PUBLIC DISCLOSURE COPY

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A F	For the	e 2020 calendar year, or tax year beginning JUL	1, 2020 and	ending J	<u>UN 30, 20</u>	21			
	Check if applicabl	C Name of organization			D Employer ide	ntifica	tion number		
	Addre chang	CHICAGO CHILDREN'S CHOIR							
	Name chang	5			51-014	0419	9		
	Initial return	Number and street (or P.O. box if mail is not delivered	E Telephone number						
	Final return	78 EAST WASHINGTON STREET	312-849-8300						
_	termin ated	, , , , , , , , , , , , , , , , , , , ,	foreign postal code		G Gross receipts \$		4,721,260.		
	Ameno return Applic	CHICAGO, IL 00002			H(a) Is this a gro	up retu			
	tion pendir	F Name and address of principal officer: \Luli	FEKETY		for subordir				
		SAME AS C ABOVE			H(b) Are all subordin				
			sert no.) 4947(a)(1)	or 527	1		t. See instructions		
		te: WWW.CCCHOIR.ORG	on Other N	1	H(c) Group exen				
	orm of	organization: X Corporation Trust Association	on Other	L Year	of formation: 197	2 M S	State of legal domicile: IL		
Г				MCDTDE	AND CHAN	св т	TVEC		
Governance	1	Briefly describe the organization's mission or most signifi THROUGH MUSIC	cant activities: 10 1.	NSFIRE	AND CHAIN	GE I	11 1 1 2		
rnai	2	Check this box if the organization discontinued	d its operations or dispos	sed of more	than 25% of its ne	t asset	S.		
ove.	3	Number of voting members of the governing body (Part V	/I, line 1a)			3	39		
Ğ	4	Number of independent voting members of the governing	body (Part VI, line 1b)			4	39		
S S	5	Total number of individuals employed in calendar year 20	20 (Part V, line 2a)			5	54		
Viţi.	6	Total number of volunteers (estimate if necessary)				6	39		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.		
_	b	Net unrelated business taxable income from Form 990-T,	Part I, line 11			7b	0.		
					Prior Year	<u> </u>	Current Year		
ē	8				3,162,84		3,438,474.		
en	9				1,056,10		791,110.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7			70,57		72,367.		
_	ויי	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10			186,89		-5,844.		
		Total revenue - add lines 8 through 11 (must equal Part V			4,476,42	-	4,296,107.		
	1	Grants and similar amounts paid (Part IX, column (A), line				0.	0.		
	1	Benefits paid to or for members (Part IX, column (A), line			2 762 45	_	2,485,721.		
es	15	Salaries, other compensation, employee benefits (Part IX			2,763,45 89,35				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 116	e)		09,33	0.	4,980.		
X	_D	Total fundraising expenses (Part IX, column (D), line 25)			1,338,27	5	1,004,304.		
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24 Total expenses. Add lines 13-17 (must equal Part IX, colu			4,191,08		3,495,005.		
		Revenue less expenses. Subtract line 18 from line 12			285,33		801,102.		
	19	nevertue less experises. Subtract lifte 10 from lifte 12	······	Ra	ginning of Current Y		End of Year		
Net Assets or	20	Total assets (Part X, line 16)			4,899,25		6,268,529.		
ASS	21	Total liabilities (Part X, line 26)			880,55		1,047,628.		
Net	22	Net assets or fund balances. Subtract line 21 from line 20)		4,018,70		5,220,901.		
Pa	art II	Signature Block			, , .				
Und	er pena	lties of perjury, I declare that I have examined this return, includi	ng accompanying schedule:	s and stateme	ents, and to the best	of my kr	nowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is ba	sed on all information of wh	nich preparer	has any knowledge.				
Sig	n	Signature of officer			Date				
Her	е	KELLY FEKETY, CFO							
		Type or print name and title		1					
			rer's signature	1	Date Che		PTIN		
Paid			NETH L. TORNI		2/24/22 self-		<u></u> ₽00079651		
-	parer	Firm's name OSTROW REISIN BERK 8	'D.	Firm's EIN	▶ 3	6-2938874			
Use	Only	Firm's address 455 N CITYFRONT PLAZ	A DR, SUITE	1500		210	670 7444		
_		CHICAGO, IL 60611			Phone no	312	-670-7444		
May	v the IF	RS discuss this return with the preparer shown above? Se	e instructions				X Yes No		

Form 990 (2020)

Form 990 (2020) CHICAGO CHILDREN'S CHOIR Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
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		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
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		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	טדו		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-10		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2020) CHICAGO CHILDREN'S CHOIR
Part IV Checklist of Required Schedules (continued)

	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
244	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		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	, ,	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<u> </u>		
02	\cdot	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		_
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	1
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		•	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b				
c				
	(gambling) winnings to prize winners?	1c		
00000	4 12 22 20	Form	990	(2020)

Form 990 (2020) CHICAGO CHILDREN'S CHOIR

Part V Statements Regarding Other IRS Filings and Tax Compliance (co

ı aı	Statements Regarding Other Instrings and Tax Compliance (continued)				
		1 1		Yes	No
2 a	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	2a 54			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			v
_			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		1		x
L	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Α_
b	If "Yes," enter the name of the foreign country ►	Counts (ERAP)			
5a			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax years.	etion?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
		9	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
•	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90		
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:	100			
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			
	organization is licensed to issue qualified health plans	13b	4		
С	Enter the amount of reserves on hand	13c			
14a			14a	-	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b	-	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				\ \
	excess parachute payment(s) during the year?		15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	· i0	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	. iricome?	16		X
	If "Yes," complete Form 4720, Schedule O.		Form	990	(2020)

Form **990** (2020)

CHICAGO CHILDREN'S CHOIR 51-0140419 Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 39 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 39 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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 Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website __ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

Form **990** (2020)

60602

State the name, address, and telephone number of the person who possesses the organization's books and records

KELLY FEKETY - 312-849-8300

78 EAST WASHINGTON STREET, CHICAGO.

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	organization compensated (C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	person is both an director/trustee)		an an	compensation	compensation	amount of
	week		Cer ai	lu a u	recid	I / ii us	iee)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(***2/1099*****130)	organization
	organizations	ndividual trustee or director	Institutional trustee		yee	Highest compensated employee		(** 27 1000 111100)		and related
	below	idual	tution	ia.	Key employee	est co	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) JOSEPHINE LEE	40.00									
PRESIDENT/ARTISTIC DIRECTOR				Х				235,500.	0.	8,516
(2) RACHEL LEFEVRE-SNEE	40.00									
CHIEF OPERATING OFFICER				Х				125,000.	0.	4,548
(3) JOCELYN SMITH	40.00									
CHIEF PROGRAM OFFICER				Х				105,054.	0.	6,535
(4) JUDITH HANSON	40.00									
SENIOR ASSOCIATE ARTISTIC DIRECTOR						Х		101,000.	0.	7,854
(5) KELLY FEKETY	40.00									
CHIEF FINANCIAL OFFICER				Х				100,000.	0.	2,053
(6) AMY TINUCCI	40.00									
CHIEF DEVELOPMENT OFFICER				Х				93,438.	0.	44.
(7) DAVID KOO	5.00									
CHAIR		Х		Х				0.	0.	0.
(8) PATRICK BOEHMER	2.00									
TREASURER		Х		Х				0.	0.	0.
(9) RON WEISS	2.00									
SECRETARY		Х		Х				0.	0.	0.
(10) HIMAL AGARWAL	1.00									
DIRECTOR		Х						0.	0.	0.
(11) ERIC ASHWORTH	1.00									
DIRECTOR		Х						0.	0.	0.
(12) TRACEY BENFORD	1.00									
DIRECTOR		Х						0.	0.	0.
(13) MONICA CARNEY	1.00									
DIRECTOR		Х						0.	0.	0 .
(14) ELLEN-BLAIR CHUBE	1.00									
DIRECTOR		Х						0.	0.	0 .
(15) CAROLINE DETTMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(16) BRIAN EGWELE	1.00									
DIRECTOR		Х						0.	0.	0.
(17) SUZANNE EL-MOURSI	1.00									
DIRECTOR		Х	1	1		1		0.	0.	0.

Form **990** (2020)

51-0140419

(14) Name and title Average hours per work Average hours Average	Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hi	ghes	st C	Compensated Employee	s (continued)				
Name and title Average Pour Po										'			(F)	
Case Post	Name and title	Average	(440		Posi	itior			Reportable	Reportable				b
Compensation Comp		•	box	, unle	ss per	rson i	is bot	h an	compensation	compensation		amo	ount c	ıf
hours for validated organizations below significant			_	cer ar	id a di	irecto	or/trus	tee)	1					
(18) THEO RETEIN 1.00		1 '	lirecto							•		•		
(18) THEO RETEIN 1.00			eord	stee			sated		1	(88-2/1099-181130	'			
(18) THEO RETEIN 1.00		organizations	truste	al trus		ee/	m per		(** 27 1000 141100)			•		
(18) THEO RETEIN 1.00		below	idual	ution	e	oldm	est co	e.				organ	izatio	ns
(18) TRECTOR		line)	Indiv	Instit	Office	Key e	High	Form						
1.00 X	(18) THEO EPSTEIN	1.00												
X	DIRECTOR		Х						0.	().			0.
1.00 X 0.0.0.0.0.0.0	(19) ROBERT FEALY	1.00												
DIRECTOR 21) JAcQUELINE GRIESDORN	DIRECTOR		Х						0.	().			0.
C21) JACQUELINE GRIESDORN	(20) DEREK FERGUSON	1.00	1											
DIRECTOR X 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0	DIRECTOR		Х						0.	().			0.
(22) CERISTINA RATHERLY 1.00	(21) JACQUELINE GRIESDORN	1.00	1											
DIRECTOR X	DIRECTOR		Х						0.	().			0.
CAST STICHARD HAWWA 1.00 X 0.00.00.00.00.00.00.00.00.00.00.00.00.0	(22) CHRISTINA HATHERLY	1.00	1											
DIRRECTOR (24) CARRIE HEDGES 1.00 X 0.0.0.0.0.0.0. (25) SILLEE PAI HONG DIRRECTOR 1.00 X 0.0.0.0.0.0.0.0. (26) TUBEF JACKSON 1.00 DIRRECTOR 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	DIRECTOR		Х						0.	().			0.
CARRIE HEDGES 1.00 X 0.00 0	(23) RICHARD HAWWA	1.00												
DIRECTOR X	DIRECTOR		Х						0.	().			0.
25 BLIEE PAI HONG 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(24) CARRIE HEDGES	1.00]											
DIRECTOR X 0	DIRECTOR		Х						0.	().			0.
1.00 X	(25) ELLEE PAI HONG	1.00	1											
DIRECTOR	DIRECTOR		Х					_	0.	().			0.
to Subtotal Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total (add lines 1c) Total (add	(26) YUSEF JACKSON	1.00	1								_			
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 4 Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? // if 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? // if 'Yes,' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? // if 'Yes,' complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation	DIRECTOR		Х											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 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 is tax year. (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No											_			
Section B. Independent Contractors Section B. Independent Contractors Section B. Independent Contractors Section B. None and business address None								<u> </u>			<u>) • </u>	29,550		
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual isted on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual series and related organization? If "Yes," complete Schedule J for such person. Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than		ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				1
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 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) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	compensation from the organization												/ 00	
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rendered to the organization? If "Yes," complete Schedule J for such person				•								4		
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than												5		X
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) Compensation NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than		i <u>piete Scrieduii</u>	e J T	or st	icn į	oers	ion				<u></u>	3		
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	·	mnensated inc	lene	nder	nt cc	ntr	acto	re t	hat received more than \$	100 000 of compe	—— neatir	on fron		
(A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than											isatic	511 11 011		
Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		ine calcinaar y	oui c	, i i dii	ig w		J1 VV			our.		(C)		
2 Total number of independent contractors (including but not limited to those listed above) who received more than		address	NO	ONE	3					ervices	Co			
												<u> </u>		
	2 Total number of independent contractors (i	ncluding but n	ot lir	nited	d to t		_	ted	d above) who received me	ore than				

032008 12-23-20

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Tru	est (t Compensated Employees (continued)								
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	appl	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d emp		(W-2/1099-MISC)	(44-27 1099-141130)	organization
	related	9e 0r	stee			nsate		(** 2/ 1033 1/1100)		and related
	organizations	trust	ıal tru		yee	эш ре				organizations
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			
	line)	ibdi	Insti	Officer	Key	High	Former			
(27) ROB KATZ	1.00									
DIRECTOR		Х						0.	0.	0.
(28) PRISCILLA KERSTEN	1.00									
DIRECTOR		Х						0.	0.	0.
(29) MELISSA KIBLER	1.00									
DIRECTOR		Х						0.	0.	0.
(30) DENEESE WALIA LEVIN	1.00									
DIRECTOR		Х						0.	0.	0.
(31) ANN MARIE LIPINSKI	1.00							-	-	
DIRECTOR		Х						0.	0.	0.
(32) MICAH MATERRE	1.00									
DIRECTOR		х						0.	0.	0.
(33) DONIELLE MCCUTCHEON	1.00									
DIRECTOR		Х						0.	0.	0.
(34) LIGIA MENDEZ-GOODWILLIE	1.00								•	
DIRECTOR		х						0.	0.	0.
(35) JAMES MEYER	1.00								•	
DIRECTOR		Х						0.	0.	0.
(36) KALA MOYNIHAN	1.00									
DIRECTOR		Х						0.	0.	0.
(37) MICHAEL NEMEROFF	1.00								•	
DIRECTOR		х						0.	0.	0.
(38) JOSEPH NOLAN	1.00								0.1	
DIRECTOR		х						0.	0.	0.
(39) MATTHEW PARR	1.00							0.1	0.1	
DIRECTOR	1100	х						0.	0.	0.
(40) DIANE PEARSE	1.00							0.1		
DIRECTOR		х						0.	0.	0.
(41) MATT ROAN	1.00								0.1	
DIRECTOR		х						0.	0.	0.
(42) JOE SHANAHAN	1.00							•	•	•
DIRECTOR	1.00	х						0.	0.	0.
(43) JEFF STEELE	1.00		\vdash						.	<u> </u>
DIRECTOR		Х						0.	0.	0.
(44) MICHAEL TEPLITSKY	1.00		\vdash						0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(45) BRIAN VANDENBERG	1.00	22	\vdash					•	0 •	0.
DIRECTOR	1.00	Х						0.	0.	0.
	1.00	22	\vdash			\vdash		•	0 •	<u> </u>
(46) GRRY BARAD	1 - 00	J	ıl		1				_	
(46) GERRY BARAD DIRECTOR-TERM		Х						0.	0.	0.

Form 990 (2020) CHICAGO
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lir	ne 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
S (O	1 -	Federated campaigns 1a					
핥				-			
हुं ह		Membership dues 1b	010 116	-			
ts, An			948,146.	-			
a Gif		Related organizations 1d	106 540				
ini	•	Government grants (contributions) 1e 1,	196,748.				
r io	f	All other contributions, gifts, grants, and					
the			<u> 293,580.</u>				
들	ç	Noncash contributions included in lines 1a-1f 1g \$	<u>333,852.</u>				
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	Total. Add lines 1a-1f		3,438,474.			
			Business Code				
ø	2 8	TUITION & OTHER FEES	711130	731,963.	731,963.		
Ş.	_ k		711130	59,147.	59,147.		
Ser				72,	, ,		
Z S	,						
gra Re							
Program Service Revenue		All other was a surface and in a surface					
_		All other program service revenue		791,110.			
-		Total. Add lines 2a-2f		791,110.			
	3	Investment income (including dividends, interes	*	52,060.			52,060.
		other similar amounts)		32,000.			32,000.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
	_	(i) Real	(ii) Personal	-			
		Gross rents 6a		-			
		Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	(Net rental income or (loss)	>				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 377,935.					
	k	Less: cost or other basis					
ne		and sales expenses					
en		Gain or (loss) 7c 20,307.					
Other Revenue		Net gain or (loss)		20,307.			20,307.
ē		Gross income from fundraising events (not					
됩		including \$948,146. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	44,610.				
	ŀ	Less: direct expenses 8b	62,856.				
		Net income or (loss) from fundraising events	•	-18,246.			-18,246.
		Gross income from gaming activities. See	,	·			
		Part IV, line 19 9a					
	ŀ	Less: direct expenses 9b		1			
		Net income or (loss) from gaming activities	•				
		Gross sales of inventory, less returns					
		and allowances10a	11,415.				
	ŀ	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory		6,746.	6,746.		
			Business Code	377201	07,200		
sn	11 -	OTHER REVENUE	900099	5,656.			5,656.
e n	ıı a		,,,,,,	3,030.			
la Ven							
Miscellaneous Revenue		All other revenue					
Σ		Total. Add lines 11a-11d		5,656.			
	12	Total revenue. See instructions		4,296,107.	797,856.	0.	59,777.
			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•		

Form 990 (2020) CHICAGO CHILDREN'S CHOIR Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must c	complete column (A).
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	Check if Schedule O contains a respons		IIIS Part IX	(C)	
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	731,588.	321,813.	221,929.	187,84
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	1,498,304.	1,165,644.	73,868.	258,79
8	Pension plan accruals and contributions (include	-	-	-	•
	section 401(k) and 403(b) employer contributions)	19,986.	17,100.	888.	1,99
9	Other employee benefits	74,095.	60,059.	5,805.	8,23
0	Payroll taxes	161,748.	107,968.	21,331.	32,44
1	Fees for services (nonemployees):	. ,	. ,	, , , , , ,	
а	Management				
b	Legal	4,560.		4,060.	50
	Accounting	29,163.		29,163.	
d	Lobbying			== /= = = =	
e	Professional fundraising services. See Part IV, line 17	4,980.			4,98
f	Investment management fees	16,914.		16,914.	
g	Other. (If line 11g amount exceeds 10% of line 25,	20,5221		20/3221	
9	column (A) amount, list line 11g expenses on Sch O.)	207,432.	152,942.	11,950.	42,54
2	Advertising and promotion	13,385.	132,342.	11,167.	2,21
3		132,508.	80,020.	12,205.	40,28
	Office expenses	39,288.	23,744.	5,187.	10,35
4	Information technology	33,200.	23,744.	3,107.	10,33
5	Royalties	21,518.	14,301.	2,994.	4,22
6 -	Occupancy	1,027.	458.	168.	40
7	Travel	1,027•	430.	100.	40.
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	20,821.	663.	8,142.	12 01
9	Conferences, conventions, and meetings	4,130.	003.	4,130.	12,01
0	Interest	4,130.		4,130.	
1	Payments to affiliates	2/ 1/0	22 024	1 171	6 OF
2	Depreciation, depletion, and amortization	34,149. 26,619.	22,824. 15,766.	4,471. 6,115.	6,85, 4,73
3	Insurance	∠ 0,019.	15,/00.	0,115.	4,/3
<u>!</u> 4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PRODUCTIONS & EVENTS	282,522.	282,522.		
	FUNDRAISING EXPENSES	59,381.	-		59,38
c	UNIFORMS	49,972.	49,972.		•
d	CHORAL & CAMP	38,531.	38,531.		
	All other expenses	22,384.	7,727.	9,337.	5,32
5	Total functional expenses. Add lines 1 through 24e	3,495,005.	2,362,054.	449,824.	683,12
<u>5</u> 6	Joint costs. Complete this line only if the organization	3,223,0031	_, , , , ,		230,22
.0	reported in column (R) joint costs from a combined	l l	,		
.0	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Form **990** (2020)

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			550,122.	1	673,325.
	2	Savings and temporary cash investments			410,112.	2	3,508.
	3	Pledges and grants receivable, net			967,149.	3	1,291,775.
	4	Accounts receivable, net			35,913.	4	30,023.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqui	alified per				
		under section 4958(f)(1)), and persons describ	ed in sect	tion 4958(c)(3)(B)		6	
<u>s</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9				118,731.	9	104,030.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	388,859.			
	b	Less: accumulated depreciation		230,892.	156,807.	10c	157,967. 3,956,268.
	11	Investments - publicly traded securities	2,615,346.	11	3,956,268.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	45,078.	14	51,633.		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ed	qual line 3	3)	4,899,258.	16	6,268,529.
	17	Accounts payable and accrued expenses			156,575.	17	167,509.
	18	Grants payable		18			
	19	Deferred revenue	242,178.	19	378,269.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
iab		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre			404 000	23	504 050
	24	Unsecured notes and loans payable to unrelate			481,800.	24	501,850.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			000 553	25	1 047 600
	26	Total liabilities. Add lines 17 through 25			880,553.	26	1,047,628.
s		Organizations that follow FASB ASC 958, c	heck here				
)ce		and complete lines 27, 28, 32, and 33.			1 610 222		2 710 224
alaı	27	Net assets without donor restrictions	1,619,332. 2,399,373.	27	2,710,334. 2,510,567.		
d B	28	Net assets with donor restrictions	4,399,373.	28	2,310,307.		
Ĕ		Organizations that do not follow FASB ASC	958, cne	ck here			
o.		and complete lines 29 through 33.			00		
ts	29	Capital stock or trust principal, or current fund			29		
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			4,018,705.	31	5,220,901.
ž	32	Total liebilities and not see the first liebilities			4,899,258.	32	6,268,529.
	33	Total liabilities and net assets/fund balances			4,033,430.	33	0,200,329.

Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,:	<u> 296</u>	5,1	<u>07.</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,4	<u> 495</u>	5,0	05.				
3	Revenue less expenses. Subtract line 2 from line 1	3				02.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))									
5	Net unrealized gains (losses) on investments	5	-	401	.,0	94.				
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,									
	column (B))	10	5,2	220	9,9	01.				
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>							
			_		Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a								
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		L <i>i</i>	2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,								
	consolidated basis, or both:									
	X Separate basis Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,								
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit								
	Act and OMB Circular A-133?		<u>L</u> :	3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required									
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b						
			F	orm	990	(2020)				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020Open to Public

Name of the organization

Go to www.iis.gov/Formago for mistractions and the latest inform

Inspection
Employer identification number

			AGO CHILDRE					5	1-0140419
Pa	rt I	Reason for Public C	Charity Status. (All organizations must o	omplete th	nis part.) S	ee instruction	S.	
Γhe	organ	ization is not a private found							
1		A church, convention of chu	urches, or association	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	一	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	一	A medical research organiza						(iii). Enter	the hospital's name.
•		city, and state:		,			(-)(-)(-)	(,	,
5		An organization operated for	or the benefit of a coll	lege or university owned	l or operat	ed by a go	vernmental ur	nit describe	ed in
•	ш	section 170(b)(1)(A)(iv). (C		logo or anivolotty owner	or operat	ou by a go	vorminorital al	iii doconbi	5 4 III
6		A federal, state, or local gov		ontal unit described in	soction 17	70/h)/1\/A\/	(v)		
	X	An organization that normal	· ·				• •	o gonoral i	aublic described in
•		section 170(b)(1)(A)(vi). (Co	-	itiai part or its support i	om a gove	on internal t		e general į	Jublic described in
			•	1VAVvil (Complete Per	+ II \				
8	H	A community trust describe			-	ما نم مصان	nation with a	land aront	aallaaa
9		An agricultural research org				-		-	-
		or university or a non-land-g	rant college of agrict	ulture (see instructions).	Enter the i	name, city,	, and state of	rie college	e Or
40		university:		U 00 1 /00/ - f it					d annual and a final form
10	Ш	An organization that normal							
		activities related to its exem		•	٠,			• •	· ·
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acquir	red by the org	anization a	ifter June 30, 1975.
		See section 509(a)(2). (Cor	•						
11	\square	An organization organized a	•	•	•				_
12	Ш	An organization organized a	•	•	-			•	
		more publicly supported org	-						Check the box in
		lines 12a through 12d that o	• •					-	
а			· · · · · · · · · · · · · · · · · · ·		•	_			
		the supported organization			majority o	of the direc	tors or trustee	es of the su	upporting
		organization. You must c							
b			•				-		-
		control or management of			ame perso	ns that cor	ntrol or manag	e the supp	ported
		organization(s). You mus							
С								y integrate	ed with,
		its supported organization							
d									• •
		that is not functionally into	-		-		-	an attentiv	/eness
		requirement (see instructi	•	-					
е							Type I, Type I	I, Type III	
_		functionally integrated, or		nally integrated supporti	ng organiz	ation.			
Ť		er the number of supported o	•						
g		vide the following information i) Name of supported	i about the supported	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
	,	organization	(,	(described on lines 1-10	in your governi	ng document?	support (see in	•	support (see instructions)
				above (see instructions))	163	140			
F = 4 -									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3179411.	3459481.	2717632.	3162843.	3438474.	15957841 .
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3179411.	3459481.	2717632.	3162843.	3438474.	15957841.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1384945.
	Public support. Subtract line 5 from line 4.						14572896.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	3179411.	3459481.	2717632.	3162843.	3438474.	15957841.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	960.	8,876.	36,408.	62,639.	52,060.	160,943.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	434,912.	82,418.	57,099.	182,726.	0.	757,155.
10	Other income. Do not include gain						
	or loss from the sale of capital						4-066
	assets (Explain in Part VI.)			7,972.	3,638.	5,656.	
11	Total support. Add lines 7 through 10						16893205.
12	Gross receipts from related activities,	•	,				,447,267.
13	First 5 years. If the Form 990 is for the	•					
800	organization, check this box and stop	o Support Dor					P
	•			l (f))		44	86 26 %
Ioa							
L							
b							
175							
174		-					
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h		· ·		,			
J		ū				•	10/0 01
	,		•				
18	•						
14 15 16a b 17a	organization, check this box and stop ction C. Computation of Public Public support percentage for 2020 (I Public support percentage from 2019 33 1/3% support test - 2020. If the computation qualifies 33 1/3% support test - 2019. If the computation qualifies 33 1/3% support test - 2019. If the computation qualifies 34 1/3% support test - 2019. If the computation qualifies 36 1/3% support test - 2019. If the computation qualifies 37 1/3% support test - 2019. If the computation details and stop here. The organization qualifies and if the organization meets the facts and circumstances test more, and if the organization meets the facts and circumstances test organization meets the facts and circumstances. Private foundation. If the organization	c Support Per ine 6, column (f), d Schedule A, Part organization did no as a publicly supporganization did no iffes as a publicly services. If the organization did no column in the organization did no iffes as a publicly services. If the organization did not column in the organization or a column in the organization	centage ivided by line 11, of all, line 14 t check the box or orted organization to check a box on literation anization did not destent the check this in qualifies as a pure anization did not constances test, check check the organization qualifies as a pure anization did not constances test, check the organization qualifies as a pure anization did not constances test, checker organization qualifies as a pure anization did not constances test, checker organization qualifies as a pure anization qualifies anization qualifie	ine 13, and line ine 13 or 16a, and line heck a box on line box and stop her blicly supported or heck a box and stok this box and stalifies as a publicly	line 15 is 33 1/3% or m line 15 is 33 1/3% e 13, 16a, or 16b, a re. Explain in Part rganization e 13, 16a, 16b, or 1 cop here. Explain in supported organiz	ore, check this box or more, check th and line 14 is 10% of VI how the organization.	86.26 % 79.14 % x and b X is box or more, ration 10% or

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						<u> </u>
6 Total. Add lines 1 through 5				<u> </u>		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received					+	_
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	(a) 2010	(6) 2017	(6) 2018	(u) 2019	(e) 2020	(i) Total
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)				<u> </u>		<u> </u>
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	ion,
check this box and stop here	•		,	•	. , . , .	·
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2020 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2019. If the						
line 18 is not more than 33 1/3%, chec	ck this box and st	t op here. The orga	ınization qualifies a	as a publicly suppo	orted organization	
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hov and sec inc	etructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
L	3a		
L	3b		
	3с		
Г	4a		
	ıu		
Г	4b		
	40		
	4c		
	5a		
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	30		
L	6		
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	8		
	9a		
	Ju		
	OL-		
	9b		
	9с		
L	10a		
	10b		

Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))-		
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	01		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		OI-		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations			
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					
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see		
	instructions).			•		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CHICAGO CHILDREN'S CHOIR

Employer identification number 51-0140419

Par	t I Organizations Maintaining Donor Advised Fu	ınds or Other Simi	lar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			·
		(a) Donor advised fu	nds (b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing	g that the assets held in	donor advised fund	ls
	are the organization's property, subject to the organization's exclusive	usive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisor	ors in writing that grant for	unds can be used or	nly
	for charitable purposes and not for the benefit of the donor or dor	nor advisor, or for any oth	ner purpose conferri	ng
_	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the organiz	ation answered "Yes" or	Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (c	heck all that apply).		
	Preservation of land for public use (for example, recreation of	or education) Pr	eservation of a histo	orically important land area
	Protection of natural habitat	Pr	eservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified of	onservation contribution	in the form of a cor	
	day of the tax year.			Held at the End of the Tax Year
а				
b				2b
С	Number of conservation easements on a certified historic structur			2c
d	Number of conservation easements included in (c) acquired after			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	d, extinguished, or termi	nated by the organia	zation during the tax
_	year >			
4	Number of states where property subject to conservation easeme			
5	Does the organization have a written policy regarding the periodic			□ v □ N.
•	violations, and enforcement of the conservation easements it hold		oforcing concernation	
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	illing of violations, and er	norching conservatio	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and onforci	na consorvation oas	coments during the year
′	\$\\$\$ \$\$	or violations, and emore	ng conservation eas	sements during the year
8	Does each conservation easement reported on line 2(d) above sat	isfy the requirements of	section 170(h)(4)(R)((i)
Ū	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation ea			
	balance sheet, and include, if applicable, the text of the footnote t		•	
	organization's accounting for conservation easements.	3		
Par		, Historical Treasu	res, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, no	t to report in its revenue	statement and bala	unce sheet works
	of art, historical treasures, or other similar assets held for public e	xhibition, education, or r	esearch in furtheran	ice of public
	service, provide in Part XIII the text of the footnote to its financial	statements that describe	es these items.	
b	If the organization elected, as permitted under FASB ASC 958, to	report in its revenue sta	tement and balance	sheet works of
	art, historical treasures, or other similar assets held for public exhi	bition, education, or res	earch in furtherance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				> \$
2	If the organization received or held works of art, historical treasure			provide
	the following amounts required to be reported under FASB ASC 9	58 relating to these item	is:	
а	Revenue included on Form 990, Part VIII, line 1			> \$
b	Assets included in Form 990, Part X			> \$
	For Paperwork Reduction Act Notice, see the Instructions for			Schedule D (Form 990) 2020

		CHILDREN'S CH		0		014041		age 2
	rt III Organizations Maintaining Co					,	nued)	
3	Using the organization's acquisition, accessio	n, and other records, chec	k any of the followin	ig that make si	gnificant use of	its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exchange	. •				
b	Scholarly research	e	Other					
C	Preservation for future generations	la alta da cara la constata de const	la a co Contila a contila a consecu			- 4 2/11		
4	Provide a description of the organization's col					art XIII.		
5	During the year, did the organization solicit or							٦
Dar	to be sold to raise funds rather than to be mai					Yes V		_ No
rai	reported an amount on Form 990, Part		e organization answ	erea "Yes" on	Form 990, Part	IV, line 9, oi		
4.								
ıa	Is the organization an agent, trustee, custodia	•				Yes		¬ Na
L	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a					res		_ No
b	ii res, explain the arrangement in Part Alli a	nd complete the following	table.			Amour	.+	
_	Poginning balance				10	Amour	ıı	
	Beginning balance							
	Additions during the year							
f	Distributions during the year				1f			
	Ending balance					Yes		No
	If "Yes," explain the arrangement in Part XIII.					163		
Par					0.			
					(d) Three years ba	ack (e) Fou	r vears	hack
1a	Beginning of year balance	577,282.	564,856.	489,107.	248,09		. , , , , , ,	Buon
	Contributions	235,000.	20,000.	50,000.	237,82	5.	248,	091.
	Net investment earnings, gains, and losses	171,333.	-7,574.	25,749.	3,19	1.		
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	983,615.	577,282.	564,856.	489,10	7.	248,	,091.
2	Provide the estimated percentage of the curre	nt year end balance (line 1	g, column (a)) held a	as:				
а	Board designated or quasi-endowment	5.3000 %						
b	Permanent endowment ► 75.1000	%						
С	Term endowment ▶	ó						
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.						
3a	Are there endowment funds not in the posses	sion of the organization th	at are held and adm	inistered for the	e organization			
	by:						Yes	No
	(i) Unrelated organizations					3a(i)		X
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the related organizat	ons listed as required on S	Schedule R?			3b		
4	Describe in Part XIII the intended uses of the		funds.					
Par	rt VI Land, Buildings, and Equipme							
	Complete if the organization answered		V, line 11a. See Forr					
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	' '	ccumulated preciation	(d) Boo	k valu	е

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		163,671.	64,230.	99,441.
d Equipment		115,027.	87,229.	27,798.
e Other		110,161.	79,433.	30,728.
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990. Part X. colun	nn (B). line 10c.)	>	157,967.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Part VIII Investments - Program Related.			
	F 000 D+ IV/ I'	44 - O Farm 200 Bart V Fra 40	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of vear market value
	(b) Book value	(c) Wethod of Valdation. Gost of cha	or year market value
(1)			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X Other Liabilities.	5 000 B . W. W		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(h) Dook volue
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)	- 05)		
 Total. (Column (b) must equal Form 990, Part X, col. (B) line Liability for uncertain tax positions. In Part XIII, provide 	•		at reports the
- Lability for uncortain tax positions. In Fart Alli, provide	נווט נטאנ טו נווס וטטנווטנל נט	r ano organización o intantolal statemento th	at roports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2020

Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a			
1	Total revenue, gains, and other support per audited financial statements			1	4,679,106.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				ı
а	Net unrealized gains (losses) on investments	2a	401,094. 58,200.		l
b	Donated services and use of facilities	2b	58,200.		l
С	Recoveries of prior year grants	2c			ı
d	Other (Describe in Part XIII.)	2d	-59,381.		ı
е	Add lines 2a through 2d			2e	399,913.
3	Subtract line 2e from line 1			3	4,279,193.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				ı
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	16,914.		l
b	Other (Describe in Part XIII.)	4b			l
С	Add lines 4a and 4b			4c	16,914. 4,296,107.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)rt XII Reconciliation of Expenses per Audited Financial Statem			5	4,296,107.
Pa			Expenses per F	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	3,476,910.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				l
а	Donated services and use of facilities	2a	58,200.		l
b	Prior year adjustments	2b			l
С	Other losses	. 2c			l
d	Other (Describe in Part XIII.)	2d	-59,381.		l
е	Add lines 2a through 2d			2e	-1,181. 3,478,091.
3	Subtract line 2e from line 1			3	3,478,091.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				l
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	16,914.		l
b	Other (Describe in Part XIII.)	4b			l
С	Add lines 4a and 4b			4c	16,914. 3,495,005.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	3,495,005.
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, lines 1b a	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 add	ditional inform	nation.		
PA.	RT X, LINE 2:				
				_	
TH:	E CHOIR IS A TAX-EXEMPT ORGANIZATION AS DE	SCRIBED	IN SECTIO	N 5	01(C)(3)
<u>OF</u>	THE INTERNAL REVENUE CODE (THE CODE) AND	IS EXEM	IPT FROM FE	DER	AL INCOME
				_	
TA:	XES ON RELATED INCOME PURSUANT TO SECTION	501(A)	OF THE COD	Ε.	IN
AD!	DITION, THE INTERNAL REVENUE SERVICE (IRS)	HAS DE	TERMINED T	HAT	THE CHOIR
TC	NOM A DETUAME EQUINDAMENT METALLE METALL	NO OF C	POMTON EAA	/ 7 . \	OE WAS
TD	NOT A PRIVATE FOUNDATION WITHIN THE MEANI	NG OF S	ECLION 203	(A)	OF THE

THE CHOIR HAS DETERMINED THAT IT WAS NOT REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2021 AND 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2020

CODE.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization					Employer identification number		
CHICAGO CHILDREN'S CHOIR					51-0140	419	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is	exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2020

		of fundraising event contributions and gr	•	·		· ·			
			(a) Event #1 REVERBERATIO N	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through			
ō			(event type)	(event type)	(total number)	col. (c))			
Revenue	1	Gross receipts	992,756.			992,756.			
	2	Less: Contributions	948,146.			948,146.			
	3	Gross income (line 1 minus line 2)	44,610.			44,610.			
	4	Cash prizes							
õ	5	Noncash prizes							
sued	6	Rent/facility costs							
Direct Expenses	7	Food and beverages							
	8	Entertainment							
	9	Other direct expenses				62,856.			
	10	,			_	62,856.			
Pa		Net income summary. Subtract line 10 from I Gaming. Complete if the organization		990 Part IV line 19 or i		-10,240.			
		\$15,000 on Form 990-EZ, line 6a.	answered res on rollin	990, 1 art IV, line 19, 01	eported more triair				
		·	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add			
Revenue			(a) Birigo	bingo/progressive bingo	(c) Other garming	col. (a) through col. (c))			
žeč									
_	1	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses							
			Yes %	Yes %	Yes %				
	6	Volunteer labor	No	No	No				
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>				
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		.				
	0	Net garning income summary. Subtract line 7	nomine i, column (a)						
9	En	ter the state(s) in which the organization condu	ucts gaming activities:						
а	a Is the organization licensed to conduct gaming activities in each of these states?								
b	lf "	No," explain:							
	_								
		ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	/ear?	Yes No			
	_								
	_								

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 CHICAGO CHILDREN'S CHOIR 5.	1-0140419	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:		
		1400	0/
	The organization's facility		<u>%</u>
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\sum_{\text{quantity}}\$		
,	: If "Yes," enter name and address of the third party:		
•	7 1 100, Onto hand address of the time party.		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name		
	Coming manager companyation		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	L No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	e	
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,,
	100, 100, 10, and 170, as applicable. Also provide any additional information. See motivations.		
_			

Schedule (G (Form 990 or 990-EZ)	CHICAGO CHILDREN	'S CHOIR	51-0140419 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	rmation (continued)		
		(continued)		

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

CHICAGO CHILDREN'S CHOIR

Employer identification number 51-0140419

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

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

Schedule J (Form 990) 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 instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990	
(1) JOSEPHINE LEE	(i)	235,500.	0.	0.	4,710.	3,806.	244,016.	0.	
PRESIDENT/ARTISTIC DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE PRESIDENT/ARTISTIC DIRECTOR'S SALARY IS DETERMINED DURING A MEETING OF
THE COMPENSATION COMMITTEE, WHICH IS MADE UP OF THREE MEMBERS OF THE BOARD
OF DIRECTORS. SALARY INCREASES ARE BASED ON COST OF LIVING ADJUSTMENTS
COUPLED WITH PERFORMANCE EVALUATIONS. THEN, THOSE SALARIES ARE BENCHMARKED
AGAINST AVERAGE SALARIES FOR OUR SIZE OF ORGANIZATION. THE FINAL DECISION
IS REPORTED TO THE CFO VIA EMAIL.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Inspection Employer identification number

	CHICAGO CHIL	DREN'S	CHOIR		51	-0140	419	
Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method on noncash con	(d) of determin tribution ar		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	8	319,081.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶ (EVENT GOODS)	X	1	14,771.	FMV			
26	Other • ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82							
		, ,	Š				Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	•		· · · · · · · · · · · · · · · · · · ·				
	exempt purposes for the entire holding period					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribut	ions?	31	Х	
32a		-	•	•				
			9			32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	column (c) fo	r a type of property	for which column (a) is chec	cked,			
-	describe in Part II	(-)	71 EE-914,		,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

CHICAGO CHILDREN'S CHOIR	51-0140419					
FORM 990, PART VI, SECTION B, LINE 11B:						
FORM 990 IS E-MAILED TO THE FINANCE COMMITTEE FOR THEIR REVIEW. IF THERE						
ARE QUESTIONS THE PREPARER WILL BE CONSULTED BEFORE THE 99	0 IS FILED.					
FORM 990, PART VI, SECTION B, LINE 12C:						
BOARD MEMBERS ARE REQUIRED TO DISCLOSE CONFLICTS OF INTERE	ST AT THE TIME					
SUCH POTENTIAL CONFLICT ARISES. ADDITIONALLY, ALL BOARD ME	MBERS ANNUALLY					
SUBMIT A DISCLOSURE LIST TO THE ORGANIZATION AND THE ORGAN	IZATION MONITORS					
CONFLICTS, IF ANY, ON A REGULAR BASIS.						
FORM 990, PART VI, SECTION B, LINE 15A:						
THE PRESIDENT/ARTISTIC DIRECTOR'S SALARY IS DETERMINED DUR	ING A MEETING OF					
THE COMPENSATION COMMITTEE, WHICH IS MADE UP OF THREE MEMB	ERS OF THE BOARD					
OF DIRECTORS. SALARY INCREASES ARE BASED ON COST OF LIVING	ADJUSTMENTS					
COUPLED WITH PERFORMANCE EVALUATIONS. THEN, THOSE SALARIES	ARE BENCHMARKED					
AGAINST AVERAGE SALARIES FOR OUR SIZE OF ORGANIZATION. THE	FINAL DECISION					
IS REPORTED TO THE CFO VIA EMAIL.						
FORM 990, PART VI, SECTION C, LINE 19:						
AVAILABLE UPON REQUEST						