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# **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.

DLN: 93493054004312 OMB No. 1545-0047

Treasu Interna	l Reve	nue Service	► Go to <u>www.irs.gov/Form990</u> for instruction			formation.		Open to Public Inspection
A F	or the	е 2020 с	lendar year, or tax year beginning 07-01-2020 ,and en	ding 06	-30-2021			
□ Ad		pplicable: change ange	C Name of organization Music and Dance Theater Chicago Inc			<b>D Employ</b> 36-393		fication number
	tial ret al returi	urn n/terminated	Doing business as Harris Theater for Music and Dance					
		l return on pending	Number and street (or P.O. box if mail is not delivered to street addres 205 East Randolph Drive	ss) Room,	/suite	E Telephoi (312) 3	ne numbei 334-7777	
			City or town, state or province, country, and ZIP or foreign postal code Chicago, IL 60601	2		<b>G</b> Gross re	eceipts \$ 7	,247,679
			F Name and address of principal officer:		H(a) I	s this a group re	turn for	<i>.</i>
			Lori Dimun 205 East Randolph Drive Chicago, IL 60601			subordinates? Are all subordina		□Yes ☑No □Yes □No
I Ta	x-exen	npt status:	✓ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or	□ 527	1	ncluded? If "No," attach a	list. (see	
J W	ebsit	e: > ww	v. HarrisTheaterChicago.org		H(c) (	Group exemption	number	•
<b>K</b> Forr	n of or	ganization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►		<b>L</b> Year of	formation: 1993	<b>M</b> State	of legal domicile: IL
Pa	art I	Sum	•		<b>-</b>			
a)		Briefly des See Sched	cribe the organization's mission or most significant activities: ule O					
Governance	-							
em	-							
ŽOS.			s box $ ightharpoonup \square$ if the organization discontinued its operations or differences of the governing body (Part VI, line 1a)			25% of its net a	assets.	] 31
	1		f independent voting members of the governing body (Part VI,				4	30
Activities &	1		ber of individuals employed in calendar year 2020 (Part V, line	-			5	133
<b>E</b>	6	Total num	ber of volunteers (estimate if necessary)				6	30
Ac	7a	Total unre	lated business revenue from Part VIII, column (C), line 12 .				7a	0
	b	Net unrel	7b	0				
						Prior Year		Current Year
đi,	1	Contribut	120	2,760,989				
Ravenue	1	-	ervice revenue (Part VIII, line 2g)	1,446,		53,903		
ξ	I		nt income (Part VIII, column (A), lines 3, 4, and 7d )	-		246,		401,329
	1		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	l: 45)		633, 7,320,		431,416 3,647,637
	_		nue—add lines 8 through 11 (must equal Part VIII, column (A), d similar amounts paid (Part IX, column (A), lines $1-3$ )	iine 12)		7,320,	0	3,047,037
	1		aid to or for members (Part IX, column (A), line 4)	•			0	0
ري دي			other compensation, employee benefits (Part IX, column (A), lir	es 5-10	\	2,867,		1,881,278
Expenses	1		nal fundraising fees (Part IX, column (A), line 11e)	_,,	0	0		
D G	Ι.		aising expenses (Part IX, column (D), line 25) ▶398,250					
Щ	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u> </u>	6,162,	473	3,987,913
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25	5)		9,029,	845	5,869,191
	19	Revenue	ess expenses. Subtract line 18 from line 12			-1,709,	279	-2,221,554
Net Assets or Fund Balances					Begir	nning of Current \	/ear	End of Year
set	20	Total asse	ts (Part X, line 16)			61,473,	850	64,627,652
₹ As	1		lities (Part X, line 26)			21,864,		22,448,454
şĒ	22	Net asset	or fund balances. Subtract line 21 from line 20			39,609,	491	42,179,198
Pa	rt II	Signa	ture Block					
			rjury, I declare that I have examined this return, including acc , it is true, correct, and complete. Declaration of preparer (othe					
	nowle		, it is true, correct, and complete. Declaration of preparer (our	er chan o	incer) is ba	sea on an inform	acion or	Willest preparer has
		*****				2022-02-17		
Sign	ı	Signatu	re of officer			Date		
Here		Lori Dir	nun President and CEO					
			print name and title					
		P	int/Type preparer's name Preparer's signature		Date 2022-02-17		PTIN P0124767	າ
Paid		L	A POLICE IN		2022-02-1/	self-employed		
Pre	•	ة ا	rm's name RSM US LLP			Firm's EIN ► 42	-0714325	
Use	On	ly ြ	rm's address ▶ 30 S Wacker Drive Suite 3300			Phone no. (312)	634-3400	
			Chicago, IL 60606					
May t	he IR	 S discuss	this return with the preparer shown above? (see instructions)				✓,	Yes 🗌 No
			uction Act Notice, see the separate instructions.		Cat.	No. 11282Y		Form <b>990</b> (2020)

Form	990 (2020)					Page <b>2</b>
Pa	rt III Statemen	t of Program Service	e Accomplis	hments		
	Check if Sch	edule O contains a resp	onse or note to a	any line in this Part III		🗹
1		organization's mission:				
See S	Schedule O					
2	Did the organization	n undertake any significa	ant program ser	vices during the year w	which were not listed on	
	the prior Form 990	or 990-EZ?				☐ Yes ☑ No
	If "Yes," describe th	nese new services on Sci	hedule O.			
3	Did the organization	n cease conducting, or n	nake significant	changes in how it cond	lucts, any program	
	services?					☐ Yes 🗹 No
	If "Yes," describe th	nese changes on Schedu	le O.			
4	Section $501(c)(3)$ a	zation's program service and 501(c)(4) organization nue, if any, for each pro	ons are required	to report the amount	e largest program services, as measur of grants and allocations to others, th	ed by expenses. le total
	(Code:	) (Expenses \$	3,189,830	including grants of \$	) (Revenue \$	48,689 )
	See Additional Data					
4b	(Code:	) (Expenses \$	1,166,759	including grants of \$	) (Revenue \$	)
	See Additional Data					
4c	(Code:	) (Expenses \$	574,545	including grants of \$	) (Revenue \$	5,214 )
	See Additional Data					
4d	Other program serv	vices (Describe in Sched	ule O.)			
	(Expenses \$	inc	luding grants of	\$	) (Revenue \$	)
4e	Total program sei	rvice expenses >	4,931,1	34		
						Form <b>990</b> (202

14a

14b

15

16

17

18

19

20a

20b

21

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

No

Form **990** (2020)

· u	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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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	Yes	
	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 2	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		No
4.4-	Did the consideration and the first of the thirty of the thirty of	44-		N.

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

15

17

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19

Part IV Checklist of Required Schedules

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

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

No

Yes

Yes

46 0

**1**c

1a

1b

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

Form	990 (2020)			Page <b>6</b>
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Na 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI		onse to i	lines ✓
Se	ction A. Governing Body and Management			
		$\overline{}$	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a 31	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	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		No
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?	166		
	ction C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed▶			
	<u>IL</u>			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  Laura Hanssel 205 East Randolph Drive Chicago, IL 60601 (312) 334-7777			

Part VII

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(A) (C) (D) (F) (B) (E) Name and title Estimated Average Position (do not check more Reportable Reportable than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation any hours director/trustee) organization organizations from the

	for related							/W 2/1000	(1) 2/1000	organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
See Additional Data Table										
-										
										Form <b>990</b> (2020)

(B)

Average

hours per

Part VII

Opus 3 Artists LLC

470 Park Avenue South New York, NY 10016

compensation from the organization ▶ 1

Name and title

Reportable

compensation

Estimated

806,000

Form 990 (2020)

amount of other

Reportable

compensation

Artists Fee

		week (list any hours for related	is both an officer and a director/trustee)						from the organization	from related organizations	compen	sation the
		organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organizat relat organiza	ed
See /	Additional Data Table											
			<u> </u>		⊥_′	⊥_'						
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				$\vdash$	$\vdash$	$\vdash$	<u> </u>	+			†	
		<del>                                     </del>	<del>                                     </del>	$\vdash$	$\vdash$	—	<del>                                     </del>	+			+	
1b S	Sub-Total		<del></del>	<u> </u>	<u>—</u>	<u>—</u>	<u> </u>	ш				
	Total from continuation sheets to Pa	art VII, Section	Α				•					
	Total (add lines 1b and 1c)						<b>&gt;</b>		461,432	0		56,935
2	Total number of individuals (including of reportable compensation from the	, but not limited organization ►	to thos 2	e liste	ed al	bove	∍) who	) rece	eived more than \$10	00,000		
											Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>										3	No
										⊢		<del></del>

Position (do not check more

than one box, unless person

1b 9	Sub-Total						<b>&gt;</b>					
c 1	Total from continuation sheets to Pa	art VII, Section	Α.				▶[					
<b>d</b> 1	Total (add lines 1b and 1c)						▶		461,432		0	
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 2											
												Yes
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> 2	· ·									,	

	ub-Total					<b>&gt;</b>					•				
d 1	otal (add lines 1b and 1c)		 			▶			461,4	32		1	0		56,935
2	Total number of individuals (including be of reportable compensation from the organization)		e liste	ed al	bove	e) who	rece	eived m	ore th	an \$1	00,000				
														Yes	No
3	Did the organization list any <b>former</b> off line 1a? <i>If "Yes," complete Schedule J fo</i>	,		•				•			•	, I	3		No
4	For any individual listed on line 1a, is the organization and related organizations g										the				
	individual		 •	•	٠		•	•		•			4	Yes	

1b 9	Sub-Total					▶						
c ·	otal from continuation sheets to Pa	rt VII, Section	Α.			▶						
d.	otal (add lines 1b and 1c)					▶		461,432		0		56,935
2	Total number of individuals (including of reportable compensation from the c			e liste	ed abo	ove) who	rece	ived more thar	\$100,000		Vac	N
3	Did the organization list any <b>former</b> o	fficer, director	or trust	ee, ke	ey em	ployee,	or hig	hest compensa	ated employee	on	Yes	No
	line 1a? If "Yes," complete Schedule J	for such individ	dual .							l _	1	
										3		No
4	For any individual listed on line 1a, is organization and related organizations	greater than \$			ensati	on and o		compensation :	from the	3		No
4		greater than \$			ensati	on and o		compensation :	from the	. 4	Yes	No

	individual		4	Yes						
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organizatio services rendered to the organization? If "Yes," complete Schedule J for such person		5		No					
Se										
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.									
	(A)	(B)		(C						
	Name and business address	Description of services		Compen	isarion					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

		(2020)	- f F	20110						Page <b>9</b>
Part	VIII				respo	nse or note to anv	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
5 N	1a	Federated campaig	gns	1	.a			Tevende		312 311
anta	b	Membership dues		. 1	.b					
s, Grants Amounts		Fundraising events		. [_1	lc					
ifts ar		Related organization			.d					
imii		Government grants (  All other contributions			.е	677,000				
Contributions, Gift and Other Similar	•	and similar amounts	not ir	ocludod	Lf	2,083,989				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution: lines 1a - 1f:\$	s incl	l l						
onto nd 0	h	Total. Add lines 1a	a-1f		.g	•				
<u>U 8</u>		Total / (ad iii es 1				Business Code	2,760,989			1
	2a	Usage Fees				711190	48,689	48,689		
He He						711190	5,214	5,214		
Program Service Revenue	b	Theater Box Office				711190	3,214	3,214		
9. P.	l c									
ervić										
S LI	d									
ogra	e									
Ğ	ء ا	All other program	coru	rice revenue						
		Total. Add lines 2				53,903				
	⊢	Investment income					1	1		T
	l	similar amounts). Income from invest			· ant ho	ond proceeds				488,006
		Royalties			•		<b>-</b>			
		·		(i) Rea		(ii) Personal				
	6a	Gross rents	6a	4:	31,416					
		Less: rental			•					
		expenses Rental income	6b		0					
		or (loss)	<b>6</b> c		31,416	l				
	C	Net rental income	e or i			(ii) Other	431,416			431,416
	7a	Gross amount		(i) Securit	ies	(II) Other	-			
		from sales of assets other	7a	3,5	13,365					
	Ь	than inventory  Less: cost or								
		other basis and sales expenses	7b	3,6	00,042					
	_	Gain or (loss)	7c		36,677					
		Net gain or (loss)						,		-86,677
đ)	8a	Gross income from fu								
Other Revenue		contributions reporte	d on							
}e^€		See Part IV, line 18			8a					
er F	l	Less: direct expen : Net income or (los			8b	ents				
						ents <b>&gt;</b>				
	9a	Gross income from See Part IV, line 19	gam	ing activities.	9a					
	b	Less: direct expen	ises		9b					
	٥	: Net income or (los	ss) fr	om gaming a	ctiviti	es <b>&gt;</b>				
	10	Gross sales of inve	entoi	rv. less						
		returns and allowa	ances	s	10a					
		Less: cost of good			<b>10</b> b					
	_	Net income or (los Miscellaneo	_		nvent	ory ► Business Code				
	11		45 10	evenue		Dusiness code				
	b	•								
	ď				Ī					
		Allastana								
	l	All other revenue  Total. Add lines 1			_ [	•				
		: Total revenue. S			•					
		o.ai revenue. 5	ee II	.3G aCG0115 .	•	· · · •	3,647,637	53,903		0 832,745

Pa	Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must of		_		mn (A).
	Check if Schedule O contains a response or note to a	ny line in this Part IX	(B)	(c)	□ (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	518,367	362,710	79,605	76,052
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,123,144	763,685	184,864	174,595
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	44,575	30,309	7,337	6,929
9	Other employee benefits	86,053	76,641	4,049	5,363
10	Payroll taxes	109,139	74,209	17,964	16,966
11	Fees for services (non-employees):				
а	Management				
b	Legal	12,238		12,238	
С	Accounting	96,851		96,851	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	312,287	278,131	14,694	19,462
12	Advertising and promotion	266,931	237,735	12,560	16,636
13	Office expenses	222,646	198,294	10,476	13,876
14	Information technology				
15	Royalties				
16	Occupancy	285,452	285,452		
	Travel	3,619	3,223	170	226
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	722	643	34	45
20	Interest	532,274	474,057	58,217	
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization	1,629,661	1,622,090	3,410	4,161
23	Insurance	231,921	181,881	22,538	27,502
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
-	expenses on Schedule O.)  Repairs & Maintenance	254,438	229,522	8,855	16,061
	Repairs & Plaintenance			5,555	
İ	Due and Subscriptions	26,059	23,209	1,226	1,624
•	Bad Debt Expense	12,500			12,500
•	1				
•	e All other expenses	100,314	89,343	4,719	6,252
25	Total functional expenses. Add lines 1 through 24e	5,869,191	4,931,134	539,807	398,250
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

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Liabilities 22

Fund Balances

ō 29

Assets 30 2,356,001

64.929

46,628

36,537,318

17,263,898

3.596.690

170,484

312,805

452.540

527,000

572,014

21.864.359

28,408,303

11,201,188

39,609,491

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Page 11

974,906

21,316

51,750

35,051,766

19,594,677

3.650.067

672,945

362,930

485.457

712,677

887,390

22,448,454

31,224,580

10,954,618

42,179,198

64,627,652

Form 990 (2020)

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64,627,652

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

Intangible assets .

Grants payable .

		Beginning of year		End of year
1	Cash-non-interest-bearing	1,419,064	1	2,578,094
2	Savings and temporary cash investments	18,838	2	2,032,131

60,882,981 25,831,215

	2	Savings and temporary cash investments		ersons (as defined 4958(c)(3)(B)	
	3	Pledges and grants receivable, net			
	4	Accounts receivable, net			
	5 6	Loans and other payables to any current or form key employee, creator or founder, substantial co- entity or family member of any of these persons Loans and other receivables from other disqualif section $4958(f)(1)$ ), and persons described in se	ntribu • ied per	tor, or 35% o	ontrolled ined under
S	7	Notes and loans receivable, net			
Assets	8	Inventories for sale or use			
AS	9	Prepaid expenses and deferred charges			
'	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		60,882,98
	b	Less: accumulated depreciation	10b		25,831,215
	11	Investments—publicly traded securities .			

Investments—other securities. See Part IV, line 11 . . .

**Total assets.** Add lines 1 through 15 (must equal line 33)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related. See Part IV, line 11

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

3a

3h

No

Form 990 (2020)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

### Additional Data

Software ID:

Software Version:

**EIN:** 36-3930153

Name: Music and Dance Theater Chicago Inc.

Form 990 (2020)

Form 990, Part III, Line 4a: Championing Chicago Artists The Harris is home to 25+ emerging and established Resident Companies that reflect an array of artistic and cultural genres. These organizations build upon marketing and production support, professional development, capacity building opportunities, and reduced rental costs provided by the Harris to collaborate through a one-of-a-kind network and present self-produced performances on the Harris stage. In the 2020-21 season, the Harris expanded its support offerings for Resident Companies and local artists to meet their greatest needs during the COVID-19 pandemic. The Harris has provided 85 days of underwritten rehearsal space at no cost to local artists and over \$250,600 in waived rental fees and production grants to Resident Companies.

Generating Lasting Community Impact The arts are one of the greatest tools for creating shared experience and a passion for lifelong education. The Harris leverages its reputation as a world-class venue and its access to the world's leading artists to facilitate masterclasses for aspiring artists, host enrichment activities for all ages, provide

Form 990, Part III, Line 4b:

hands-on experience through robust student and early professional internships, and engage in career pathway conversations with local teen service organizations 22 local organizations across the health and human services, social services, and education sectors partner with the Harris to participate in educational activities and distribute free performance tickets through the Theater's Access Tickets program, ensuring that Chicago residents of all ages, communities, and abilities may experience deep engagement

with the arts. In 2020-21, the Harris held 6 artist panels, 3 family activities, and 2 masterclasses on virtual platforms reaching 442 community members.

### Form 990, Part III, Line 4c:

Presenting Diverse VoicesAs one of the nation's leading presenters of music and dance, companies from Chicago are showcased alongside artists and ensembles from throughout the U.S. and around the globe. 32 countries and 6 continents have been represented on the Theater's stage, expanding cross-cultural understanding, celebrating

the authenticity of story and voice, and respect for diversity. During the 2020-21 season, the Theater collaborated with seven internationally renowned music and dance companies to present their work on the HT Virtual Stage. Highlights included Jacob Jonas the Company's ambitious Films. Dance project; composer, flutist, and vocalist

Nathalie Joachim; a new program from Spektral Quartet; London-based Akram Khan Company; and continued partnerships with Lyric Opera and the Chamber Music Society of Lincoln Center.

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Ms Laura Hanssel CFO	40.00			х				174,752	0	36,319	
Ms Lori Dimun President & CEO	40.00	х		х				187,632	0	8,051	
Ms Elizabeth Halajian Assistant Secretary	40.00			х				99,048	0	12,565	
Ms Carvn Harris	5.00										

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The Left Billian
President & CEO
Ms Elizabeth Halajian
Assistant Secretary
Ms Caryn Harris
Vice Chair

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Ms Merrillyn J Kosier

Ms Claire O'Grady

Mr David Snyder

Mr Peter M Ellis

Ms Sara Albrecht

Ms Pamela Baker

Trustee (ex-officio)

Secretary

Chairman

Trustee

Executive Vice Chair and Treasurer

Executive Committee Member at Large

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	1 411, 10413	""	and a an estory tradecty					(11/ 2/1000	(14, 2/4,000	everyination and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Mr John L Brennan Trustee	1.00	Х						0	0	0	
Ms Louise B Frank Trustee	1.00	х						0	0	0	
Mr Robert J Gauch Jr Trustee	1.00	Х						0	0	0	
Ms Sandra P Guthman Trustee	1.00	Х						0	0	0	

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Ms Joan W Harris

Trustee

Trustee

Trustee

Trustee

Ms Christine N Evans Kelly

Ms Deborah A Korompilas

Trustee (until 4/23/2021)

Ms Sarah Solotaroff Mirkin

Mr Michael McStraw

Trustee (ex-officio)

Mr Zarin Mehta

and Independent Contractors

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer compensation week (list from the from related and a director/trustee)

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours for related organizations below dotted line)  1.00					ustee)		organization	organizations	from the	
	organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	organizations	organization and related organizations	
Ms Alexandra C Nichols Trustee	1	Х						0	0	0	
Mr Kenneth R Norgan Trustee	1	Х						0	0	0	
Mr Gregory J O'Leary	1.00	.,									

Ms Alexandra C Nichols	1.00	Х			0	
Trustee						
Mr Kenneth R Norgan	1.00	х			0	
Trustee		^				
Mr Gregory J O'Leary	1.00	v			0	
Trustee		^				
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and Independent Contractors

Mr Scott Rafferty

Ms Nancy Santi

Ms Shannon L Schuyler

Mr Jai Shekhawat

Mr John Q Smith

Trustee

Trustee

Trustee

Trustee

Trustee

Mi Kemieti K Norgan		Y			١	n	
Trustee		^					
Mr Gregory J O'Leary	1.00	Х			0	0	
Trustee							
Ms Abby McCormick O'Neil	1.00	v			0	0	
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	1 400					l e	

Trustee							
Mr Gregory J O'Leary	1.00	¥			0	0	0
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Ms Abby McCormick O'Neil	1.00	×			0	0	0
Trustee		Λ.				ŭ .	
Mr Dan Plehal	1.00	V					0

Trustee		Х			0	0	0
Mr Gregory J O'Leary	1.00	Х			0	0	0
Trustee		**			Į.	Š	
Ms Abby McCormick O'Neil Trustee	1.00	Х			0	0	0
Mr Dan Plehal Trustee (ex-officio)	1.00	Х			0	0	0

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation compensation amount of other person is both an officer from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Ms Dori Wilson

Ms Maria Zec

Trustee

Trustee (until 2/1/2021)

	any hours							organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Ms Sue Stark Trustee	1.00	х						0	0	0	
Ms Sunitha Thomas Trustee	1.00	х						0	0	0	
Ms Marilyn Fatt Vitale	1.00	×						0	0	0	

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Trustee		Х			0	0	
Ms Sunitha Thomas Trustee	1.00				0	0	
Ms Marilyn Fatt Vitale Trustee	1.00	x			0	0	

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	m 99			ne org 4	anization is a sect 947(a)(1) nonexe ► Attach to Form !	ion 501(c)(3) empt charitable	organization or trust.		2020
		the Treasury	► Go to <u>www</u>	w.irs.g	<u>iov/Form990</u> for ii	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	nue Service he organiza nce Theater Ch						Employer identific	
Music	anu Da	rice meater cr	ncago Inc					36-3930153	
Pa			for Public Charity S					See instructions.	
	rganız		a private foundation beca		•	•		(4)()	
1		·	onvention of churches, o						
2	Ш		scribed in <b>section 170(</b>			,			
3		·	or a cooperative hospital		_			-	
4		A medical r name, city,	esearch organization op and state:	erated	in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	ation operated for the be (iv). (Complete Part II.)	)	_				bed in <b>section 170</b>
6		A federal, s	tate, or local governmer	nt or g	overnmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).	
7	<b>✓</b>		ation that normally recei <sup>r</sup> 1 <b>0(b)(1)(A)(vi).</b> (Comp			s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust described in <b>sec</b>	ction 1	l70(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organizatio rant college of agricultur						ege or university or a
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							ipport from gross
11		An organiza	ation organized and oper	rated e	exclusively to test for	r public safety. S	See <b>section 509</b>	(a)(4).	
12		more public	ation organized and oper ly supported organization through 12d that descr	ons de	scribed in <b>section 5</b>	09(a)(1) or se	ction 509(a)(2	). See <b>section 509(</b> a	
a		<b>Type I.</b> A so	supporting organization on the supporting organization on the support of the supp	operat arly ap <sub>l</sub>	ed, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization nt of the supporting organication plete Part IV, Sections	n super anizati	on vested in the san				
С		Type III f	unctionally integrated organization(s) (see inst	I. A su	pporting organizatio				ted with, its
d		Type III n functionally	on-functionally integrated. The organizes). You must complete	rated. zation (	A supporting organi generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the organization re or Type III non-function	eceive	d a written determir	ation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organization			-		<u> </u>	
g	Provi	de the follow	ing information about th	ne sup	ported organization(	r '			
	(i) Name of suppor organization				(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota			tion Act Notice, see th	L		Cat. No. 11285		 Schedule A (Form 9	<u> </u>

	(or fiscal year beginning in)							
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	1,638,923	3,689,053	2,313,660	4,994,120	:	2,760,989	15,396,745
	Tax revenues levied for the						-	
	organization's benefit and either paid							
	to or expended on its behalf							
	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
	Total. Add lines 1 through 3	1,638,923	3,689,053	2,313,660	4,994,120		2,760,989	15,396,745
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							5,404,452
	line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							
6	Public support. Subtract line 5							9,992,293
	from line 4.							<del></del>
S	ection B. Total Support							
	Calendar year	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2	2020	(f) Total
7	(or fiscal year beginning in) ► Amounts from line 4.	1,638,923	3,689,053	2,313,660	4,994,120		2,760,989	15,396,745
8	Gross income from interest.	1,030,923	3,009,033	2,313,000	4,554,120		2,700,909	13,390,743
8	dividends, payments received on							
	securities loans, rents, royalties and	975,091	1,012,459	1,370,841	1,248,812		919,422	5,526,625
	income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on						$\longrightarrow$	
10	Other income. Do not include gain	[	4 500					6.067
	or loss from the sale of capital	5,377	1,590					6,967
11	assets (Explain in Part VI.) <b>Total support.</b> Add lines 7 through						<del></del>	
	10					<u> </u>		20,930,337
12	Gross receipts from related activities,	etc. (see instructio	ons)			12		10,101,793
L3	First 5 years. If the Form 990 is for t	he organization's f	irst, second, third	, fourth, or fifth ta	ax year as a sectio	n 501(c)	(3) organiz	ation, check
	this box and <b>stop here</b>	<u>.</u>				•	• 🗆	
S	ection C. Computation of Public					•		
14	Public support percentage for 2020 (lin	ne 6, column (f) di	vided by line 11,	column (f))		14		47.740 %
15	Public support percentage for 2019 Sc	hedule A, Part II, l	ine 14			15		52.150 %
16a	33 1/3% support test-2020. If the	organization did r	ot check the box	on line 13, and lin	ne 14 is 33 1/3% or	r more, c	heck this b	юх
	and <b>stop here.</b> The organization quali							_
h	33 1/3% support test—2019. If th							—
	box and <b>stop here.</b> The organization	_		•		•	•	. $\square$
17~	10%-facts-and-circumstances test							. 🕶 🗀
⊥/a	is 100/ an assure and if the committee					, and mie		

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Schedule A (Form 990 or 990-EZ) 2020

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	Support Schedule for											
	(Complete only if you c						er Part II. If					
the organization fails to qualify under the tests listed below, please complete Part II.)												
Se	Section A. Public Support											
	Calendar year	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total					
	(or fiscal year beginning in) ► Gifts, grants, contributions, and											
-	membership fees received. (Do not											
	include any "unusual grants.") .											
2	Gross receipts from admissions,											
	merchandise sold or services											
	performed, or facilities furnished in											
	any activity that is related to the organization's tax-exempt purpose											
3	Gross receipts from activities that are											
•	not an unrelated trade or business											
	under section 513											
4	Tax revenues levied for the											
	organization's benefit and either paid											
5	to or expended on its behalf The value of services or facilities											
3	furnished by a governmental unit to											
	the organization without charge											
6	Total. Add lines 1 through 5											
7a	Amounts included on lines 1, 2, and											
	3 received from disqualified persons											
b	Amounts included on lines 2 and 3 received from other than disqualified											
	persons that exceed the greater of											
	\$5,000 or 1% of the amount on line											
	13 for the year.											
С	Add lines 7a and 7b											
8	Public support. (Subtract line 7c											
	from line 6.)											
	ection B. Total Support		1	1	Γ	Π	1					
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total					
9	Amounts from line 6											
10a	Gross income from interest,											
	dividends, payments received on	I										
	securities loans, rents, royalties and	I										
	income from similar sources.											
b	Unrelated business taxable income	I										
	(less section 511 taxes) from businesses acquired after June 30,	I										
	1975.	I										
C	Add lines 10a and 10b.											
11	Net income from unrelated business											
	activities not included in line 10b,	I										
	whether or not the business is	I										
12	regularly carried on.		-				1					
12	Other income. Do not include gain or loss from the sale of capital assets	1										
	(Explain in Part VI.)	1										
13												
	11, and 12.).		<u> </u>	1.6 11 6601 1		F04( )(2)	<u> </u>					
14	First 5 years. If the Form 990 is for the	-			•	. , , ,	· —					
	check this box and <b>stop here</b>					<u></u>	<u> ▶ ⊔                               </u>					
	ection C. Computation of Public S			(6)								
15	Public support percentage for 2020 (lin					15						
16	Public support percentage from 2019 S					16						
	ection D. Computation of Investi				.,							
17	Investment income percentage for 202	•	.,	•	• •	17						
18	Investment income percentage from 2	<b>019</b> Schedule A,	Part III, line 17 .			18						
19a	331/3% support tests—2020. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more thar	33 1/3%, and lin	e 17 is not					
	more than 33 1/3%, check this box and s	stop here. The o	rganization qualifi	es as a publicly su	ipported organiza	tion	. ▶□					
	33 1/3% support tests—2019. If the											
	not more than 33 1/3%, check this box	and <b>stop here.</b>	The organization	qualifies as a publ	icly supported org	anization	. ▶ □					
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	l9a, or 19b, check	this box and see	instructions	▶ 🗆					

Page 4

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,					
	describe the designation. If historic and continuing relationship, explain.					
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).					
За	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 <b>Part VI</b> when and how the organization made the					
	determination.					
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					

	III Section 303(a)(1) or (2).	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.	3a				
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 <b>Part VI</b> when and how the organization made the determination.					
	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 <b>Part VI</b> 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.					

	the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the						
	determination.						
С	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.						
	If tes, explain in <b>Part v1</b> what controls the organization put in place to ensure such use.	3с					
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.						
	Checked box 12a of 12b in rait 1, 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.						
С	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 <b>Part VI</b> what controls the organization used to ensure that all support						
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.						
5а	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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the						

C	If "Yes," explain in <b>Part VI</b> 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.					
	thetred box 12a of 12b in rait 1, answer lines 4b and 4c below.					
	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or					
	supervised by or in connection with its supported organizations.					
С	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 <b>Part VI</b> what controls the organization used to ensure that all support					
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.					
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the					
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).					

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? 5b 5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 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. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below.

Pa	rt IV	Supporting Organizations (continued)					
				Yes	No		
		e organization accepted a gift or contribution from any of the following persons?					
а		on who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the hing body of a supported organization?	11a				
b	A fami	ily member of a person described in 11a above?	11b				
		o controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b>	11c				
_	VI.	B. Type I Supporting Organizations					
	ection	b. Type I Supporting Organizations		Yes	No		
1	appoir descrit activit remov	e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly be or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's ies. If the organization had more than one supported organization, describe how the powers to appoint and/or be directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1				
2	Did the	e organization operate for the benefit of any supported organization other than the supported organization(s) that	_				
	operat <i>carried</i>	ted, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit dout the purposes of the supported organization(s) that operated, supervised or controlled the supporting ization.	2				
_							
5	ection	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		163	110		
-	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).						
S	ection	D. All Type III Supporting Organizations					
				Yes	No		
1	tax ye Form 9	he organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ear, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing					
	docum	nents 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).						
_			2				
3	voice i	ison of the relationship described in line 2 above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at all times the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3				
S	ection	E. Type III Functionally-Integrated Supporting Organizations					
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons):				
	a 🗌	The organization satisfied the Activities Test. Complete line 2 below.					
	b 🗆	The organization is the parent of each of its supported organizations. Complete line 3 below.					
	c 🗌	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)			
2	Activit	ies Test. <b>Answer lines 2a and 2b below.</b>		Yes	No		
	suppor o <b>rgan</b> respor	bstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported lizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was sive to those supported organizations, and how the organization determined that these activities constituted	2-				
		entially all of its activities.	2a				
	b Did the activities described in line 2a 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.						
3		of Supported Organizations. Answer lines 3a and 3b below.	2b				
	a Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of pported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .	3a				
		e organization exercise a substantial degree of direction over the policies, programs and activities of each of its red organizations? <i>If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.</i>	3b				
			30				

Schedule A (Form 990 or 990-EZ) 2020 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors

(explain in detail in Part VI): 2

Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).

Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035 6 7 Recoveries of prior-year distributions

8

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

Income tax imposed in prior year

instructions)

temporary reduction (see instructions)

5

7

Enter greater of line 2 or line 3 4

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

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

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

1 2 3

3

4

5

6

7

8

4

5

6

Schedule A (Form 990 or 990-F7) 2020

Current Year

_1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	8	
9	Distributable amount for 2020 from Section C, line 6	9	

<b>7 Total annual distributions.</b> Add lines 1 through 6.	7			
8 Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions	8			
9 Distributable amount for 2020 from Section C, line 6	9			
10 Line 8 amount divided by Line 9 amount	10			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions if any for years prior to 2020				

8 Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions					
9 Distributable amount for 2020 fr	rom Section C, line 6			9	
10 Line 8 amount divided by Line 9	amount			10	
Section E - Distribution (see instruction		(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from	om Section C, line 6				
2 Underdistributions, if any, for yea (reasonable cause required <i>exp</i> See instructions.					
3 Excess distributions carryover, if	any, to 2020:				
a From 2015			·		
<b>b</b> From 2016					

(see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
a From 2015			
<b>b</b> From 2016			
c From 2017			
<b>d</b> From 2018			
e From 2019			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see			

See instructions.		
3 Excess distributions carryover, if any, to 2020:		
a From 2015		
<b>b</b> From 2016		
c From 2017		
<b>d</b> From 2018		
e From 2019		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
<b>h</b> Applied to 2020 distributable amount		
<ul> <li>Carryover from 2015 not applied (see instructions)</li> </ul>		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2020 distributable amount		

f Total of lines 3a through e		
<b>g</b> Applied to underdistributions of prior years		
<b>h</b> Applied to 2020 distributable amount		
<ul> <li>Carryover from 2015 not applied (see instructions)</li> </ul>		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
<b>\$</b>		
<ul> <li>a Applied to underdistributions of prior years</li> </ul>		
<b>b</b> Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to		

Schedule A (Form 990 or 990-EZ) (2020)

2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines

See instructions.

d Excess from 2019.

a Excess from 2016. . . . . **b** Excess from 2017. . . . . c Excess from 2018. . . . .

e Excess from 2020. . . . .

3j and 4c. 8 Breakdown of line 7:

Schedule A (	Form 990 or 990-EZ) 2020 Page <b>8</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493054004312

OMB No. 1545-0047

## **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. **2020** 

Department of the Treasury Internal Revenue Service

(Form 990)

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

Open	to Public	
Ins	pection	

	me of the organization ic and Dance Theater Chicago Inc				Emplo	yer identificatio	n number
Mus	ic and Dance Medici Cincago Inc				36-393	30153	
Pa	rt I Organizations Maintaining Donor Advi				or Accou	unts.	
	Complete if the organization answered "Ye			•	1 4		
	Tabal number at and of year	(a) Don	or advise	ea runas	(0	) Funds and othe	raccounts
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 6	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex Did the organization inform all grantees, donors, and do	clusive legal contr	ol?				Yes 🗌 No
	charitable purposes and not for the benefit of the donor private benefit?	or donor advisor,	or for a	ny other purpose	conferring	g impermissible	Yes 🗌 No
Pa	rt II Conservation Easements.	os" on Form 000	Dort IV	/ line 7			
1	Complete if the organization answered "Ye Purpose(s) of conservation easements held by the organization and the conservation easements held by the organization and the conservation are conservation are conservation and the conservation are conservation are conservation are conservation are conservation and the conservation are conservation.						
•		•		• •		. 11	
	Preservation of land for public use (e.g., recreation	n or education)	_			ally important land	area
	☐ Protection of natural habitat			Preservation of a	certified h	nistoric structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conserva	tion con	tribution in the f	orm of a co	onservation Held at the End	of the Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified histori	c structure include	d in (a)		2c		
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06	and not	on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	ed, released, exting	guished,	or terminated b	y the orgai	nization during the	e
4	Number of states where property subject to conservation	on easement is loca	ated ►_				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds				g of violation	ons,	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of v	riolations	, and enforcing	conservati	on easements dur	ing the year
7	Amount of expenses incurred in monitoring, inspecting,  ▶ \$	handling of violati	ons, and	enforcing conse	ervation ea	sements during th	ne year
8	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$ ?				170(h)(4)(	(B)(i) ☐ <b>Yes</b>	□ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the or					
Par	<b>Organizations Maintaining Collections</b> Complete if the organization answered "Ye	s" on Form 990	Part I	/, line 8.			
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub Part XIII, the text of the footnote to its financial statem	lic exhibition, educ	ation, o	research in furt			
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub following amounts relating to these items:	lic exhibition, educ	ation, o	research in furt	herance of	f public service, pi	ovide the
(	i) Revenue included on Form 990, Part VIII, line $oldsymbol{1}$					<b>▶</b> \$	
	i)Assets included in Form 990, Part X						
2	If the organization received or held works of art, histori following amounts required to be reported under FASB.	cal treasures, or o	ther sim	lar assets for fin			
а	Revenue included on Form 990, Part VIII, line 1	<del>-</del>				<b>&gt;</b> \$	
b	Assets included in Form 990, Part X					<b>&gt;</b> \$	
For	Paperwork Reduction Act Notice, see the Instruction					Schedule D (F	orm 990) 202

**d** Equipment .

Par	t III	Organizations M	aintaining Colle	ections of Art, H	listori	cal T	reası	ures, or Other	Similar As	ssets (co	ontinued)
3		ng the organization's acq ns (check all that apply):		, and other records,	check	any of	the fo	ollowing that are a	significant u	use of its	collection
а		Public exhibition			d		Loan	or exchange prog	ırams		
b		Scholarly research			е		Othe	er			
С		Preservation for future	e generations								
4		vide a description of the tXIII.	organization's colle	ections and explain	how the	ey furtl	her th	e organization's e	xempt purpo	se in	
5		ing the year, did the org ets to be sold to raise fur								☐ Yes	s □ No
Pa	rt IV	Complete if the or X, line 21.	ganization answe	ered "Yes" on For						ınt on Fo	orm 990, Part
1a		he organization an agent uded on Form 990, Part I								☐ Yes	s □ No
b	If "	Yes," explain the arrange	ement in Part XIII a	and complete the fo	llowing	table:			A	mount	
С		inning balance		•	_			1c			
d	Add	litions during the year .						1d			
е											
f											
2a											
b											
	rt V	Endowment Fund		Check here if the e	xpianat	ion nas	s beer	i provided in Part	XIII		
1-6		Complete if the or		ered "Yes" on For	m 990	, Part	IV, I	ine 10.			
				(a) Current year		rior yea		(c) Two years back	(d) Three ye	ars back (	e) Four years back
<b>1</b> a	Begir	nning of year balance .	[	5,500,000		5,500	0,000	5,500,000	5,	500,000	5,500,000
b	Conti	ributions									
c	Net i	nvestment earnings, gair	ns, and losses	956,841		25	5,752	242,057		186,322	520,065
d	Gran	ts or scholarships									
e		r expenditures for facilition programs	es	956,841		25	5,752	242,057		186,322	520,065
f	Admi	nistrative expenses .	[								
g	End o	of year balance	[	5,500,000		5,500	0,000	5,500,000	5,	500,000	5,500,000
2	Pro	vide the estimated perce	ntage of the currer	nt year end balance	(line 1	g, colu	mn (a	ı)) held as:			
а	Boa	rd designated or quasi-e	ndowment 🟲	0 %							
b	Peri	manent endowment 🟲	100.000 %								
С	Teri	m endowment 🕨 🤍	0 %								
	The percentages on lines 2a, 2b, and 2c should equal 100%.										
3а		there endowment funds anization by:	not in the possess	ion of the organizat	ion tha	t are h	eld ar	nd administered fo	r the		Yes No
	(i) Unrelated organizations										
		Related organizations								3a(	
b		Yes" on 3a(ii), are the re	<del>-</del>	•			.? .			3	b
4		cribe in Part XIII the inte			wment 1	runds.					
Pa	rt VI	Land, Buildings, Complete if the or			m aan	Dart	T\/ I	ine 11a See Fo	rm 990 Pa	rt X line	10
	Desc	cription of property	(a) Cost or other								I) Book value
			(investmen	t)		,	*				
	Land										
		ings				58,39	94,919		23,474,827		34,920,092
		ehold improvements					•				, ,

2,488,062

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

131,674

35,051,766

2,356,388

	Complete if the organization answered "Yes" on Fo				_
	(a) Description of security or category (including name of security)	(b) Book value		d of valuation: year market value	_
(1) Financia					_
(3) Other	held equity interests				_
(A) Investme	ent in Limited Liability Company	3,650,067		F	_
(D)					_
					_
(E)					_
(F)					<u></u>
(G)					-
(H)					_
(I)					_
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)	3,650,067			_
Part VIII	Investments—Program Related.  Complete if the organization answered 'Yes' on Fo  (a) Description of investment	orm 990, Part IV, line 11	(b) Book value	(c) Method of valuation: Cost or end-of-year market	<del>-</del>  :
(1)				value	=
(2)					_
(3)					_
					_
(4)					_
(5)					_
(6)					_
(7)					
(8)					_
(9)					_
(10)					_
Total. (Column	n (b) must equal Form 990, Part X, col.(B) line 13.)		•		_
Part IX	Other Assets.	000 Park TV !!	d C 5	. V 1: 45	_
	Complete if the organization answered 'Yes' on For (a) Description	rm 990, Part IV, line 110	d. See Form 990, Par	t X, line 15. (b) Book value	_
(1)					-
(2)					_
(3)					_
(4)					_
(5)					_
					_
(6)					_
(7)					_
(8)					
(9)					_
(10)					_
	mn (b) must equal Form 990, Part X, col.(B) line 15.)			<b>•</b>	_ <b>_</b>
Part X	<b>Other Liabilities.</b> Complete if the organization answered 'Yes' on For	rm 990, Part IV. line 11	e or 11f.See Form	990, Part X. line 25	
1.	(a) Description of lia		<u></u>	(b) Book	_
		<del>-</del> ,		value	
	income taxes e of Swap Agreement			303,873	
(3) Lease Lia	· -			583,517	
(3)					
(4)				_	
(5)					
(6)					
(7)				<u> </u>	
(8)					
(9)					
	n /h) muct agual Form 000 Dart V col /D\ line 35 \			997 200	
	or (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of	the footnote to the organiza		887,390 ments that reports the organi	zation's liak
	x positions under FIN 48 (ASC 740). Check here if the text				

2

а

b

C 5

1

2

C

d

е 3

b

4

Part XII

Schedule D (Form 990) 2020

Page 4

4,561,438

3,647,637

3,647,637

5,907,509

38,318

5,869,191

5.869.191

Schedule D (Form 990) 2020

Add lines **4a** and **4b** . . . . . .

Donated services and use of facilities . . .

Prior year adjustments . . . . .

Other losses . . . . . .

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Other (Describe in Part XIII.) . . .

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses and losses per audited financial statements . . . . . .

Donated services and use of facilities . . . . b Recoveries of prior year grants . . . . . . Other (Describe in Part XIII.) 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . . . . 2a

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . .

2b 2c 2d

2a

2b

2c

2d

4a 4b

527,000

3.996.120

38.318

38,318

2e

2e

3

t line <b>2e</b> from line <b>1</b>						3	
s included on Form 990, Part VIII, line 12, but not on line 1:							
nent expenses not included on Form 990, Part VIII, line 7b .	4a						
Describe in Part XIII.)	4b						
es <b>4a</b> and <b>4b</b>						4c	
venue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)						5	
Reconciliation of Expenses per Audited Financial Statem				pen	ses per F	Return	۱.
Complete if the organization answered 'Yes' on Form 990, Part	: IV, li	ne 12	2a.				
penses and losses per audited financial statements						1	

Add lines **4a** and **4b** . . . . . . . . . . . . 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . . 5 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Return Reference Explanation See Additional Data Table

chedule D (Form 990) 2020	Page <b>5</b>
Part XIII Supplemental Inform	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2020

### **Additional Data**

Joittial C 151
Software Version:

Software ID:

**EIN:** 36-3930153 Name: Music and Dance Theater Chicago Inc

Supplemental Information	
Deturn Beforence	Evaluation

Return Reference

Explanation The intended use of the organization's endowment funds is for general operating costs.

Part V, Line 4:

Supplemental Information							
Return Reference	Explanation						
Part X, Line 2:	The Theater is a not-for-profit corporation as described in Section 501(c)(3) of the Inter nal Revenue Code (the Code) and is exempt from income taxes on related income pursuant to Section 501(a) of the Code. The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this guidance, the Theater may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. Examples of tax positions include the tax-exempt status of the Theater, the continued tax-exempt status of the bond issued by the Theater, and various positions related to the potential sources of unrelated business taxable income. The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement. The guidance on accounting for uncertainty in income taxes also addresses de-recognition, classification, interest and penalties on income taxes and accounting in interim periods. At June 30, 2021 and 2020, management has determined that there are no uncertain tax positions. The Theater files annual information returns in the U.S. federal jurisdiction and the state of Illinois.						

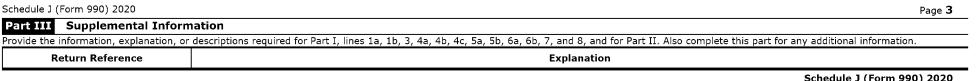
upplemental Information								
Return Reference	Explanation							
Part XI, Line 2d - Other Adjustments:	Gain on Extinguishment of Debt 527,000.							

Sι

efil	efile GRAPHIC print - DO NOT PROCESS   As Filed Data - DLN: 93493054004312										
Schedule J (Form 990)		C	ompensati	ion Information	ОМ	B No.	1545-0	047			
		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  Attach to Form 990.				2020					
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	ov/Form990 for	instructions and the latest informat		Open to Public Inspection					
Nar	ne of the organiza			En	nployer identificati						
Mus	ic and Dance Theate	er Chicago Inc		36	-3930153						
Pa	rt I Questi	ons Regarding Compensa	ntion								
					-		Yes	No			
1a		Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.									
	First-class	s or charter travel		Housing allowance or residence for pers	sonal use						
	_	companions	님	Payments for business use of personal							
		nification and gross-up paymen	ts 📙	Health or social club dues or initiation f							
	LI Discretion	nary spending account	Ц	Personal services (e.g., maid, chauffeu	r, cner)						
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain										
2				or allowing expenses incurred by all r, regarding the items checked on Line 1	-2	2					
	directors, truste	es, officers, including the CEO/	executive Director	r, regarding the items checked on time i	ar						
3				ed to establish the compensation of the							
				not check any boxes for methods CEO/Executive Director, but explain in P	art III.						
	✓ Compensa			Worth an arrange and a subject							
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study							
		of other organizations	<b>☑</b>	Approval by the board or compensation	ı committee						
4	During the year related organiza	organization or a									
а	Receive a sever	ance payment or change-of-cor	ntrol payment?			4a		No			
b	Receive a severance payment or change-of-control payment? .  Participate in, or receive payment from, a supplemental nonqualified retirement plan?				·. ·	4b		No			
С	•		•	nsation arrangement?		4c		No			
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	licable amounts for each item in Part III							
	0	) F04(-)(4)  F04(-)(20	<b>.</b>	annata annatata linaa F.O							
5		(), 501(c)(4), and 501(c)(29	-	must complete lines 5-9. the organization pay or accrue any							
•	compensation compe	ontingent on the revenues of:	on A, line 1a, dia	the organization pay or accrue any							
а	The organization	n?				5a		No			
b	-					5b		No			
	If "Yes," on line	5a or 5b, describe in Part III.									
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any							
а	The organization	n?				6a		No			
b				$\bullet = \bullet		6b		No			
	-	6a or 6b, describe in Part III.									
7				the organization provide any nonfixed rt III		7		No			
8	subject to the in	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," descr · · · · · · · · · · · · ·		8		_ No			
9	If "Yes" on line	8, did the organization also folk	ow the rebuttable	presumption procedure described in Reg	gulations section	9		No_			
For F	Panerwork Redu	uction Act Notice, see the Ins	structions for Fo	orm 990. Cat No 500'	53T Schedule J		9901	2020			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 Ms Laura Hanssel CFO (i)	174,752	0	0	3,538	32,781	211,071	0	
5. 5	(ii)	0	0	0	0	0	0	0
2 Ms Lori Dimun President & CEO	(i)	187,632	0	0	2,933	5,118	195,683	0
Toolaciik & GEO	(ii)	0	0	0	0	0	0	0



DLN: 93493054004312 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Open to Public ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** Music and Dance Theater Chicago Inc 36-3930153 Part I **Bond Issues** (c) CUSIP # (f) Description of purpose (i) Pool (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (q) Defeased (h) On behalf of financing issuer Yes No Yes No Yes No Illinois Finance Authority 86-1091967 45200BLT3 05-11-2005 20,000,000 Refinance of construction loan Х Χ payable Part  ${
m I\hspace{-.1em}I}$ **Proceeds** В C Α D 2 3 20,000,000 5 6 7 371,884 8 9 10 11 19,628,116 12 13 2005 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Has the final allocation of proceeds been made? . . . . . . . . . . . . . . . . . Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Part 🏻 **Private Business Use** Α R C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed Cat. No. 50193E Schedule K (Form 990) 2020 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

6

8a

Part IV

b

C

Arbitrage

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply? . . . . 

Exception to rebate? . . . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . . Was the hedge terminated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Page **2** 

D

Schedule K (Form 990) 2020

No

Yes

В C D Α Yes Nο Yes No Yes No Yes No Are there any management or service contracts that may result in private business use of Χ 

Х

Х

Χ

Yes

В

No

C

No

Yes

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside b counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed C Χ If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property?

Α

No

Χ

Χ

Χ

Χ

Χ

Yes

Χ

Enter the percentage of financed property used in a private business use by entities other than

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Term of GIC . . . . . . . . . .

requirements of section 148? . . .

Schedule K (Form 990) 2020

(GIC)?

period?

Arbitrage (Continued)

lo	Yes	No	Yes

No

Yes

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Yes No Yes No

No

Yes

Nο

Page 3

No

D

D

No

Yes

Yes

Yes

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SCHEDULI (Form 990 or 9 EZ)	Complete to provide information for responses to specific q Form 990 or 990-EZ or to provide any additional inform  Attach to Form 990 or 990-EZ.	uestions on nation.	OMB No. 1545-0047  2020  Open to Public Inspection
Namel Setherofge Music and Dance Th		Employer ident 36-3930153	ification number
Return Reference	Explanation		
Form 990, Part I, Line 1 and 3: Description of Organization's Mission:	The mission of the Joan W. and Irving B. Harris Theater is to be Chicago's primary reformusic and dance, connecting diverse audiences with outstanding artists from the city, the nation, and the world. Founded by a dedicated group of civic leaders an munity foundations, the Joan W. and Irving B. Harris Theater for Music and Dance on November 2003 and was the first multi-use performance venue built in Chicago since Today, the Harris provides the most robust and diverse arts and cultural offerings of venue in the Midwest. The Theater's mission is delivered through three intersecting signates: curating a presenting series designed to offer an engaging array of genres and socillaborating with local companies who consider the Harris their Chicago performation, and providing educational and accessible opportunities for everyone. In the 202 season, in accordance with federal and state public safety guidelines due to COVID-Harris adapted its performance and community engagement events to be hold virtual. Theater streamed 45 digital productions and hosted 14 educational events online. The er's virtual season reached over 40,000 people in 38 countries. In collaboration with lartists and companies, the Harris provided free rehearsal space, production grants, access to recording and streaming capabilities.	across d com pened in e 1929. any strate style ance ho 0-2021 19, the lily. The he Theat loca	

Return Explanation
Reference

line 2

Form 990, Joan W. Harris and Louise Frank have a family relationship.
Part VI,
Section A.

Return Reference	Explanation
Form 990, Part VI, Section A, line 4	During the 2021 fiscal year, one amendment was made to the Music and Dance Theater, Inc. B oard of Trustees Bylaws. During the May 12, 2021 meeting, section 4.2 of the bylaws was am ended to read as follows (with the new language shown within parentheses): Section 4.2. Te rm of Office, Resignation, and Removal. The term of office of each Office elected at an a nnual meeting shall commence on July 1 of that year. Each Office shall hold office until a successor is elected and qualified or until the officer's earlier resignation or removal; provided, however, that no elected Trustee shall serve in the same office, other than the office of Vice Chair, for more than three consecutive one-year term (except that at the 2021 annual meeting the current Treasurer may be re-elected for an additional one-year term in light of the various challenges arising from the COVID-19 pandemic). No person shall serve as Vice Chair for more than six one-year terms unless he or she is currently serving as executive Vice Chair. Each shall hold office until a successor is elected and qualified or the officer's earlier death, resignation or removal. Any Officer may resign at any time by giving written notice to the Board of Trustees or to the Chair or the Secretary of the Corporation. Any Officer may be removed by the Board of Trustees at any time, with or without cause, by a majority of the Trustees present at a meeting of the board at which a quorum is present. Any such removal shall be without prejudice to the contract rights, if a ny, of the person so removed, but election to office shall not of itself create any contract ct rights.

990 Schedule O, Supplemental Information Retu

the IRS.

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	On September 30, 2021 the Board of Trustees of the Harris Theater approved a resolution th at, with the Fiscal year ended June 30, 2021, gave the Audit Committee of the Board the au thority to review the federal Form 990 and Illinois Form AG990-IL on the Board's behalf. T he Audit committee of the Board of Trustees met with representatives of RSM US LLP, who prepared the Form 990 to conduct that review. The extent of that review included covering ke

line 11b y issues. The complete Form 990 was then made available to all Board members who had ample time to review, ask question and/or suggest revisions before the Form 990 was filed with

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Music and Dance Theater Chicago, Inc.'s ("MADTC") conflict of interest policy addresses tr ansactions and arrangements involving MADTC's trustees, officers and any other managers or supervisors identified by the Board of Trustees or the President as exercising substantia  I influence over the operations of MADTC ("Covered Persons"). Each Covered Person upon bec oming such shall prepare, sign and submit a Conflict of Interest Questionnaire. In additio n, each Covered Person shall promptly and fully disclose all material facts of every actua  I or potential conflict of interest: (I) That arises while he/she is a Covered Person, at the time such actual or potential conflict arises; and; (II)Annually by preparing, signing and submitting a Conflict of Interest Questionnaire. All disclosures involving a transact ion or arrangement being considered at a meeting of the Board of Trustees or of a board co mmittee shall be made to all members present at such meeting. All other disclosures shall be made to the President (who shall disclose his or her conflicts to the Board of Trustees). A Covered Person who is in doubt as to the existence of a conflict of interest is encou raged to disclose all facts pertaining to the transaction or arrangement before undertakin g the transaction or arrangement or making any decision in the matter. Each Covered Person shall sign a statement acknowledging that he or she has received a copy of this Policy, h as read and understands it, and agrees to comply with it. If the Board of Trustees has rea sonable cause to believe that a Covered Person has failed to comply with this Policy, the Board may counsel the Covered Person regarding such failure and, if the issue is not resol ved to the Board's satisfaction, may consider additional corrective action as appropriate. Conflict of interest information is collected annually and throughout the year when new t rustees come on.

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	With respect to compensation of the CEO/Executive Director on an ongoing basis, post-hirin g, the Board of Trustees has delegated overall responsibility for establishing such compen sation to the Executive Committee. To carry out this assignment, the Executive Committee u tilizes an ad hoc compensation sub-committee ("the compensation sub-committee"), consistin g of former and current Board Chairs, along with board members bearing special expertise in the area of compensation, to review and determine the compensation of the CEO/Executive Director. To determine the compensation of the CEO/Executive Director, the compensation sub-committee has successfully employed a number of tools and resources, including without I imitation, a review of compensation for similar positions at similar organizations, drawin g upon data from Form 990's for such organizations; the compensation committee, as a matter of policy, retains the option of utilizing independent compensation consultants and compensation surveys or studies, when it determines that it is appropriate to supplement data from other resources. Each year, the compensation sub-committee reviews the compensation of the CEO/Executive Director in conjunction with the review of the performance of the CEO/Executive Director in conjunction with the review of the performance of the CEO/Executive Director in conjunction of such review, the compensation sub-committee reports its findings and recommendations to the Executive Committee, which then determines the compensation of the CEO/Executive Director for the ensuing year. At the beginning of each fis cal year, the Board Chair reports to the Board of Trustees the actions taken by the Executive Committee.

Return Explanation
Reference

Form 990,
Part VI,
Section C,
line 19

The Theater makes its governing documents, conflict of interest policy, and financial stat
ements available to the public upon request for the same period of disclosure as set forth
in section 6104(d). The Theater applies for numerous grants from foundations as well as g
overnmental bodies and provides such documents in that application process. Web sites such
as GuideStar also have relevant documents of the Theater.

Return Explanation Reference

Form 990, Change in Unrealized Gain on Swap Agreement 268,141. Gain on Extinguishment of Debt 527,000. Part XI, line