                     |                 |         |              |                              |          | 0.                              |                            | 0.           |          |                     | ) <b>.</b> |
| (25) SCOTT NESLUND  | 1.00                   |                       |                 |         |              |                              |          |                                 |                            | _            |          |                     | _          |
| BOARD MEMBER  |                        | Х                     |                 |         |              |                              |          | 0.                              |                            | 0.           |          |                     | <u>.</u>   |
| (26) KURT WOUTERS   | 1.00                   |                       |                 |         |              |                              |          |                                 |                            |              |          | _                   |            |
| BOARD MEMBER  |                        | X                     |                 |         |              |                              |          | 0.                              |                            | 0.           | <u> </u> |                     | <u>) .</u> |
| 1b Subtotal   |                        |                       |                 |         |              |                              |          | 169,428.                        |                            | 0.           |          |                     | <u>) .</u> |
| c Total from continuation sheets to Part VI   |                        |                       |                 |         |              |                              |          | 0.                              |                            | 0.           |          |                     | <u>) .</u> |
| d Total (add lines 1b and 1c)   |                        |                       |                 |         |              |                              | <u> </u> | 169,428.                        |                            | 0.           |          |                     | <u>.</u>   |
| 2 Total number of individuals (including but n  | ot limited to th       | ose                   | liste           | d ab    | ove          | e) wh                        | o re     | eceived more than \$100,        | 000 of reportable          | <del>;</del> |          |                     | ۸          |
| compensation from the organization  |                        |                       |                 |         |              |                              |          |                                 |                            |              | —        | Yes N               | 10<br>0    |
| O Diddle consideration list on Common William   | altina a kanna kunna k |                       |                 |         |              |                              |          |                                 |                            | ſ            |          | 162 1               | 10         |
| 3 Did the organization list any <b>former</b> officer,  |                        |                       | -               | -       | -            |                              |          |                                 | -                          |              |          | ,                   | X          |
| line 1a? If "Yes," complete Schedule J for si   |                        |                       |                 |         |              |                              |          |                                 |                            |              | 3        |                     |            |
| 4 For any individual listed on line 1a, is the su   |                        |                       |                 |         |              |                              |          |                                 |                            |              | 4        | , ,                 | X          |
| and related organizations greater than \$150  | •                      |                       | •               |         |              |                              |          |                                 |                            |              | 4        |                     | _          |
| 5 Did any person listed on line 1a receive or a   |                        |                       |                 |         |              |                              |          |                                 |                            |              | 5        | 3                   | X          |
| rendered to the organization? If "Yes." com<br>Section B. Independent Contractors   | piete Scheaul          | 9 <i>J T</i>          | or sı           | icn ŗ   | oers         | on                           |          |                                 |                            |              | 3        |                     | <u> </u>   |
| Complete this table for your five highest contains the second secon | mnensated inc          | lene                  | nde             | nt cc   | ntr          | acto                         | re tl    | hat received more than \$       | 100 000 of comp            |              | tion fro |                     | _          |
| the organization. Report compensation for t   |                        |                       |                 |         |              |                              |          |                                 |                            | CHOCK        |          | ,,,,                |            |
| (A)   | ine calcindar y        | Jai C                 | , i i dii       | ig w    | ICIT         | JI VVI                       |          | (B)                             | car.                       |              | (C       | <u></u>             | _          |
| Name and business   | address                | NO                    | INC             | C       |              |                              |          | Description of s                | ervices                    | С            |          | nsation             |            |
|   |                        |                       |                 |         |              |                              |          |                                 |                            |              |          |                     | _          |
|   |                        |                       |                 |         |              |                              |          |                                 |                            |              |          |                     |            |
|   |                        |                       |                 |         |              |                              |          |                                 |                            |              |          |                     |            |
|   |                        |                       |                 |         |              |                              |          |                                 |                            |              |          |                     |            |
|   |                        |                       |                 |         |              |                              |          |                                 |                            |              |          |                     |            |
|   |                        |                       |                 |         |              |                              |          |                                 |                            |              |          |                     |            |
|   |                        |                       |                 |         |              |                              |          |                                 |                            |              |          |                     |            |
|   |                        |                       |                 |         |              |                              |          |                                 |                            |              |          |                     |            |
|   |                        |                       |                 |         |              |                              |          |                                 | T                          |              |          |                     |            |
|   |                        |                       |                 |         |              |                              |          |                                 |                            |              |          |                     |            |
| 2 Total number of independent contractors (in   | ncluding but n         | ot lir                | nited           | to t    | thos         | se lis                       | ted      | l above) who received me        | ore than                   |              |          |                     |            |

\$100,000 of compensation from the organization ► 0

SEE PART VII, SECTION A CONTINUATION SHEETS

| Form 990 THE CHICA                           | AGO PHIL       | ιHΑ                            | RM                    | ON      | ΙIC          | S                            | OC     | !IETY              | 36-361                        | 6076               |  |  |  |
|--|----------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--------------------|-------------------------------|--------------------|--|--|--|
| Part VII Section A. Officers, Directors, Tru | stees, Key En  | nplo                           | yee                   | s, aı   | nd H         | lighe                        | est (  | Compensated Employ | ees (continued)               |                    |  |  |  |
| (A)  | (B)            |                                |                       | (0      | C)           |                              |        | (D) (E) (F)        |                               |                    |  |  |  |
| Name and title                               | Average        |                                |                       |         | ition        |                              |        | Reportable         | Reportable                    | Estimated          |  |  |  |
|  | hours          | (cl                            | neck                  | all ·   | that         | app                          | ly)    | compensation       | compensation                  | amount of          |  |  |  |
|  | per<br>week    |                                |                       |         |              | e e                          |        | from<br>the        | from related organizations    | other compensation |  |  |  |
|  | (list any      | tor                            |                       |         |              | ploye                        |        | organization       | (W-2/1099-MISC)               | from the           |  |  |  |
|  | hours for      | rdirec                         |                       |         |              | ed em                        |        | (W-2/1099-MISC)    | (** =* ** = ** ** ** ** ** ** | organization       |  |  |  |
|  | related        | stee o                         | rustee                |         |              | en sat                       |        |                    |                               | and related        |  |  |  |
|  | organizations  | al tru                         | onal t                |         | ploye        | moo                          |        |                    |                               | organizations      |  |  |  |
|  | below<br>line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                    |                               |                    |  |  |  |
| (27) FENG XUE                                | 1.00           | -                              | =                     | 0       | ~            | 工                            | Œ      |                    |                               |                    |  |  |  |
| BOARD MEMBER                                 | 1.00           | х                              |                       |         |              |                              |        | 0.                 | 0.                            | 0.                 |  |  |  |
| (28) JAMES BERKENSTOCK                       | 1.00           | 25                             |                       |         |              |                              |        | 0.                 | 0.                            | 0.                 |  |  |  |
| BOARD MEMBER - TERM                          |                | Х                              |                       |         |              |                              |        | 0.                 | 0.                            | 0.                 |  |  |  |
| (29) JOEL COHEN                              | 1.00           |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
| BOARD MEMBER - TERM                          |                | Х                              |                       |         |              |                              |        | 0.                 | 0.                            | 0.                 |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
| -  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
| -  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
| -  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                | $\vdash$              |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
| Total to Part VII, Section A, line 1c        |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |
|  |                |                                |                       |         |              |                              |        |                    |                               |                    |  |  |  |

Form 990 (2021) THE CHI
Part VIII Statement of Revenue

|  |      | Check if Schedule O contains a response of          | or note to any lin | e in this Part VIII |                   |                  |                                      |
|--|------|---|--------------------|---------------------|-------------------|------------------|--------------------------------------|
|  |      |   | <b>,</b>           | (A)                 | (B)               | (C)              | (D)                                  |
|  |      |   |                    | Total revenue       | Related or exempt | Unrelated        | Revenue excluded                     |
|  |      |   |                    |                     | function revenue  | business revenue | from tax under<br>sections 512 - 514 |
|  |      |   |                    |                     |                   |                  | 30000013 3 12 3 14                   |
| nts  |      | Federated campaigns 1a                              |                    |                     |                   |                  |                                      |
| 3ra<br>Iou   |      | Membership dues1b                                   |                    |                     |                   |                  |                                      |
| S, (   |      | Fundraising events1c                                |                    | -                   |                   |                  |                                      |
| a gi   | •    | Related organizations 1d                            |                    |                     |                   |                  |                                      |
| Contributions, Gifts, Grants and Other Similar Amounts | •    | Government grants (contributions)                   | 855,768.           |                     |                   |                  |                                      |
| rigin  | f    | All other contributions, gifts, grants, and         |                    |                     |                   |                  |                                      |
| the the  |      | similar amounts not included above 1f               | 379,069 <b>.</b>   |                     |                   |                  |                                      |
| E S  | ç    | Noncash contributions included in lines 1a-1f 1g \$ |                    |                     |                   |                  |                                      |
| Col  | ł    | Total. Add lines 1a-1f                              |                    | 1,234,837.          |                   |                  |                                      |
|  |      |   | Business Code      |                     |                   |                  |                                      |
|  | 2 :  | CONTRACT SERVICES                                   | 711130             | 1,651,401.          | 1.651.401.        |                  |                                      |
| Š  |      | TICKET ADMISSIONS                                   | 711130             | 278,181.            |                   |                  |                                      |
| še   |      |   | ,                  | 27072020            | 27072021          |                  |                                      |
| M S  | (    |   |                    |                     |                   |                  |                                      |
| gra<br>Re  | •    |   |                    |                     |                   |                  |                                      |
| Program Service<br>Revenue                             | •    |   |                    |                     |                   |                  |                                      |
| -  |      | All other program service revenue                   |                    | 1 020 502           |                   |                  |                                      |
| -  |      | Total. Add lines 2a-2f                              |                    | 1,929,582.          |                   |                  |                                      |
|  | 3    | Investment income (including dividends, interes     |                    | 005                 |                   |                  | 005                                  |
|  |      | other similar amounts)                              |                    | 905.                |                   |                  | 905.                                 |
|  | 4    | Income from investment of tax-exempt bond pr        |                    |                     |                   |                  |                                      |
|  | 5    | Royalties   |                    |                     |                   |                  |                                      |
|  |      | (i) Real  | (ii) Personal      |                     |                   |                  |                                      |
|  | 6 a  | Gross rents 6a                                      |                    | -                   |                   |                  |                                      |
|  | k    | Less: rental expenses 6b                            |                    | -                   |                   |                  |                                      |
|  | (    | Rental income or (loss) 6c                          |                    |                     |                   |                  |                                      |
|  |      | Net rental income or (loss)                         |                    |                     |                   |                  |                                      |
|  | 7 a  | Gross amount from sales of (i) Securities           | (ii) Other         |                     |                   |                  |                                      |
|  |      | assets other than inventory 7a 43,805.              |                    |                     |                   |                  |                                      |
|  | k    | Less: cost or other basis                           |                    |                     |                   |                  |                                      |
| ne   |      | and sales expenses 7b 0.                            |                    |                     |                   |                  |                                      |
| Ver  | (    | Gain or (loss) 7c 43,805.                           |                    |                     |                   |                  |                                      |
| Re   | (    | Net gain or (loss)                                  | <b></b>            | 43,805.             |                   |                  | 43,805.                              |
| her Revenue  | 8 8  | Gross income from fundraising events (not           |                    |                     |                   |                  |                                      |
| ₽  |      | including \$ of                                     |                    |                     |                   |                  |                                      |
|  |      | contributions reported on line 1c). See             |                    |                     |                   |                  |                                      |
|  |      | Part IV, line 188a                                  |                    |                     |                   |                  |                                      |
|  | k    | Less: direct expenses 8b                            |                    |                     |                   |                  |                                      |
|  | (    | Net income or (loss) from fundraising events        | <b></b>            |                     |                   |                  |                                      |
|  | 9 a  | Gross income from gaming activities. See            |                    |                     |                   |                  |                                      |
|  |      | Part IV, line 199a                                  |                    |                     |                   |                  |                                      |
|  | k    | Less: direct expenses 9b                            |                    |                     |                   |                  |                                      |
|  |      | Net income or (loss) from gaming activities         |                    |                     |                   |                  |                                      |
|  |      | Gross sales of inventory, less returns              |                    |                     |                   |                  |                                      |
|  |      | and allowances 10a                                  |                    |                     |                   |                  |                                      |
|  | k    | Less: cost of goods sold 10b                        |                    |                     |                   |                  |                                      |
|  |      | Net income or (loss) from sales of inventory        | <b>&gt;</b>        |                     |                   |                  |                                      |
|  |      |   | Business Code      |                     |                   |                  |                                      |
| snc  | 11 a | MISCELLANEOUS REVENUE                               | 900099             | 1,327.              |                   |                  | 1,327.                               |
| Miscellaneous<br>Revenue                               | k    |   |                    |                     |                   |                  |                                      |
| ells<br>eve  | (    |   |                    |                     |                   |                  |                                      |
| isc<br>B   | (    | All other revenue                                   |                    |                     |                   |                  |                                      |
| 2  |      | Total. Add lines 11a-11d                            |                    | 1,327.              |                   |                  |                                      |
|  | 12   | Total revenue. See instructions                     | <b>&gt;</b>        | 3,210,456.          | 1,929,582.        | 0.               | 46,037.                              |

### Form 990 (2021) THE CHICAGO P Part IX Statement of Functional Expenses

| Do n   | Check if Schedule O contains a respons ot include amounts reported on lines 6b,  | (A) Total expenses | (B) Program service | (C)<br>Management and | ( <b>D</b> ) Fundraising |
|--------|--|--------------------|---------------------|-----------------------|--------------------------|
|        | b, 9b, and 10b of Part VIII.   | Total expenses     | expenses            | general expenses      | 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  |                    |                     |                       |                          |
|        | trustees, and key employees  | 112,462.           | 64,137.             | 20,491.               | 27,834                   |
|        | Compensation not included above to disqualified  | 112,402.           | 04,1374             | 20,451.               | 27,05                    |
|        | persons (as defined under section 4958(f)(1)) and  |                    |                     |                       |                          |
|        |  |                    |                     |                       |                          |
|        | Other salaries and wages   | 1,675,474.         | 1,590,724.          | 35,935.               | 48,815                   |
|        | Pension plan accruals and contributions (include   |                    |                     | 00,000                |                          |
|        | section 401(k) and 403(b) employer contributions)  | 179,456.           | 179,456.            |                       |                          |
|        | Other employee benefits  | 32,103.            | 27,835.             | 1,809.                | 2,459                    |
|        | Payroll taxes  | 133,058.           | 121,401.            | 4,943.                | 2,459<br>6,714           |
|        | Fees for services (nonemployees):  | ,                  | ,                   |                       | •                        |
|        | Management   |                    |                     |                       |                          |
|        | Legal  |                    |                     |                       |                          |
|        | Accounting   | 65,746.            |                     | 65,746.               |                          |
|        | Lobbying   |                    |                     |                       |                          |
|        | Professional fundraising services. See Part IV, line 17  |                    |                     |                       |                          |
| f      | Investment management fees   |                    |                     |                       |                          |
| g      | Other. (If line 11g amount exceeds 10% of line 25,   |                    |                     |                       |                          |
|        | column (A), amount, list line 11g expenses on Sch O.)  | 37,411.            |                     | 26,011.               | 11,400                   |
| 2      | Advertising and promotion  | 127,866.           | 107,829.            |                       | 20,037                   |
| 3      | Office expenses  | 36,662.            | 16,723.             | 7,925.                | 12,014                   |
| 4      | Information technology   |                    |                     |                       |                          |
| 5      | Royalties  |                    |                     |                       |                          |
| 6      | Occupancy  | 50,715.            | 28,922.             | 9,240.                | 12,553                   |
| 7      | Travel   |                    |                     |                       |                          |
| 8      | Payments of travel or entertainment expenses   |                    |                     |                       |                          |
|        | for any federal, state, or local public officials  |                    |                     |                       |                          |
| 9      | Conferences, conventions, and meetings   |                    |                     |                       |                          |
|        | Interest   |                    |                     |                       |                          |
|        | Payments to affiliates   | C 041              | 4 0 4 0             | 045                   | 1 1 4 5                  |
|        | Depreciation, depletion, and amortization  | 6,041.             | 4,049.              | 845.                  | 1,147                    |
|        | Insurance  | 4,989.             |                     | 4,989.                |                          |
|        | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), |                    |                     |                       |                          |
|        | amount, list line 24e expenses on Schedule 0.)  CONCERT PRODUCTION COST  | 331,890.           | 331,890.            |                       |                          |
| a<br>b |  | 331,030.           | 331,030.            |                       |                          |
| C      |  |                    |                     |                       |                          |
| d      |  |                    |                     |                       |                          |
|        | All other expenses   | 5,374.             | 1,609.              | 3,765.                |                          |
|        | Total functional expenses. Add lines 1 through 24e   | 2,799,247.         | 2,474,575.          | 181,699.              | 142,973                  |
|        | Joint costs. Complete this line only if the organization   | 21.7712210         | 2,2,2,3,3,          | ±0±,000.              | 144,J/S                  |
|        | reported in column (B) joint costs from a combined   |                    |                     |                       |                          |
|        | educational campaign and fundraising solicitation.   |                    |                     |                       |                          |
|        | Check here if following SOP 98-2 (ASC 958-720)   |                    |                     |                       |                          |

Form 990 (2021)
Part X | Balance Sheet

| Pai                         | rt X | Balance Sheet                                      |            |                        |                                 |          |                           |
|-----------------------------|------|--|------------|------------------------|---------------------------------|----------|---------------------------|
|                             |      | Check if Schedule O contains a response or r       | note to a  | ny line in this Part X |                                 |          |                           |
|                             |      |  |            |                        | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>End of year |
|                             | 1    | Cash - non-interest-bearing                        |            |                        | 58,246.                         | 1        | 57,101.                   |
|                             | 2    | Savings and temporary cash investments             |            |                        | 212,150.                        | 2        | 699,055.                  |
|                             | 3    | Pledges and grants receivable, net                 |            |                        | 468,603.                        | 3        | 340,427.                  |
|                             | 4    | Accounts receivable, net                           |            |                        |                                 | 4        |                           |
|                             | 5    | Loans and other receivables from any current       |            |                        |                                 |          |                           |
|                             |      | trustee, key employee, creator or founder, su      | bstantial  | contributor, or 35%    |                                 |          |                           |
|                             |      | controlled entity or family member of any of the   | hese per   | sons                   |                                 | 5        |                           |
|                             | 6    | Loans and other receivables from other disqu       | alified p  | ersons (as defined     |                                 |          |                           |
|                             |      | under section 4958(f)(1)), and persons describ     |            | 6                      |                                 |          |                           |
| S                           | 7    | Notes and loans receivable, net                    |            |                        | 7                               |          |                           |
| Assets                      | 8    | Inventories for sale or use                        |            |                        |                                 | 8        |                           |
| ğ                           | 9    | Duran did assessment all defenses diele assess     |            |                        | 3,007.                          | 9        | 6,454.                    |
|                             | 10a  | Land, buildings, and equipment: cost or othe       | r          | 1                      |                                 |          |                           |
|                             |      | basis. Complete Part VI of Schedule D              | 10a        | 54,718.                |                                 |          |                           |
|                             | b    | Less: accumulated depreciation                     | 10b        | 17,223.                | 1,409.                          | 10c      | 37,495.                   |
|                             | 11   | Investments - publicly traded securities           |            | 11                     |                                 |          |                           |
|                             | 12   | Investments - other securities. See Part IV, lin   | 609,664.   | 12                     | 595,316.                        |          |                           |
|                             | 13   | Investments - program-related. See Part IV, lir    |            | 13                     |                                 |          |                           |
|                             | 14   | Intangible assets                                  |            | 14                     |                                 |          |                           |
|                             | 15   | Other assets. See Part IV, line 11                 | 1,333.     | 15                     | 9,500.                          |          |                           |
|                             | 16   | Total assets. Add lines 1 through 15 (must e       |            |                        | 1,354,412.                      | 16       | 1,745,348.                |
|                             | 17   | Accounts payable and accrued expenses              |            | 71,443.                | 17                              | 250,228. |                           |
|                             | 18   | Grants payable                                     |            | 18                     |                                 |          |                           |
|                             | 19   | Deferred revenue                                   |            | 204,821.               | 19                              | 46,700.  |                           |
|                             | 20   | Tax-exempt bond liabilities                        |            |                        |                                 | 20       |                           |
|                             | 21   | Escrow or custodial account liability. Comple      | te Part I\ | of Schedule D          |                                 | 21       |                           |
| S                           | 22   | Loans and other payables to any current or fo      | ormer off  | cer, director,         |                                 |          |                           |
| ≝                           |      | trustee, key employee, creator or founder, su      | bstantial  | contributor, or 35%    |                                 |          |                           |
| Liabilities                 |      | controlled entity or family member of any of the   | hese per   | sons                   |                                 | 22       |                           |
|                             | 23   | Secured mortgages and notes payable to uni         | elated th  | ird parties            |                                 | 23       | 50,711.                   |
|                             | 24   | Unsecured notes and loans payable to unrela        | ted third  | parties                |                                 | 24       |                           |
|                             | 25   | Other liabilities (including federal income tax,   | payables   | to related third       |                                 |          |                           |
|                             |      | parties, and other liabilities not included on lin | nes 17-2   | ). Complete Part X     |                                 |          |                           |
|                             |      | of Schedule D                                      |            |                        | 0.5.6.6.4                       | 25       | 245 622                   |
|                             | 26   | Total liabilities. Add lines 17 through 25         |            |                        | 276,264.                        | 26       | 347,639.                  |
| "                           |      | Organizations that follow FASB ASC 958, o          | heck he    | re ▶ X                 |                                 |          |                           |
| ë                           |      | and complete lines 27, 28, 32, and 33.             |            |                        | <b></b>                         |          | 1 222 252                 |
| <u>a</u>                    | 27   | Net assets without donor restrictions              | 729,888.   | 27                     | 1,008,878.                      |          |                           |
| <u>8</u>                    | 28   | Net assets with donor restrictions                 |            |                        | 348,260.                        | 28       | 388,831.                  |
| S<br>E                      |      | Organizations that do not follow FASB ASC          | C 958, ch  | eck here 🕨 📖           |                                 |          |                           |
| Ē                           |      | and complete lines 29 through 33.                  |            |                        |                                 |          |                           |
| Net Assets or Fund Balances | 29   | Capital stock or trust principal, or current fun   |            |                        |                                 | 29       |                           |
| Se                          | 30   | Paid-in or capital surplus, or land, building, or  |            |                        |                                 | 30       |                           |
| ťΑ                          | 31   | Retained earnings, endowment, accumulated          |            |                        | 4 000 110                       | 31       | 4 00 = = = = =            |
| Š                           | 32   | Total net assets or fund balances                  |            |                        | 1,078,148.                      | 32       | 1,397,709.                |
|                             | 33   | Total liabilities and net assets/fund balances     |            |                        | 1,354,412.                      | 33       | 1,745,348.                |

|    | 1990 (2021) THE CHICAGO THIBHARMONIC SOCIETI   | 50      | 3010 | 0 / 0        | Pa          | ge 🛂       |
|----|--|---------|------|--------------|-------------|------------|
| Pa | rt 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       |      | <u>,21</u>   |             |            |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2       | 2    | ,79          |             |            |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3       |      | 41:          | 1,2         | 09.        |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  | 4       | 1    | ,078         |             |            |
| 5  | Net unrealized gains (losses) on investments   | 5       |      | -9:          | 1,6         | 48.        |
| 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    | <u>, 39'</u> | 7 <u>,7</u> | <u>09.</u> |
| Pa | rt XII Financial Statements and Reporting  |         |      |              |             |            |
|    | Check if Schedule O contains a response or note to any line in this Part XII   |         |      |              |             |            |
|    |  |         | 1    |              | 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 on Schedule   |         |      |              |             |            |
| 2a | ,  |         |      | 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   |         |      |              | 37          |            |
| b  | Were the organization's financial statements audited by an independent accountant?   |         |      | 2b           | <u>X</u>    |            |
|    | 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   |         |      | _            | 37          |            |
|    | review, or compilation of its financial statements and selection of an independent accountant?   |         | - 1  | 2c           | X           |            |
|    | 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  | gle Aud | dit  |              |             | 177        |
|    | Act and OMB Circular A-133?  |         |      | 3a           |             | X          |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? | ed auc  | lit  | _            |             |            |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits   |         |      | 3b           |             |            |

132012 12-09-21

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization THE CHICAGO PHILHARMONIC SOCIETY 36-3616076 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 X An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

#### 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  | tion A. Public Support  |                   |                    |                     |                     |                    |                 |  |
|------|---|-------------------|--------------------|---------------------|---------------------|--------------------|-----------------|--|
| Cale | ndar year (or fiscal year beginning in)   | (a) 2017          | <b>(b)</b> 2018    | (c) 2019            | (d) 2020            | (e) 2021           | (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   |                   |                    |                     |                     |                    |                 |  |
| Ū    | furnished by a governmental unit to   |                   |                    |                     |                     |                    |                 |  |
|      | the organization without charge   |                   |                    |                     |                     |                    |                 |  |
| 4    | Total. Add lines 1 through 3  |                   |                    |                     |                     |                    |                 |  |
|      | The portion of total contributions  |                   |                    |                     |                     |                    |                 |  |
| J    | 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,  |                   |                    |                     |                     |                    |                 |  |
|      |   |                   |                    |                     |                     |                    |                 |  |
| 6    | Public support. Subtract line 5 from line 4.  |                   |                    |                     |                     |                    |                 |  |
|      | etion B. Total Support  |                   |                    |                     |                     |                    | <u> </u>        |  |
|      | ndar year (or fiscal year beginning in)   | (a) 2017          | <b>(b)</b> 2018    | (c) 2019            | (d) 2020            | (e) 2021           | (f) Total       |  |
|      | Amounts from line 4   | (u) 2011          | (5) 2010           | (0) 2010            | (4) 2020            | (6) 2021           | (i) rotar       |  |
|      | Gross income from interest,   |                   |                    |                     |                     |                    |                 |  |
| Ü    | dividends, payments received on   |                   |                    |                     |                     |                    |                 |  |
|      | securities loans, rents, royalties,   |                   |                    |                     |                     |                    |                 |  |
|      | and income from similar sources   |                   |                    |                     |                     |                    |                 |  |
| 9    | Net income from unrelated business  |                   |                    |                     |                     |                    |                 |  |
| 9    |   |                   |                    |                     |                     |                    |                 |  |
|      | activities, whether or not the  |                   |                    |                     |                     |                    |                 |  |
| 40   | business is regularly carried on  |                   |                    |                     |                     |                    |                 |  |
| 10   | Other income. Do not include gain   |                   |                    |                     |                     |                    |                 |  |
|      | or loss from the sale of capital  |                   |                    |                     |                     |                    |                 |  |
| 44   | assets (Explain in Part VI.)  Total support. Add lines 7 through 10   |                   |                    |                     |                     |                    |                 |  |
|      |   |                   |                    |                     |                     | 40                 |                 |  |
|      | Gross receipts from related activities,   | •                 | ,                  |                     |                     | 12                 |                 |  |
| 13   | First 5 years. If the Form 990 is for the   | •                 |                    |                     | •                   | . , . ,            | ▶□              |  |
| Sec  | organization, check this box and stop ction C. Computation of Public  |                   |                    |                     |                     |                    |                 |  |
|      | Public support percentage for 2021 (lin   |                   |                    | column (fl)         |                     | 14                 | %               |  |
|      | Public support percentage from 2020   |                   | •                  | ***                 |                     | 15                 | <del>/</del> 6  |  |
|      | 33 1/3% support test - 2021. If the o   |                   |                    |                     |                     |                    |                 |  |
| 100  |   | -                 |                    |                     |                     |                    | . $\Box$        |  |
| h    | stop here. The organization qualifies as a publicly supported organization  • Lagrangian to the control of the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more check this box.       |                   |                    |                     |                     |                    |                 |  |
|      | b 33 1/3% support test - 2020. 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 |                   |                    |                     |                     |                    |                 |  |
| 172  | 10% -facts-and-circumstances test   |                   |                    |                     |                     |                    |                 |  |
| 17 a |   | _                 |                    |                     |                     |                    |                 |  |
|      | and if the organization meets the facts   |                   |                    |                     |                     | _                  | <b>▶</b> □      |  |
| L    | meets the facts-and-circumstances tes   | _                 | •                  |                     | -                   | 170 and line 15 in |                 |  |
| O    | 10% -facts-and-circumstances test   | _                 |                    |                     |                     |                    | 1070 UI         |  |
|      | more, and if the organization meets the   |                   |                    |                     | -                   |                    | <b>▶</b> □      |  |
| 10   | organization meets the facts-and-circu  |                   |                    |                     |                     |                    | <b>~</b>        |  |
| 18   | Private foundation. If the organization   | i dia not check a | box on line 13, 16 | a, 100, 1/a, 0r 1/k | o, check this box a |                    | (Form 000) 0001 |  |

Schedule A (Form 990) 2021

#### 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 | etion A. Public Support  | ciow, picase comp   | icte i art ii.j    |                     |                     |                     |           |  |
|-----|--|---------------------|--------------------|---------------------|---------------------|---------------------|-----------|--|
|     | ndar year (or fiscal year beginning in)  | <b>(a)</b> 2017     | <b>(b)</b> 2018    | (c) 2019            | (d) 2020            | (e) 2021            | (f) Total |  |
|     | Gifts, grants, contributions, and membership fees received. (Do not  | ,                   |                    | •                   | ,                   |                     |           |  |
|     | include any "unusual grants.")   | 725,335.            | 1016203.           | 1067987.            | 963,045.            | 1234837.            | 5007407.  |  |
| 2   | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose | 1672471.            | 1970637.           | 1322761.            | 5,204.              | 1929582.            | 6900655.  |  |
| 3   | Gross receipts from activities that are not an unrelated trade or business under section 513   |                     |                    |                     |                     |                     |           |  |
| 4   | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                     |                    |                     |                     |                     |           |  |
|     | The value of services or facilities furnished by a governmental unit to the organization without charge  | 020500              | 2225242            | 2222742             | 250 240             | 215141              | 1100000   |  |
|     | Total. Add lines 1 through 5   | 2397806.            | 2986840.           | 2390748.            | 968,249.            | 3164419.            | 11908062. |  |
|     | Amounts included on lines 1, 2, and 3 received from disqualified persons   | 270,000.            | 522,971.           | 352,035.            | 107,170.            | 105,000.            | 1357176.  |  |
| D   | 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                         | 18,206.             | 48,164.            | 23,266.             |                     | 10.583.             | 100,219.  |  |
| c   | Add lines 7a and 7b  |                     | 571,135.           | 375,301.            | 107,170.            | 115,583.            | 1457395.  |  |
|     | Public support. (Subtract line 7c from line 6.)  |                     |                    |                     |                     |                     | 10450667. |  |
| Sed | ction B. Total Support   |                     |                    |                     |                     |                     |           |  |
|     | ndar year (or fiscal year beginning in) 🕨  | (a) 2017            | <b>(b)</b> 2018    | (c) 2019            | (d) 2020            | (e) 2021            | (f) Total |  |
|     | Amounts from line 6  | 2397806.            | 2986840.           | 2390748.            | 968,249.            | 3164419.            | 11908062. |  |
| 10a | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   |                     |                    |                     | 586.                | 905.                | 1,491.    |  |
| 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 on line 10b, whether or not the business is regularly carried on                                     |                     |                    |                     | 586.                | 905.                | 1,491.    |  |
| 12  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  | 1,617.              | 2,815.             | 7,840.              | 1,277.              | 1,327.              | 14,876.   |  |
|     | Total support. (Add lines 9, 10c, 11, and 12.)   | 2399423.            | 2989655.           | 2398588.            | 970,112.            |                     | 11924429. |  |
| 14  | First 5 years. If the Form 990 is for the  | •                   |                    | •                   |                     |                     | ·         |  |
| Sec | check this box and stop here<br>ction C. Computation of Publi  |                     |                    |                     |                     |                     | <b>P</b>  |  |
|     | •  |                     |                    | olumn (fl)          |                     | 15                  | 87.64 %   |  |
|     | 7  |                     |                    |                     |                     |                     |           |  |
|     | etion D. Computation of Inves  |                     |                    |                     |                     |                     | 86.12 %   |  |
|     | Investment income percentage for 20  |                     |                    | ne 13. column (f))  |                     | 17                  | .01 %     |  |
|     | Investment income percentage from 2  |                     |                    |                     |                     | 18                  | .01 %     |  |
|     | 33 1/3% support tests - 2021. If the   |                     |                    |                     |                     | 3 1/3%, and line 17 |           |  |
|     | more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  |                     |                    |                     |                     |                     |           |  |
| b   | b 33 1/3% support tests - 2020. 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%, che  |                     | •                  | •                   |                     | -                   |           |  |
| 20  | <b>Private foundation.</b> If the organization   | n did not check a l | oox on line 14 19a | a, or 19b, check th | is hox and see inst | ructions            |           |  |

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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       |       |      |
|          |       |      |
| 3с       |       |      |
|          |       |      |
| 4a       |       |      |
|          |       |      |
|          |       |      |
| 4b       |       |      |
|          |       |      |
|          |       |      |
| 4c       |       |      |
|          |       |      |
|          |       |      |
|          |       |      |
|          |       |      |
| 5a       |       |      |
| FI.      |       |      |
| 5b<br>5c |       |      |
| 30       |       |      |
|          |       |      |
|          |       |      |
|          |       |      |
| 6        |       |      |
|          |       |      |
| _        |       |      |
| 7        |       |      |
| 8        |       |      |
| 3        |       |      |
|          |       |      |
| 9a       |       |      |
|          |       |      |
| 9b       |       |      |
|          |       |      |
| 9c       |       |      |
|          |       |      |
| 10a      |       |      |
| 104      |       |      |
| 10b      |       |      |
| <br>     | ~ 000 | 2004 |

132024 01-04-21

| Par  | rt IV   Supporting Organizations (continued)  |            |     |    |
|------|---|------------|-----|----|
|      |   |            | 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 on lines 11b and  |            |     |    |
|      | 11c below, the governing body of a supported organization?  | 11a        |     |    |
| b    | A family member of a person described on line 11a above?  | 11b        |     |    |
| С    | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide  |            |     |    |
|      | detail in Part VI.  | 11c        |     |    |
| Sect | 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported |            |     |    |
|      | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the  |            |     |    |
|      | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 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          |     |    |
| Sect | 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  |            |     |    |
|      | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control   |            |     |    |
|      | or management of the supporting organization was vested in the same persons that controlled or managed  |            |     |    |
|      | the supported organization(s).  | 1          |     |    |
| Sect | tion D. All Type III Supporting Organizations   |            |     |    |
|      |   |            | Yes | No |
| 1    | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the  |            |     |    |
|      | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax   |            |     |    |
|      | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the  |            |     |    |
|      | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1          |     |    |
| 2    | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported  |            |     |    |
|      | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how  |            |     |    |
|      | the organization maintained a close and continuous working relationship with the supported organization(s).   | 2          |     |    |
| 3    | By reason of the relationship described on line 2, above, did the organization's supported organizations have a   |            |     |    |
|      | significant voice in the organization's investment policies and in directing the use of the organization's  |            |     |    |
|      | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's  |            |     |    |
|      | supported organizations played in this regard.  | 3          |     |    |
| Sec  | tion 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   | ;).        |     |    |
| а    | 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.   |            |     |    |
| С    | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in   | าstruction |     |    |
| 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 on line 2a, above, constitute activities that, but for the organization's involvement,   |            |     |    |
|      | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in  |            |     |    |
|      | 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   |            |     |    |

20348.01

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

| Schedule | Λ | (Earm | aan) | 2021 |
|----------|---|-------|------|------|

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

3

<u>4</u> 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2021

e Excess from 2021

132028 01-04-22 Schedule A (Form 990) 2021

#### **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 Inspection

Name of the organization

THE CHICAGO PHILHARMONIC SOCIETY

**Employer identification number** 36-3616076

| Pai | t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line                             |                          | r Si  | milar Funds o         | or Ac    | coun          | ts. Complete if the             |
|-----|--|--------------------------|-------|-----------------------|----------|---------------|---------------------------------|
|     |  | (a) Donor adv            | vised | I funds               | (        | <b>b)</b> Fun | ds 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 v   |                          | s hel | d in donor advise     | d fund   | ls            |                                 |
|     | are the organization's property, subject to the organization's   | exclusive legal contro   | ol?   |                       |          |               | Yes No                          |
| 6   | Did the organization inform all grantees, donors, and donor ad   |                          |       |                       |          |               |                                 |
|     | for charitable purposes and not for the benefit of the donor or  | r donor advisor, or for  | r any | other purpose c       | onferri  | ng            |                                 |
|     | impermissible private benefit?   |                          |       |                       |          |               |                                 |
| Par | t II Conservation Easements. Complete if the org   | ganization answered '    | "Yes  | " on Form 990, P      | art IV,  | line 7.       |                                 |
| 1   | Purpose(s) of conservation easements held by the organization  | on (check all that app   | ly).  |                       |          |               |                                 |
|     | Preservation of land for public use (for example, recreat  | tion or education)       |       | Preservation of       | a histo  | rically       | important land area             |
|     | Protection of natural habitat  |                          |       | Preservation of       | a certi  | fied his      | storic structure                |
|     | Preservation of open space   |                          |       |                       |          |               |                                 |
| 2   | Complete lines 2a through 2d if the organization held a qualifi  | ied conservation con     | tribu | tion in the form o    | f a cor  | nserva        |                                 |
|     | day of the tax year.   |                          |       |                       |          |               | Held at the End of the Tax Year |
| а   | Total number of conservation easements   |                          |       |                       |          | 2a            |                                 |
| b   |  |                          |       |                       |          | 2b            |                                 |
| С   | Number of conservation easements on a certified historic stru  |                          |       |                       |          | 2c            |                                 |
| d   | Number of conservation easements included in (c) acquired a  |                          |       |                       | е        |               |                                 |
| _   | listed in the National Register  |                          |       |                       |          | _2d_          |                                 |
| 3   | Number of conservation easements modified, transferred, rele   | eased, extinguished,     | or te | rminated by the       | organi   | zation        | during the tax                  |
| 4   | year   | oment is leasted         |       |                       |          |               |                                 |
| 4   | Number of states where property subject to conservation eas  |                          |       | an handling of        |          |               |                                 |
| 5   | Does the organization have a written policy regarding the peri<br>violations, and enforcement of the conservation easements it |                          |       |                       |          |               | Yes No                          |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, I   |                          |       | d enforcing conse     |          |               |                                 |
| Ū   | b  | riariding of violations  | , and | a critorolling corisc | oi vatio | ii casc       | ments during the year           |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand  | ling of violations, and  | l enf | orcina conservati     | on eas   | sement        | ts during the year              |
| -   | <b>▶</b> \$  |                          |       | 5.5g 5555             | J., Jul  |               | is daming and your              |
| 8   | Does each conservation easement reported on line 2(d) above  | e satisfy the requirem   | ents  | of section 170(h      | )(4)(B)( | (i)           |                                 |
|     | and section 170(h)(4)(B)(ii)?  | •                        |       | · ·                   |          |               | Yes No                          |
| 9   | In Part XIII, describe how the organization reports conservation   |                          |       |                       |          |               | d                               |
|     | balance sheet, and include, if applicable, the text of the footn   |                          |       |                       |          |               |                                 |
|     | organization's accounting for conservation easements.  |                          |       |                       |          |               |                                 |
| Par | t III Organizations Maintaining Collections of   | Art, Historical T        | rea   | sures, or Oth         | ner S    | imila         | r Assets.                       |
|     | Complete if the organization answered "Yes" on Form  | 990, Part IV, line 8.    |       |                       |          |               |                                 |
| 1a  | If the organization elected, as permitted under FASB ASC 958   | 8, not to report in its  | reve  | nue statement an      | nd bala  | ınce sh       | neet works                      |
|     | of art, historical treasures, or other similar assets held for pub   | lic exhibition, educat   | ion,  | or research in fur    | theran   | ice of p      | oublic                          |
|     | service, provide in Part XIII the text of the footnote to its finan  | cial statements that     | desc  | ribes these items     | S.       |               |                                 |
| b   | If the organization elected, as permitted under FASB ASC 958   | 8, to report in its reve | enue  | statement and ba      | alance   | sheet         | works of                        |
|     | art, historical treasures, or other similar assets held for public   | exhibition, education    | n, or | research in furthe    | erance   | of pub        | olic service,                   |
|     | provide the following amounts relating to these items:   |                          |       |                       |          |               |                                 |
|     | (i) Revenue included on Form 990, Part VIII, line 1  |                          |       |                       |          |               | \$                              |
|     |  |                          |       |                       |          |               | \$                              |
| 2   | If the organization received or held works of art, historical treatments   | asures, or other simila  | ar as | sets for financial    | gain, p  | provide       | •                               |
|     | the following amounts required to be reported under FASB AS  | ~                        |       |                       |          |               |                                 |
| а   | Revenue included on Form 990, Part VIII, line 1  |                          |       |                       |          |               | \$                              |
| b   | Assets included in Form 990, Part X  |                          |       |                       |          |               | \$                              |

132051 10-28-21

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

Schedule D (Form 990) 2021

| Par | t III Organizations Maintaining Co                 | llections of Art              | i, Historical Tre        | asures, or Oth       | er Sin    | nilar Assets   | (contin    | ued)         |
|-----|--|-------------------------------|--------------------------|----------------------|-----------|----------------|------------|--------------|
| 3   | Using the organization's acquisition, accessio     | n, and other records          | s, check any of the f    | ollowing that make   | signific  | ant use of its | ,          |              |
|     | collection items (check all that apply):           |                               |                          |                      |           |                |            |              |
| а   | a Public exhibition d Loan or exchange program     |                               |                          |                      |           |                |            |              |
| b   | Scholarly research                                 | е                             | Other                    |                      |           |                |            |              |
| С   | Preservation for future generations                |                               |                          |                      |           |                |            |              |
| 4   | Provide a description of the organization's col    | lections and explain          | how they further th      | e organization's ex  | empt p    | urpose in Part | XIII.      |              |
| 5   | During the year, did the organization solicit or   | receive donations of          | of art, historical treas | sures, or other simi | ar asse   | ts             |            |              |
|     | to be sold to raise funds rather than to be mai    | ntained as part of th         | ne organization's col    | lection?             |           |                | Yes        | ☐ No         |
| Par | t IV Escrow and Custodial Arrang                   | ements. Comple                | ete if the organizatio   | n answered "Yes"     | on Form   | 990, Part IV,  | line 9, or |              |
|     | reported an amount on Form 990, Part               |                               |                          |                      |           |                |            |              |
| 1a  | Is the organization an agent, trustee, custodia    | n or other intermedi          | ary for contributions    | s or other assets no | t includ  | led            |            |              |
|     | on Form 990, Part X?                               |                               |                          |                      |           |                | Yes        | ☐ No         |
| b   | If "Yes," explain the arrangement in Part XIII a   |                               |                          |                      |           |                |            |              |
|     |  |                               |                          |                      | Γ         |                | Amount     |              |
| С   | Beginning balance                                  |                               |                          |                      |           | 1c             |            |              |
|     | Additions during the year                          |                               |                          |                      |           | 1d             |            |              |
|     | Distributions during the year                      |                               |                          |                      |           | 1e             |            |              |
| f   |  |                               |                          |                      |           | 1f             |            |              |
| 2a  | Did the organization include an amount on Fo       |                               |                          |                      | bility?   |                | Yes        | No           |
|     | If "Yes," explain the arrangement in Part XIII.    |                               |                          |                      | •         |                |            |              |
| Par |  |                               |                          |                      |           |                |            |              |
|     |  | (a) Current year              | (b) Prior year           | (c) Two years back   |           | ree years back | (e) Four   | years back   |
| 1a  | Beginning of year balance                          | 609,664.                      | 510,252.                 | 494,144              |           | 175,000.       |            | 25,000.      |
|     | Contributions                                      | 35,000.                       | 5,000.                   |                      |           | 305,000.       |            | 150,000.     |
|     | Net investment earnings, gains, and losses         | -49,348.                      | 124,412.                 | 21,108               |           | 22,900.        |            |              |
|     | Grants or scholarships                             |                               |                          |                      |           |                |            |              |
|     | Other expenditures for facilities                  |                               |                          |                      |           |                |            |              |
|     | and programs                                       |                               |                          |                      |           |                |            |              |
| f   | Administrative expenses                            |                               | 30,000.                  | 5,000                |           | 8,756.         |            |              |
|     | End of year balance                                | 595,316.                      | 609,664.                 | 510,252              |           | 494,144.       |            | 175,000.     |
| 2   | Provide the estimated percentage of the curre      |                               | (line 1g. column (a)     | ) held as:           |           | •              |            | <u> </u>     |
|     | Board designated or quasi-endowment                | 38.6890                       | %                        | ,                    |           |                |            |              |
|     | Permanent endowment ▶ 61.3110                      | %                             |                          |                      |           |                |            |              |
|     | Term endowment > 9                                 |                               |                          |                      |           |                |            |              |
|     | The percentages on lines 2a, 2b, and 2c shou       |                               |                          |                      |           |                |            |              |
| За  | Are there endowment funds not in the posses        | •                             | tion that are held an    | nd administered for  | the ora   | anization      |            |              |
|     | by:  |                               |                          |                      | 9         |                | Γ          | Yes No       |
|     | (i) Unrelated organizations                        |                               |                          |                      |           |                | 3a(i)      | X            |
|     | (ii) Related organizations                         |                               |                          |                      |           |                | 3a(ii)     | X            |
| b   | If "Yes" on line 3a(ii), are the related organizat | ions listed as require        | ed on Schedule R?        |                      |           |                |            |              |
| 4   | Describe in Part XIII the intended uses of the     |                               |                          |                      |           |                |            | <del>-</del> |
| Par | t VI Land, Buildings, and Equipme                  |                               |                          |                      |           |                |            |              |
|     | Complete if the organization answered              | "Yes" on Form 990             | , Part IV, line 11a. S   | ee Form 990, Part    | X, line 1 | 0.             |            |              |
|     | Description of property                            | (a) Cost or of basis (investm |                          |                      | Accum     |                | (d) Book   | value        |
| 1a  | Land   |                               |                          |                      |           |                |            |              |
|     | Buildings  | I                             |                          |                      |           |                |            |              |
|     | Leasehold improvements                             |                               |                          |                      |           |                |            |              |
|     | Equipment  |                               | 4                        | 9,553.               | 12        | ,058.          | 37         | 7,495.       |
|     | Other  |                               |                          | 5,165.               |           | ,165.          |            | 0.           |
|     | . Add lines 1a through 1e. (Column (d) must eq     |                               |                          |                      |           |                | 37         | 7,495.       |

Schedule D (Form 990) 2021

| Schedule D (Form 990) 2021 THE CHICAGO                                 | PHILHARMONIC               | SOCIETY 36                          | 5-3616076 Page         |
|--|----------------------------|-------------------------------------|------------------------|
| Part VII Investments - Other Securities.                               |                            |                                     | . age                  |
| Complete if the organization answered "Yes"                            | _                          |                                     |                        |
| (a) Description of security or category (including name of security)   | (b) Book value             | (c) Method of valuation: Cost or en | d-of-year market value |
| (1) Financial derivatives  |                            |                                     |                        |
| (2) Closely held equity interests                                      |                            |                                     |                        |
| (3) Other  |                            |                                     |                        |
| (A) JEWISH FEDERATION POOLED   | 505.046                    |                                     |                        |
| (B) ENDOWMENT FUND   | 595,316.                   | END-OF-YEAR MARKET                  | VALUE                  |
| (C)  |                            |                                     |                        |
| (D)  |                            |                                     |                        |
| (E)  |                            |                                     |                        |
| (F)  |                            |                                     |                        |
| (G)  |                            |                                     |                        |
| (H)  |                            |                                     |                        |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)       | 595,316.                   |                                     |                        |
| Part VIII Investments - Program Related.                               |                            |                                     |                        |
| Complete if the organization answered "Yes"                            |                            |                                     |                        |
| (a) Description of investment  | (b) Book value             | (c) Method of valuation: Cost or en | d-of-year market value |
| <u>(1)</u>   |                            |                                     |                        |
| (2)  |                            |                                     |                        |
| (3)  |                            |                                     |                        |
| (4)  |                            |                                     |                        |
| (5)  |                            |                                     |                        |
| (6)  |                            |                                     |                        |
| (7)  |                            |                                     |                        |
| (8)  |                            |                                     |                        |
| (9)  |                            |                                     |                        |
| Total. (Col. (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          | e 15.)                     | <b>•</b>                            |                        |
| Part X Other Liabilities.  Complete if the organization answered "Yes" |                            |                                     |                        |
| (a) Description of liability   | Siiii 555, Fait IV, III 10 |                                     | (b) Book value         |
|  |                            |                                     | (2) Book value         |
| (1) Federal income taxes   |                            |                                     |                        |
| (2)  |                            |                                     | +                      |
| (3)  |                            |                                     |                        |
|  |                            |                                     |                        |
| (5)  |                            |                                     | <del> </del>           |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

(7) (8)

| Pa    | rt XI Reconciliation of Revenue per Audited Financial Statem   | nents With F       | Revenue per Re         | turn.    |                     |
|-------|--|--------------------|------------------------|----------|---------------------|
|       | Complete if the organization answered "Yes" on Form 990, Part IV, line 12  | 2a.                |                        |          |                     |
| 1     | Total revenue, gains, and other support per audited financial statements   |                    |                        | 1        | 3,187,212.          |
| 2     | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |                    |                        |          |                     |
| а     | Net unrealized gains (losses) on investments   | 2a                 | -91,648.               |          |                     |
| b     | Donated services and use of facilities   | 2b                 | 70,625.                |          |                     |
| С     | Recoveries of prior year grants  | 2c                 |                        |          |                     |
| d     | Other (Describe in Part XIII.)   | 2d                 |                        |          |                     |
| е     | Add lines 2a through 2d  |                    |                        | 2e       | -21,023.            |
| 3     | Subtract line 2e from line 1   |                    |                        | 3        | 3,208,235.          |
| 4     | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |                    |                        |          |                     |
| а     | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a                 |                        |          |                     |
| b     | Other (Describe in Part XIII.)   | 4b                 | 2,221.                 |          |                     |
| С     | Add lines 4a and 4b  |                    |                        | 4c       | 2,221.              |
| 5     | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |                    |                        | 5        | 3,210,456.          |
| Pa    | rt XII Reconciliation of Expenses per Audited Financial Stater   |                    | Expenses per F         | Returr   | າ.                  |
|       | Complete if the organization answered "Yes" on Form 990, Part IV, line 12  | 2a.                |                        |          |                     |
| 1     | Total expenses and losses per audited financial statements   |                    |                        | 1        | 2,867,651.          |
| 2     | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |                    |                        |          |                     |
| а     | Donated services and use of facilities   | 2a                 | 70,625.                |          |                     |
| b     | Prior year adjustments   | 2b                 |                        |          |                     |
| С     | Other losses   | 2c                 |                        |          |                     |
| d     | Other (Describe in Part XIII.)   | 2d                 |                        |          |                     |
| е     | Add lines 2a through 2d  |                    |                        | 2e       | 70,625.             |
| 3     | Subtract line 2e from line 1   |                    |                        | 3        | 2,797,026.          |
| 4     | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |                    |                        |          |                     |
| а     | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a                 |                        |          |                     |
| b     | Other (Describe in Part XIII.)   | 4b                 | 2,221.                 |          |                     |
| С     | Add lines 4a and 4b  |                    |                        | 4c       | 2,221.              |
| 5     | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)   |                    |                        | 5        | 2,799,247.          |
| Pa    | rt XIII Supplemental Information.  |                    |                        |          |                     |
| Prov  | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa   | art IV, lines 1b a | and 2b; Part V, line 4 | ; Part X | K, line 2; Part XI, |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any accomplete the part to provide any accor | dditional inform   | ation.                 |          |                     |
|       |  |                    |                        |          |                     |
|       |  |                    |                        |          |                     |
| PAI   | RT 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) 2021

| Part XIII Supplemental Information (continued)                            |
|---|
| 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,   |
| 2022 AND 2021.  |
|   |
| PART XI, LINE 4B - OTHER ADJUSTMENTS:                                     |
| ENDOWMENT EXPENSES 2,221.   |
|   |
| PART XII, LINE 4B - OTHER ADJUSTMENTS:                                    |
| ENDOWMENT EXPENSES 2,221.   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

#### SCHEDULE O (Form 990)

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 Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

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) 2021

| Schedule O (Form 990) 2021                                 | Page 2                                    |
|--|---|
| 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 | ? <b>.</b>                                |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |