A For the 2016 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 6

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

JUL 1, 2016

and ending JUN 30,

Open to Public

Department of the Treasury Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection

B (Check if applicable:	C Name of organization		D Employer identifie	cation number
	Address	BOSTON LYRIC OPERA COMPANY			
	Name change	Doing business as		04-2	469627
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	n/suite	E Telephone numbe	
	Final return/	11 AVENUE DE LAFAYETTE	i, outto	(617	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,438,508.
	Amended		1	H(a) Is this a group re	
	Applica- tion	F Name and address of principal officer: ESTHER NELSON		for subordinates	
	pending	11 AVENUE DE LAFAYETTE, BOSTON, MA 02111		H(b) Are all subordinates in	
Π1	Tax-exen	npt status: X 501(c)(3) 501(c)()	527	If "No," attach a	list. (see instructions)
J١	Nebsite:	▶ WWW.BLO.ORG		H(c) Group exemptio	n number 🕨
			_ Year c	of formation: 1970 N	N State of legal domicile: MA
Pa		Summary	4		
ø	1 B	riefly describe the organization's mission or most significant activities: $\overline{ t THE}$ $\overline{ t MIS}$	SIO	N OF BOSTON	LYRIC
Governance	_	PERA IS TO BUILD CURIOSITY, ENTHUSIASM, AN			
ern	1	heck this box 🕨 🔲 if the organization discontinued its operations or disposed of		1 1	
30		umber of voting members of the governing body (Part VI, line 1a)			30 29
۵ĕ		umber of independent voting members of the governing body (Part VI, line 1b)			361
ties		otal number of individuals employed in calendar year 2016 (Part V, line 2a)			53
Activities &		otal number of volunteers (estimate if necessary)			0.
Ac		otal unrelated business revenue from Part VIII, column (C), line 12			0.
	D IN	et unrelated business taxable income from Form 990-T, line 34	<u></u>	Prior Year	Current Year
	8 C	ontributions and grants (Part VIII, line 1h)		4,535,205.	5,285,936.
Jue		rogram service revenue (Part VIII, line 2g)		1,338,609.	1,700,005.
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		608,560.	566,812.
æ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-171,495.	-77,632.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,310,879.	7,475,121.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ģ	1	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,473,757.	4,015,271.
Expenses	16a Pi	rofessional fundraising fees (Part IX. column (A), line 11e)		0.	0.
xpe	b To	otal fundraising expenses (Part IX, column (D), line 25) 885,439.			
Ш	17 O	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,563,631.	
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,037,388.	8,606,742.
	19 Re	evenue less expenses. Subtract line 18 from line 12		-1,726,509.	-1,131,621.
s or				ginning of Current Year	End of Year
Net Assets Fund Balanc	20 To	otal assets (Part X, line 16)		19,453,243.	18,773,947.
et A	21 To	otal liabilities (Part X, line 26)		1,852,493.	1,521,919.
		et assets or fund balances. Subtract line 21 from line 20		17,600,750.	17,252,028.
		Signature Block es of perjury, I declare that I have examined this return, including accompanying schedules and :	ototomo	anta and to the heat of m	v knowledge and balisf it is
		and complete. Declaration of preparer (other than officer) is based on all information of which pr			y Kilowieuge allu bellet, it is
ii uo,	, 0011001,	and complete. Declaration of proparer (other than officer) is based on an information of which pr	υραιτι	lias arry knowledge.	
Sig	,	Signature of officer		Date	
Her		ESTHER NELSON, GENERAL AND ARTISTIC DIRE	СТО	R	
	` 	Type or print name and title			
	F	Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Paid		HOMAS F. MULDOON, CPA THOMAS F. MULDOON,	C 1	0/26/17 if self-employe	P01561688
Pre	parer F	irm's name ► ALEXANDER, ARONSON, FINNING & CO.,	Ρ.		04-2571780
Use	Only F	irm's address 50 WASHINGTON STREET			
		WESTBOROUGH, MA 01581		Phone no. 50	8-366-9100
May	the IRS	G discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF BOSTON LYRIC OPERA IS TO BUILD CURIOSITY, ENTHUSIASM,
	AND SUPPORT FOR OPERA BY CREATING MUSICALLY AND THEATRICALLY
	COMPELLING PRODUCTIONS, EVENTS, AND EDUCATIONAL RESOURCES FOR OUR
	COMMUNITY AND BEYOND. BLO'S PROGRAMS ARE FUNDED, IN PART BY GRANTS
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	·
-	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$6 , 650 , 723 •including grants of \$
-1 a	CORE OPERA PRODUCTIONS
	BOSTON LYRIC OPERA COMPANY (BLO)IS A MASSACHUSETTS NONPROFIT
	INSTITUTION INCORPORATED IN 1976. NOW IN ITS 41ST SEASON, BLO IS NEW
	ENGLAND'S LARGEST AND LONGEST ESTABLISHED OPERA COMPANY. CELEBRATED FOR
	ITS ARTISTIC EXCELLENCE AND DIVERSE REPERTOIRE, BLO'S MISSION IS TO
	BUILD CURIOSITY, ENTHUSIASM AND SUPPORT FOR OPERA BY CREATING MUSICALLY
	AND THEATRICALLY COMPELLING PRODUCTIONS, EVENTS, AND EDUCATIONAL
	RESOURCES FOR THE BOSTON COMMUNITY AND BEYOND.
	MEDOCKCED TOK THE BODTON COMMONITY MAD BETOND.
	BLO'S LONG-TERM SUCCESS IS ROOTED IN ITS COMMITMENT TO OFFERING THE
	HIGHEST CALIBER PRODUCTIONS OF BOTH CLASSIC AND CONTEMPORARY OPERAS;
	PROVIDING AN INTERNATIONALLY RENOWNED PLATFORM ON WHICH EMERGING
41-	070 716
4b	(Code:) (Expenses \$ 270,716 including grants of \$) (Revenue \$ BOSTON LYRIC OPERA'S EDUCATION AND COMMUNITY PROGRAMS ARE CENTRAL TO
	BLO'S MISSION OF ENGAGING NEW AND DIVERSE AUDIENCES IN THE LIVING ART
	OF OPERA. BLO'S PROGRAMS PROVIDE VALUABLE LEARNING AND CURRICULUM
	RESOURCES FOR TEACHERS AT ALL LEVELS; ENGAGE FAMILIES, YOUNG ADULTS AND
	UNDERREPRESENTED GROUPS; AND CREATE LINKAGES WITH OTHER VITAL ART
	FORMS, INCLUDING THEATER, CLASSICAL MUSIC, DANCE, THE VISUAL ARTS AND
	BEYOND. THROUGH EDUCATIONAL PROGRAMS AND PARTNERSHIP PROGRAMS BLO
	COLLABORATES ACROSS A BROAD SPECTRUM TO TAKE OPERA DEEPER INTO THE
	FABRIC OF THE LOCAL COMMUNITY AND BEYOND.
	PADRIC OF THE BOCKE COMMONITI AND BETOND:
4-	
4c	(Code:) (Expenses \$
1-1	Other program continue (Passriba in Schodula O.)
4d	Other program services (Describe in Schedule O.)
10	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 6,921,439.
4e	Total program service expenses 6,921,439.

Form 990 (2016) BOSTON LYRIC OPERA COMPANY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	-25
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	-21	
'	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			Х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
.5	complete Schedule G, Part III	19		Х
	p	. •		

Form 990 (2016) BOSTON LYRIC OPERA Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cohodula I Doubl	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20				
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		х
07	complete Schedule L, Part II	26		-25
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		- 22
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			7,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	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			3,7
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016) BOSTON LYRIC OPERA COMPANY Part V Statements Regarding Other IRS Filings and Tax Compliance

Series of the number reported in Box 3 of Form 1098. Enter 0- if not applicable 1		Check if Schedule O contains a response of note to any line in this part v					
b Enter the number of Forms W26 included in line 1a. Enter 0-fi rol applicable				1 1 1 1		Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (graphing) winnings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 3b If at least one is reported on line 28, did the organization file all required federal employment tax returns? 2b If Verse, has it filed a Form 990-T for this year? If Viv., 1 for line 3b, provide an explanation in a Verse, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time and uning the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If Verse, and the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Verse, to line 5a or 5b, did the organization file Form 8898-T7 5d Did any taxebup party nority the organization file Form 8898-T7 5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5d If Verse, if did no organization include with every solicitation an express statement that such combibutions or gifts were not tax deductible? 6b If Verse, if did the organization include with every solicitation an express statement that such combibutions or gifts were not tax deductible? 7d Organizations that many receive deductible contributions under section 170(c). 8d If Verse, if did the organization include with every solicitati			—				
Gamblingly winnings to prize winners? a Flote the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return by I at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-file (see instructions) by II "Yes," has us molf lines 1s and 2a is greater than 250, you may be required to e-file (see instructions) by II "Yes," as it filed a Form 980 Thor file way and "Yo," to file 8b, your order an explanation in Schedule 0 a 1 any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account, socialise account, or other financial accounts (FBAF). by II "Yes," enter the name of the foreign country. ▶ see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). by Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles form 8886.75 by II "Yes," did the organization include with every solidation an express statement that such contributions or gifts were not tax deductible? by II "Yes," did the organization include with every solidation an express statement that such contributions or gifts were not tax deductibles cachinable contributions? c If I "Yes," did the organization include with every solidation an express statement that such contributions or gifts were not tax deductibles cachinable contributions and any contributions that may receive deductible contributions under section 170(c). by II "Yes," did the organization received a contribution of a contribution of any section section of the section of the value of the goods or services provided? by II "Yes," indicate the number of Forms 8882 file				_			
Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 2 361 361 361 361 361 361 361 361	С					v	
tilled for the calendary year ending with or within the year covered by this returm. 2a 361	0-		 I	 I	1c	^	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a	2a			361			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a					O.L	y	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b if "Yes," has it filled a Form 9907 for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account is a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b if "Yes," intere the name of the foreign country Securities account, or other financial accounts (FBAR). 5c in "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? Sb X 5c in "Yes," in line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? Sb X 5c in "Yes," in line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? Sc X 5c in "Yes," in line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? Sc X 5c in "Yes," indicated the ary analyzation include with every solicitation an express statement that such contributions or gifts were not tax deductible? To granization network apyment in excess of \$75 made party as a definition on a personal property for which it was required to line Form 8382? Organization notify the donor of the value of the goods or services provided? To X 5d if "Yes," indicate the number of Forms 8282 filed during the year If d If Yes, "indicate the number of Forms 8282 filed during the year If d If Yes, "indicate the number of Forms 8282 filed during the year If d If Yes, "indicate the number of Forms 8282 filed during the year If d If Yes, "indicate the number of Forms 8282 filed during the year	D				20		
the fif "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account; or the property or the property or the property; or the property; or the financial account; or the property; or the property or property; or which it was required to the payor? 5b	20				20		x
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account;? See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization have tax shelter transaction at any time during the tax year? 5a							
triancial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b USI any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X X c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Dorganizations that may receive deductible contributions under section 170(c). a bill the organization tracevise a payment in excess of \$75 made partly as a definitudion and partly for goods and services provided to the payor? 7b X V b If "Yes," indicate the number of Forms 8282 filed during the year b) If "Yes," indicate the number of Forms 8282 filed during the year c) Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X If I'd the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization make any taxable distributions under section 4966? 9a Sponsoring organization make any taxable distributions under section 4966? 9a Sponsoring organization make any taxable distributions under section 4966? 9a Sponsoring organization make any taxable distributions under section 4966? 9a Cordination from the sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 501(c)(12) organizations. Enter: a first the amount of fax-e					30		
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amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X							
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		11b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X	12a	/		?	12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X			ı				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X							
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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X		• • • • • • • • • • • • • • • • • • • •			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X		•					
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b						
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X			13b				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	С		13c				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	١Ť		
	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
		8a	Х	
	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
<u>Sac</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		- 21
000	tion B. Folloics (This Section B requests information about policies not required by the internal nevertice Gode.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	162	X
		IUa		- 21
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
		Ha		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
		120	21	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	Х	
40	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
13		14	X	
14	Did the organization have a written document retention and destruction policy?	14	21	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	Х	
	The organization's CEO, Executive Director, or top management official	15a	Λ	Х
a	Other officers or key employees of the organization	15b		77
40-	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	40-		Х
	taxable entity during the year?	16a		Λ
D	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	401-		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MA	e:I-/	lo.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and section landing to be a public inspection. Indicate how you made those qualitable. Check all that apply	avallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain in Schedule O)		_:_:	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinan	cial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	KAREN T. FROST - (617) 542-4912 11 AVENUE DE LAFAVETTE BOSTON MA 02111-1736			

Form 990 (2016)

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

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

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

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

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

And related organizations	Check this box if neither the organization (A)	(B)	Ĭ	(C)					(D)	(E)	(F)
Nours per Nours for Newek (list any Nours for Newek Nours for Newek Newek Nours for Newek Newe	Name and Title	Average	(do					one	·	•	Estimated
Compensation		1	box	, unle	ss pe	rson	is bot	h an	4	· ·	
STHER NELSON			to					Ė			
Commercial color		1 '	r direc				pa			_	
STHER NELSON			stee o	rustee			ensat		(W-2/1099-MISC)		organization
Commercial color		-	al tru	onal t		ployee	comb				
Commercial color			divid	stituti	fficer	ey em	ighest	ormer			organizations
C1	(1) ESTHER NELSON	,	=	=	0	×	± 0	Œ			
C1	GENERAL & ARTISTIC DIRECTO		Х		X				202,856.	0.	6,873.
CLERK	(2) MICHAEL J. PUZO	5.00									
CLERK	CHAIR		Х		Х				0.	0.	0.
(4) WAYNE DAVIS	(3) SUSAN W. JACOBS	1.00									
TREASURER & VICE CHAIR X			X		X				0.	0.	0.
1.00		1.00	ļ		l	Т			•	_	•
DIRECTOR		1 00	X		X				0.	0.	0.
Columbia Cabot Black		1.00	77						0	0	0
DIRECTOR X		1 00	X				_		0.	0.	0.
The content of the		1.00	- V						0	0	0.
DIRECTOR X		1.00	<u> </u>						0.	0.	0.
1.00 National Cooney 1.00 National Coo		1.00	x						0.	0.	0.
DIRECTOR X		1.00	┢								
1.00	DIRECTOR		x						0.	0.	0.
1.00 ANDREW EISENBERG 1.00 X 0.	(9) ALAN DYNNER	1.00									
DIRECTOR X	DIRECTOR		Х						0.	0.	0.
DIRECTOR	(10) ANDREW EISENBERG	1.00									
DIRECTOR X	DIRECTOR		Х						0.	0.	0.
Column	(11) THOMAS D. GILL, JR.	1.00	ļ								
DIRECTOR-LEFT DURING 2017 (13) MIMI HEWLETT DIRECTOR X 0. 0. 0. 0. 0. 0. 0. 0. 0.		1 00	X						0.	0.	0.
DIRECTOR	, ,	1.00	١,,						0		0
DIRECTOR		1 00	X						0.	0.	0.
Column		1.00	₩						0	0	0.
DIRECTOR X		1 00	^				-		0.	0.	0.
(15) AMELIA WELT KATZEN 1.00 DIRECTOR X (16) MARIA J. KROKIDAS 1.00 DIRECTOR X (17) JEFFREY MARSHALL 1.00		1.00	\v_						0	0	0.
DIRECTOR X 0. 0. (0. (16) MARIA J. KROKIDAS 1.00		1.00	122						0.	0.	•
(16) MARIA J. KROKIDAS 1.00 DIRECTOR X (17) JEFFREY MARSHALL 1.00		1.00	x						0.	0.	0.
(17) JEFFREY MARSHALL 1.00		1.00								<u> </u>	
(17) JEFFREY MARSHALL 1.00			x						0.	0.	0.
DIRECTOR X 0.	(17) JEFFREY MARSHALL	1.00									
	DIRECTOR		X						0.	0.	0.

632007 11-11-16 Form **990** (2016)

Form 990 (2016) BOSTON LY	RIC OPI	ER/	A (COM	IP?	AN?	Z		04-24	69	627	F	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average	١		Posi	tion			Reportable	Reportable		E	stimat	ed
	hours per			heck r ss per				·	compensation	,		nount	
	week			nd a di				from	from related			other	
	(list any	tor						the	organizations		con	npens	
	hours for	dire				pa		organization	(W-2/1099-MIS			rom th	
	related	tee or	ıstee			ensat		(W-2/1099-MISC)		-	org	ganiza	tion
	organizations	trus	nal trı) yee	duo					ar	id rela	ted
	below	Individual trustee or director	Institutional trustee	-e-	Key employee	Highest compensated employee	ner				org	anizat	ions
	line)	Indi	Insti	Officer	Key	High emp	Former						
(18) ABIGAIL B. MASON	1.00												
DIRECTOR		Х						0.		0.			0.
(19) A. NEIL PAPPALARDO	1.00												
DIRECTOR		Х						0.		0.			0.
(20) E. LEE PERRY	1.00												
DIRECTOR		х						0.		0.			0.
(21) DR. IRVING H. PLOTKIN	1.00			\vdash									
DIRECTOR	1,00	x						0.		0.			0.
(22) WILLIAM POUNDS	1.00			\vdash			-	.		•			<u> </u>
	1.00	Х						0.		0.			0.
DIRECTOR	1.00	^		\vdash			L	0.		0.			<u> </u>
(23) DAVID W. SCUDDER	1.00	,,								_			^
DIRECTOR	1 00	Х						0.		0.			0.
(24) SUSAN R. SHAPIRO	1.00												_
DIRECTOR		Х		Ш	4			0.		0.			0.
(25) DAVID SHUKIS	1.00												
DIRECTOR-LEFT DURING 2017		Х	4					0.		0.			0.
(26) RAY STATA	1.00												
DIRECTOR		Х					ľ	0.		0.			0.
1b Sub-total						$ \overline{}$		202,856.		0.		6,8	73.
c Total from continuation sheets to Part VI								226,453.		0.	1	1,9	66.
d Total (add lines 1b and 1c)				,				429,309.		0.	1	8.8	66. 39.
Total number of individuals (including but n						2) wł	no r	<u> </u>	000 of reportable	<u> </u>			
compensation from the organization	ot invited to th	1000	liot	Ju uk		o, •••	10 1		,,ooo or reportable	•			3
Compensation from the organization												Yes	No
2. Did the expenientian list any former officer	director or tw	ıoto	م ارد		مامد		۰.	highest companested o	malayaa aa			100	110
3 Did the organization list any former officer,											_		х
line 1a? If "Yes," complete Schedule J for s											3		
4 For any individual listed on line 1a, is the su									-		_	- V	
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a													١,,
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch p	oers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	depe	ende	ent co	ontr	racto	ors 1	that received more than	\$100,000 of comp	oens	ation	from	
the organization. Report compensation for	the calendar y	ear (endi	ng w	/ith	or w	ithi	n the organization's tax	year.				
(A)								(B)				C)	
Name and business	address	NO	INC	Ξ				Description of s	ervices	С	ompe	ensatio	on
							\neg						
							\dashv						
							\perp						
2 Total number of independent contractors (in		ot lii	mite	d to		_	stec	d above) who received n	nore than				
\$100,000 of compensation from the organiz			 -)	~						
SEE PART VII. SECTION	I A COM	וין 🕅	NÜΙ	ር ባነ <i>ዶ</i>	()1	И.	SH	EETS			Earm	aan	(2016)

Form 990 BOSTON L									04-240	<i></i>
Part VII Section A. Officers, Directors, Tre	ustees, Key Eı	mple	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos		ı		Reportable	Reportable	Estimated
	hours	(c		all t			ly)	compensation	compensation	amount of
	per	<u> </u>				г	,	from	from related	other
	week					ee (e		the	organizations	compensation
	(list any	į) ed (organization	(W-2/1099-MISC)	from the
	hours for	direc				e pe		(W-2/1099-MISC)	,	organization
	related	10 ee	stee			en sat				and related
	organizations	Individual trustee or director	Institutional trustee) yee	Highest compensated employee				organizations
	below	idua	titio	ь	Key employee	est c	er			
	line)	Indi	Insti	Officer	Keye	High	Former			
(27) WYNNE SZETO	1.00									
DIRECTOR		х						0.	0.	0.
(28) CHRISTOPHER TADGELL	1.00									
DIRECTOR	1.00	X						0.	0.	0.
	1.00	Δ						0.	0.	0.
(29) LADY JULIET TADGELL	1.00	٠,,							0	•
DIRECTOR	1	Х						0.	0.	0.
(30) SUSAN D. EASTMAN	1.00								_	_
DIRECTOR-LEFT DURING 2017		Х						0.	0.	0.
(31) STEPHEN T. KUNIAN	1.00									
DIRECTOR-LEFT DURING 2017		Х						0.	0.	0.
(32) RUSTY ROLLAND	1.00									
DIRECTOR-LEFT DURING 2017		х						0.	0.	0.
(33) FRANK WISNESKI	1.00									
DIRECTOR-LEFT DURING 2017	1.00	X						0.	0.	0.
	40.00	^				_		0.	0.	0.
(34) KAREN FROST	40.00	-		7.7		Ι,	4	110 600	0	C 0.41
DIRECTOR OF FINANCE AND AD	40.00			X		4		110,698.	0.	6,941.
(35) EILEEN WILLISTON	40.00					K			_	
DIRECTOR OF DEVELOPMENT						X		115,755.	0.	5,025.
		1								
						_				
		-								
		1								
		1								
		1								
		-					ĺ			
		_					<u> </u>			
		1								
Total to Part VII, Section A, line 1c					<u></u>	<u></u>		226,453.		11,966.
Total to Part VII, Section A, line 1c								226,453.		11,966

Form 990 (2016) BOSTON D
Part VIII Statement of Revenue

		Check if Schedule O contain	s a response	or note to any lir	ne in this Part VIII			
			·	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts ts	1 a	Federated campaigns	1a					
irar oun		Membership dues						
S, G	С	Fundraising events		313,735.				
ar J		Related organizations						
ini'		Government grants (contribution		48,300.				
rion		All other contributions, gifts, grants,						
the later		similar amounts not included above		4,923,901.				
	g	Noncash contributions included in lines 1a-	1f: \$	567,009.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			5,285,936.			
				Business Code				
စ္ပ	2 a	TICKET SALES		900099	1,700,005.	1,700,005.		
ه کِ	b							
Program Service Revenue	С							
eve	d							
PO E	е							
죠	f	All other program service revenu	e					
	g	Total. Add lines 2a-2f			1,700,005.			
	3	Investment income (including div	/idends, inter	est, and				
		other similar amounts)		>	395,682.			395,682.
	4	Income from investment of tax-e	xempt bond	proceeds				
	5	Royalties)				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,903,693					
	b	Less: cost or other basis						
		and sales expenses	1,730,000	2,563.				
	С	Gain or (loss)	173,693	-2,563.				
		Net gain or (loss)			171,130.			171,130.
une	8 a	Gross income from fundraising e including \$ 313,7						
Other Rever		contributions reported on line 1c						
<u>ہ</u> ھ		Part IV, line 18		72,960.				
the	b	Less: direct expenses		230,824.				
0		Net income or (loss) from fundra		>	-157,864.			-157,864.
		Gross income from gaming activ						
		Part IV, line 19	а	1				
	b	Less: direct expenses						
	С	Net income or (loss) from gaming	activities .					
	10 a	Gross sales of inventory, less ret	:urns					
		and allowances	a	1				
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales of	of inventory .	>				
		Miscellaneous Revenue		Business Code				
	11 a	OTHER INCOME	_	900099	80,232.	80,232.		
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d			80,232.			
	12	Total revenue. See instructions			7,475,121.	1,780,237.	0	. 408,948.

Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	338,200.	108,437.	229,763.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 4 2 2 2 5 4	0 071 001	010 010	540 500
7	Other salaries and wages	3,132,264.	2,371,234.	218,240.	542,790.
8	Pension plan accruals and contributions (include	12 006	0.055	0.7.4	4 526
	section 401(k) and 403(b) employer contributions)	13,976. 276,392.	8,266.	974.	4,736. 25,664.
9	Other employee benefits	2/6,392.	220,048.	30,680.	25,664.
10	Payroll taxes	254,439.	178,966.	35,772.	39,701.
11	Fees for services (non-employees):				
a	Management	4,250.	4,250.	*	
b	Legal	26,581.	4,250.	26,581.	
С.	Accounting	20,301.		20,301.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	74,682.		74,682.	
Τ	Investment management fees	74,002.		74,002.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	1,017,501.	978,308.	13,297.	25 896
40	Advertising and promotion	234,650.	225,350.	15,2576	25,896. 9,300.
12 13		19,339.	11,428.	3,945.	3,966.
14	Office expenses	175,313.	138,975.	16,878.	19,460.
15	Royalties	270,020			
16	Occupancy	143,359.	80,175.	31,582.	31,602.
17	Travel	55,823.	45,508.	2,810.	7,505.
18	Payments of travel or entertainment expenses		,		·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	106,346.	16,284.	12,613.	77,449.
20	Interest	39,784.	22,102.	8,841.	8,841.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	41,748.	16,260.	18,825.	6,663.
23	Insurance	43,370.	32,252.	5,559.	5,559.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PRODUCTION	2,077,402.	2,073,807.	1,050.	2,545.
b	PRINTING AND PUBLICATIO	160,483.	137,614.	29.	22,840.
c	OUTSIDE SERVICES	96,796.	93,342.	1,727.	1,727.
d	BANK CHARGES	68,703.	40,642.	26,589.	1,472.
е	All other expenses	205,341.	118,191.	39,427.	47,723.
25	Total functional expenses. Add lines 1 through 24e	8,606,742.	6,921,439.	799,864.	885,439.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					C 000 (004 0)

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X. (A) (B) Beginning of year End of year 681,786. 487,529. Cash - non-interest-bearing 1 517,474. 73,730. Savings and temporary cash investments 5,142,108. 29,307. 3,909,738. 3 Pledges and grants receivable, net 30,000. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 Notes and loans receivable, net 7 Inventories for sale or use 362,500. 216,008. Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 389,248. basis. Complete Part VI of Schedule D ______ 10a 287,600. 73,585. 101,648. b Less: accumulated depreciation 10b 10c 13,931,294. 12,622,483. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 24,000. 24,000. 15 Other assets. See Part IV, line 11 15 19,453,243. 18,773,947. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 267,592. 17 237,062. 17 Accounts payable and accrued expenses 18 Grants payable 18 813,125. 620,143. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 750,000. 650,000. Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 21,776. 14,714. Schedule D 1,852,493. 1,521,919. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 730,430. 796,171. 27 Unrestricted net assets 2,522,954. 2,969,573. 28 Temporarily restricted net assets 13,900,747. 13,932,903. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 17,600,750. 17,252,028. Total net assets or fund balances 33 33 19,453,243. 18,773,947. Total liabilities and net assets/fund balances _____

Form **990** (2016)

Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,47		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,60		
3	Revenue less expenses. Subtract line 2 from line 1		-1,13		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,60		
5	Net unrealized gains (losses) on investments	5	78	2,8	99.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	17,25	2,0	28.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	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 Sir	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BOSTON LYRIC OPERA COMPANY

Employer identification number

04-2469627 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12,549,145.	7,869,255.	10,015,064.	4,535,205.	5,285,936.	40,254,605.
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	12,549,145.	7,869,255.	10,015,064.	4,535,205.	5,285,936.	40,254,605.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				4		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						14,442,840.
6	Public support. Subtract line 5 from line 4.						25,811,765.
	ction B. Total Support						, , ,
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	12,549,145.	7,869,255.	10,015,064.	4,535,205.	5,285,936.	40,254,605.
	Gross income from interest,	, ,	,		, ,	, ,	, ,
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	100,009.	192.713.	267.053.	380,010.	395,682.	1,335,467.
9	Net income from unrelated business	, , , ,	- /	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	, , , ,	, , ,
·	activities, whether or not the						
	business is regularly carried on			/			
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	142.764.	254,326.	257,226.	112.723.	80.232.	847,271.
11	Total support. Add lines 7 through 10						42,437,343.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12 7	,653,863.
	First five years. If the Form 990 is for						·
	organization, check this box and stor				•		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				······
	Public support percentage for 2016 (column (f))		14	60.82 %
15	Public support percentage from 2015					15	62.04 %
16a	33 1/3% support test - 2016. If the					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"				-	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets tl	_					
	organization meets the "facts-and-circ		•				
18	Private foundation. If the organization						
	· · · · · · · · · · · · · · · · · · ·						

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.)

Se	ction A. Public Support	elow, please comp	piete Fait II.)				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(,	(-,	(-,	(-,	(-,	(-7
-	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						
3	are not an unrelated trade or bus-						
	in an annual annual and E40						
1	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
					4		
_					1		
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
	· · · · · · · · · · · · · · · · · · ·						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
ı	3 received from disqualified persons 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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	() 20/0	#120040	4) 2244	1 , , , , , , ,	1 , , , , , ,	(0 =
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
102	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income	1					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth	tax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here						<u></u> ▶□
	ction C. Computation of Publ		<u>-</u>				
15	Public support percentage for 2016 (line 8, column (f) d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2015					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2015 Schedule A,	Part III, line 17			18	%
19	33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	zation	▶□
k	33 1/3% support tests - 2015. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The orga	anization qualifies	as a publicly supp	oorted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check	this box and see in	structions	>

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (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 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
Г		163	NO
- 1	1		
	2		
	3a		
- 1	3b		
-	3c		
	4 -		
-	4a		
	4b		
	7.0		
- [4c		
L	5a		
F	5b		
-	5c		
	6		
-	0		
	7		
	8		
L	9a		
	9b		
-	9с		
	100		
-	10a		
	10b		
m 9º	0 or 99	0-EZ	2016

Pa	rt IV	Supporting Organizations (continued)			
		··· · · · · · · · · · · · · · · · · ·		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_		the governing body of a supported organization?	11a		
b		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			110
-		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
		stripe in eapperaing erganizations		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
-		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
		The interpretating organizations		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions).	
2	Activit	ties Test. Answer (a) and (b) below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported 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 ti	he organization was responsive to those supported organizations, and how the organization determined			
	that th	hese activities constituted substantially all of its activities.	2a		
b	Did th	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasor	ns for the organization's position that its supported organization(s) would have engaged in these			
	activit	ies but for the organization's involvement.	2b		
3	Paren	t of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? Provide details in Part VI.	3a		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	Tr v Type III Non-Function	ally integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	tion D - Distributions			<u> </u>	Current Year
1	Amounts paid to supported organiz	ations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity the	at directly furthers exemp	ot purposes of supported		
	organizations, in excess of income f	rom activity			
3	Administrative expenses paid to acc	complish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-us	e assets			
5	Qualified set-aside amounts (prior IF	RS approval required)			
6	Other distributions (describe in Part	VI). See instructions			
7	Total annual distributions. Add line	es 1 through 6			
8	Distributions to attentive supported	organizations to which the	ne organization is responsive	Э	
	(provide details in Part VI). See instr	ructions			
9	Distributable amount for 2016 from				
10	Line 8 amount divided by Line 9 am	ount			
	-		(i)	(ii)	(iii)
			Excess Distributions	Underdistributions	Distributable
Secti	tion E - Distribution Allocations (see	e instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from	Section C, line 6		4	
2	Underdistributions, if any, for years	· ·			
	able cause required- explain in Part	VI). See instructions			
3	Excess distributions carryover, if an				
а				7	
b					
С	From 2013				
d	From 2014				
е	From 2015				
f	Total of lines 3a through e				
	Applied to underdistributions of price	or vears			
	Applied to 2016 distributable amount				
i	Remainder. Subtract lines 3g, 3h, a	-			
4	Distributions for 2016 from Section				
	line 7:				
а	Applied to underdistributions of price	or years			
	Applied to 2016 distributable amou				
	Remainder. Subtract lines 4a and 4				
5	Remaining underdistributions for ye	ars prior to 2016, if			
	any. Subtract lines 3g and 4a from I	ine 2. For result greater			
	than zero, explain in Part VI. See ins	tructions			
6	Remaining underdistributions for 20				
	and 4b from line 1. For result greate	r than zero, explain in			
	Part VI. See instructions				
7	Excess distributions carryover to	2017. Add lines 3j			
	and 4c				
8	Breakdown of line 7:				
а					
b	Excess from 2013				
С	Excess from 2014				
	Excess from 2015				
	Excess from 2016				

Schedule A (Form 990 or 990-EZ) 2016

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BOSTON LYRIC OPERA COMPANY

Employer identification number 04-2469627

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cel	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	eleased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	nservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserv	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	·	
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	s the organization's accounting for
Dor	t III Organizations Maintaining Collections of	of Art Historical Tracquires or (Other Similar Assets
Par		•	Julei Sillilai Assets.
	Complete if the organization answered "Yes" on Forn		and the least and the least are all all all are all and the least are all all all are all all are all all all all are all all all all all all all all all al
та	If the organization elected, as permitted under SFAS 116 (All fair results as a second bald for results as		
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
D	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic 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 tre		ai gain, provide
_	the following amounts required to be reported under SFAS 1		•
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 💲

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her Simila	ar Asse	ts (continue	d)
a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, dif the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's exempt purpose in Part XIII. 5 During the year, diff the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 9. 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include an amount on Form 990, Part X, line 21. 2 Beginning balance 2 Biginning balance 3 During the year 4 Id 4 Additions during the year 5 Ending balance 1 If If Impair Impair Impair X III. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. (a) Current year (b) Prior year (c) Tivy suits back (d) Time years back (e) Four years back. 1 Additions of the provided on Part XIII. 1 Beginning of year balance 1 (4, 493, 829, 14, 338, 230, 9, 939, 362, 2, 7, 707, 679, 1, 2, 80, 737	3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	significant u	use of its	collection it	ems
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection? \ Ves \ No \ Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? \ No \ 1 If Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance		(check all that apply):							
c	а	Public exhibition	d	Loan or exc	hange programs				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise hunds rather than to be maintained as part of the organization's collection? Part VI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization and a section of the intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: Complete the organization and the year	b	Scholarly research	е	Other					
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an apert, trustee, outstodian or other intermediary for contributions or other assets not included on Form 990, Part X? It all sthe organization and sent in Part XIII and complete the following table: Ves	С	Preservation for future generations							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an apert, trustee, outstodian or other intermediary for contributions or other assets not included on Form 990, Part X? It all sthe organization and sent in Part XIII and complete the following table: Ves	4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's e	xempt purpo	se in Parl	XIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reproted an amount on Form 990, Part X line 21. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 21.	5								
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reproted an amount on Form 990, Part X line 21. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 21.		to be sold to raise funds rather than to be ma	aintained as part of t	he organization's c	ollection?] Yes	No
Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai							line 9, or	
on Form 990, Part X? b If *Yes,* explain the arrangement in Part XIII and complete the following table: Amount 1c		reported an amount on Form 990, Par	t X, line 21.						
b If "Yes," explain the arrangement in Part XIII and complete the following table: C	1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contribution	ns or other assets n	ot included			
b If "Yes," explain the arrangement in Part XIII and complete the following table: C		on Form 990, Part X?] Yes	No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. A Gournet year (b) Prior, year (c) Two years back (d) Three years back (e) Four years back (a) Four years back (a) Four years back (b) Four years back (b) Four years back (a) Four years back (b) Four years back (b) Four years back (b) Four years back (c) Four years back (c) Four years back (d)	b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing table:					
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization and programs 14,493,829, 14,383,203, 9,593,962, 7,707,679, 1,260,797, 1,26								Amount	
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization and programs 14,493,829, 14,383,203, 9,593,962, 7,707,679, 1,260,797, 1,26	С	Beginning balance				1c			
E Distributions during the year f Ending balance 1									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "ves," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_								
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years (e) Fo	2a					bility?		Yes	No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years (e) Fo	b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part >	(III		[
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Three years back (d) Three years back (e) Three years back (d) Three years back (e) For three years back (d) Threeyears back (d) Three years back (d) Three years back (d) Th	_								
1a Beginning of year balance 14,493,629. 14,383,203. 9,593,962. 7,707,679. 1,260,797. b Contributions 32,156. 28,525. 5,164,724. 1,846,091. 6,281,182. c Net investment earnings, gains, and losses of Grants or scholarships 1,271,608. 612,401. 154,517. 827,723. 319,700. e Other expenditures for facilities and programs -570,000. -530,000. -787,531. -154,000. f Administrative expenses 9 End of year balance 15,227,593. 14,493,829. 14,383,203. 9,593,962. 7,707,679. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 94.00 % b Permanent endowment ▶ 91.00 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(ii) X (ii) related organizations 3a(iii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part YI Land, Buildings, and Equipment. (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciat						_	ears back	(e) Four yea	ars back
b Contributions 32,156, 28,525, 5,164,724, 1,846,091, 6,281,182, c Net investment earnings, gains, and losses d Grants or scholarships 2 (Grants or	1a	Beginning of year balance	· · · · · · · · · · · · · · · · · · ·						
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs -570,000530,000530,000787,531154,000. f Administrative expenses g End of year balance 15,227,593. 14,493,829. 14,383,203. 9,593,962. 7,707,679. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 91.00 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations 5 If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 270,695. 233,941. 36,754.								-	
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 15,227,593. 14,493,829. 14,383,203. 9,593,962. 7,707,679. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 91.00 % c Temporarily restricted endowment ▶ 9.00 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment tonds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 270,695. 233,941. 36,754.			· · · · · · · · · · · · · · · · · · ·		· · ·				
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 15,227,593. 14,493,829. 14,383,203. 9,593,962. 7,707,679. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ b Permanent endowment ▶ 91.00 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 270,695. 233,941. 36,754.		T .	, ,		,		,		•
and programs		• • • • • • • • • • • • • • • • • • • •							
f Administrative expenses g End of year balance 15,227,593. 14,493,829. 14,383,203. 9,593,962. 7,707,679. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 91.00 % b Permanent endowment ▶ 91.00 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 118,553. 53,659. 64,894. e Other 270,695. 233,941. 36,754.	Ū		-570,000	-530,000.	-530,000	-78	87.531.	-15	4.000.
g End of year balance	f		7		, , , , , , , , , , , , , , , , , , , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 91.00 % b Permanent endowment ▶ 91.00 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations		Г	15 227 593.	14 493 829.	14 383 203	9 5	93 962.	7 70	7 679.
a Board designated or quasi-endowment ▶ 91.00 % c Temporarily restricted endowment ▶ 9.00 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 118,553 • 53,659 • 64,894 • 270,695 • 233,941 • 36,754 •	_	-				<u> </u>	, , , , , ,	, , ,	,
b Permanent endowment ▶ 91.00		· -	crit your crid balano		ajj ricia ao.				
c Temporarily restricted endowment ▶ 9 ⋅ 0 0 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 270,695. 233,941. 36,754.			%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment 118,553. 53,659. 64,894. e Other. 270,695. 233,941. 36,754.									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 118,553 • 53,659 • 64,894 • e Other 270,695 • 233,941 • 36,754 •	·	' '							
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment 270,695. 233,941. 36,754.	32			ation that are held a	nd administered fo	r the organiz	ation		
(i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 118,553 53,659 64,894 270,695 233,941 36,754	ou		331011 Of the organize	ation that are ned e	ina aamiinisterea 10	r tric organiz	ation	Ve	s No
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment 270,695. 233,941. 36,754.									
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4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings c Leasehold improvements d Equipment e Other 270,695. 233,941.	h								+
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 270,695. 233,941.								- OD	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other 118,553 53,659 64,894 270,695 233,941 36,754	Ė			willetti turius.					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value 118,553. 53,659. 64,894. e Other 270,695. 233,941.	ı uı) Part IV line 11a 9	Soo Form 000 Part	V line 10			
basis (investment) basis (other) depreciation b Buildings C Leasehold improvements 118,553. 53,659. 64,894. e Other 270,695. 233,941. 36,754.							_	(d) Deeless	-1
1a Land b Buildings c Leasehold improvements d Equipment 118,553. 53,659. 64,894. e Other 270,695. 233,941. 36,754.		Description of property			, ,		a	(a) Book va	alue
b Buildings c Leasehold improvements c Leasehold improvements 118,553. 53,659. 64,894. e Other 270,695. 233,941. 36,754.		Land	<u> </u>	Dasis	(Otrier)	achi cciation			
c Leasehold improvements 118,553. 53,659. 64,894. e Other 270,695. 233,941. 36,754.									
d Equipment 118,553. 53,659. 64,894. e Other 270,695. 233,941. 36,754.									
e Other 270,695. 233,941. 36,754.				11	8 22	E3 65	<u> </u>	<i>6</i> 1	<u> </u>
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					-	433,34	* + •		

Schedule D (Form 990) 2016

	C OPERA COMPA	NY	04-2469627 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)	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"		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) lin	ne 15.)		▶
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	e 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT	14,714.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	14,714.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Part XI	Recond	ciliation of Revenue per Audited Financial Statements With Revenue per Return.

	·		•		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total revenue, gains, and other support per audited financial statements			1	8,542,405.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	782,899.		
b	Donated services and use of facilities	2b	128,243.		
С	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)		230,824.		
е	Add lines 2a through 2d			2e	1,141,966.
3	Subtract line 2e from line 1			3	7,400,439.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	74,682.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	74,682.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,475,121.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
4	Total averages and leaves now available financial atalescents	4		4	8 891 127

1	Total expenses and losses per audited financial statements	,		1	8,891,127.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	128,243.		
b	Prior year adjustments	2b			
		2c			
d	Other (Describe in Part XIII.)	2d	230,824.		
е	Add lines 2a through 2d			2e	359,067.
3	Subtract line 2e from line 1			3	8,532,060.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	74,682.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	74,682.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	8,606,742.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

BLO ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC,
INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN
TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT
ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR
EXPECTED TO BE TAKEN IN A TAX RETURN. BLO HAS DETERMINED THAT THERE ARE
NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR
DISCLOSURE IN THE FINANCIAL STATEMENTS AT JUNE 30, 2017 AND 2016.
HOWEVER, BLO'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE
APPROPRIATE JURISDICTIONS.

Part XIII Supplemental Information (continued)

DIRECT SPECIAL EVENTS EXPENSE NETTED WITH REVENUES ON 990

230,824.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT SPECIAL EVENTS EXPENSE NETTED WITH REVENUES ON 990

230,824.

SCHEDULE D PART V #4

PART V, #4 - BLO HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR
ENDOWMENT ASSETS. ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR
RESTRICTED FUNDS THAT BLO MUST HOLD IN PERPETUITY. UNDER THIS POLICY, AS
APPROVED BY THE BOARD OF DIRECTORS, THE PRIMARY LONG-TERM FINANCIAL
OBJECTIVE IS TO PRESERVE THE REAL (I.E. INFLATION ADJUSTED) VALUE OF THE
ENDOWMENT INVESTMENT PORTFOLIO. THIS OBJECTIVE IS MEASURED ON AN
INTERMEDIATE AND LONG-TERM BASIS (THREE, FIVE AND TEN YEARS). THE
SECONDARY FINANCIAL OBJECTIVES ARE TO PROVIDE WITHIN THE PARAMETERS OF
MODERATE RISK; 1) ANNUAL INCOME, DEFINED AS TOTAL RETURN FROM INTEREST,
DIVIDENDS AND APPRECIATION IN EXCESS OF INFLATION AND; 2) LONG-TERM GROWTH
OF THE ASSETS.

TO SATISFY ITS OBJECTIVES, BLO RELIES ON A TOTAL RETURN STRATEGY IN WHICH
INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CAPITAL APPRECIATION

(REALIZED AND UNREALIZED GAINS) AND CURRENT YIELD (INTEREST AND
DIVIDENDS). BLO TARGETS A DIVERSIFIED ASSET ALLOCATION THAT INCLUDES
EQUITIES AND FIXED INCOME INVESTMENTS WITHIN PRUDENT RISK CONSTRAINTS.

BLO HAS ADOPTED AN INVESTMENT SPENDING POLICY RELATED TO ITS ENDOWMENT

ASSETS THAT INCORPORATES THE TRANSFER OF A PORTION OF THE VALUE OF

ENDOWMENT ASSETS TO THE OPERATING BUDGET SUBJECT TO VARIOUS FACTORS.

Part XIII | Supplemental Information (continued)

THE SPENDING POLICY IS CALCULATED AS FOLLOWS: EACH FISCAL YEAR BLO MAY,

UNDER THE ADVISEMENT OF THE FINANCE COMMITTEE, TRANSFER TO THE OPERATING

BUDGET AN AMOUNT EQUAL TO THE SUM OF THE FOLLOWING:

- 70 PERCENT OF THE PRIOR FISCAL YEAR'S DRAW
- 30 PERCENT OF 5 PERCENT OF THE PRIOR FISCAL YEAR'S AVERAGE QUARTERLY

 MARKET VALUE OF THE ENDOWMENT FUND, INCLUSIVE OF THE ENDOWMENT FUND'S PRO

 RATA SHARE OF INVESTMENT MANAGEMENT AND CUSTODIAL FEES, BUT EXCLUSIVE OF

 PRIOR YEARS' NEW GIFTS
- 5 PERCENT OF THE CASH CONTRIBUTIONS (1.25 PERCENT PER QUARTER) FOR FOUR CONSECUTIVE QUARTERS BEGINNING WITH THE QUARTER OF RECEIPT

IN ACCORDANCE WITH CURRENT STATE LAW - THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT, KNOWN AS "UPMIFA", (ADOPTED BY THE COMMONWEALTH OF MASSACHUSETTS ON JUNE 30, 2009) - BLO CONSIDERS THE FOLLOWING STANDARDS OF PRUDENCE AS IT ANNUALLY REVIEWS THE EFFECTS OF THE SPENDING POLICY DETAILED ABOVE:

- 1) THE POLICY AND PRESERVATION OF THE ENDOWMENT FUND
- 2) THE PURPOSES OF BLO AND THE ENDOWMENT FUND
- 3) GENERAL ECONOMIC CONDITIONS
- 4) THE POSSIBLE EFFECT OF INFLATION OR DEFLATION
- 5) THE EXPECTED TOTAL RETURN FROM INCOME AND APPRECIATION OF INVESTMENTS
- 6)OTHER RESOURCES OF BLO
- 7) THE INVESTMENT POLICY OF BLO

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BOSTON LYRIC OPERA COMPANY

Employer identification number 04-2469627

Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not	
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 c or cor contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
		K					
Fotal			•				
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration	
· · · · · · · · · · · · · · · · · · ·	·				·		

Schedule G (Form 990 or 990-EZ) 2016 BOSTON LYRIC OPERA COMPANY 04-2469627 Page Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 per IV.

		of fundraising event contributions and gro	oss income on Form 990	J-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			0212	SIGNATURE	3	(add col. (a) through
			GALA (event type)	SERIES (event type)	(total number)	col. (c))
anı			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	332,384.	43,866.	10,445.	386,695.
	2	Less: Contributions	273,735.	40,000.		313,735.
	3	Gross income (line 1 minus line 2)	58,649.	3,866.	10,445.	72,960.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	128,887.	4,510.	6,044.	139,441.
	8	Entertainment	30,008.	12,917.		42,925.
	9	Other direct expenses	44,641.			48,458.
	10		n 9 in column (d)		>	230,824.
_	11	Net income summary. Subtract line 10 from li				-157,864.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total camina (add
nne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue						· · · · · · · · · · · · · · · · · · ·
Ж	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Carlot direct experience	Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	□ No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
		Not gaming income summany Subtract line 7	from line 1 column (d)		_	
	ō	Net gaming income summary. Subtract line 7	morn line 1, column (a)		P	
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
b	If "	No," explain:				
46						
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		year?	Yes No
D	"	Yes," explain:				

Sch	nedule G (Form 990 or 990-EZ) 2016 BOSTON LYRIC OPERA COMPANY 04-2	2 4 696	527	Page 3
	Does the organization conduct gaming activities with nonmembers?		es/	☐ 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?	Ш Ү	es/	└── No
	Indicate the percentage of gaming activity conducted in:	ا ما		
	a The organization's facility	13a		%
	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	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	es/	☐ No
ŀ	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\			
,	or garning revenue retained by the time party			
•	on res, enter hame and address of the third party.			
	Name ►			
	Address			
16	Coming manager information:			
10	Gaming manager information:			
	Name ▶			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	L Y	es	└─ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9, 9	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			

Schedule 6	G (Form 990 or 990-EZ)	BOSTON LYRIC	OPERA	COMPANY	04-246962	7 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	ormation (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.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

BOSTON LYRIC OPERA COMPANY

Employer identification number 04-2469627

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 filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X 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			
	organization or a related organization:			v
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		$\stackrel{\Lambda}{\vdash}$
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only coation 501(a)(2), 501(a)(4), and 501(a)(20) organizations must complete lines 5.0			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
3	contingent on the revenues of:			
•		5a		х
	The organization? Any related organization?	5b		X
J	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		Х
	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		compensation incentive reportable		(iii) Other reportable compensation	compensation	Derients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) ESTHER NELSON	(i)	202,856.	0.	0.	2,000.	4,873.	209,729.	0.
GENERAL & ARTISTIC DIRECTO	(ii)	0.	0.	0.		0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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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.

SCHEDULE M (Form 990)

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

2016

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Noncash Contributions

Name of the organization

BOSTON LYRIC OPERA COMPANY

Employer identification number 04 - 2469627

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	-	•	
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	10	567,009.	SELLING PRIC	CE		
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			Ť				
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	ation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowledg	gement 29				
					-	Y	es	No
30a	During the year, did the organization receive by	contributio	on any property rep	ported in Part I, lines 1 throug	gh 28, that it			
	must hold for at least three years from the date			· · · · · · · · · · · · · · · · · · ·				
	exempt purposes for the entire holding period?					30a	_	<u>X</u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance po	-	•	•	tions?	31		<u>X</u>
32a	Does the organization hire or use third parties o	r related or	ganizations to soli	cit, process, or sell noncash				
						32a		<u> </u>
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	y for which column (a) is che	cked,			
	describe in Part II.							

Schedule M (Form 990) (2016) BOSTON LYRIC OPERA COMPANY

04-2469627

Page 2

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 lb Open to Public Inspection

Name of the organization

BOSTON LYRIC OPERA COMPANY

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

Employer identification number 04-2469627

BY CREATING MUSICALLY AND THEATRICALLY COMPELLING PRODUCTIONS, EVENTS, AND EDUCATIONAL RESOURCES FOR OUR COMMUNITY AND BEYOND. BLO'S PROGRAMS ARE FUNDED, IN PART, BY GRANTS FROM THE MASSACHUSETTS CULTURAL COUNCIL AND NATIONAL ENDOWMENT FOR THE ARTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FROM THE MASSACHUSETTS CULTURAL COUNCIL AND NATIONAL ENDOWMENT FOR THE ARTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ARTISTS CAN GROW AND DEVELOP; ENGAGING NEW AND DIVERSE AUDIENCES THROUGH INNOVATIONS IN TECHNOLOGY, OURTEACH AND STRATEGIC COMMUNICATIONS; AND BY OFFERING COLLABORATIVE EDUCATION AND COMMUNITY EVENTS BOTH ON ITS OWN AND IN PARTNERSHIP WITH OTHER WORLD-LEADING, BOSTON-BASED CULTURAL INSTITIONS. THROUGH THE WHOLE OF ITS EFFORTS, BLO ACHIEVES ITS MISSION BY ENSURING THE AVAILABILITY AND ACCESSIBILITY OF ONE OF THE WORLD'S GREATEST AND OLDEST ART FORMS FOR GENERATION TO COME.

BLO REACHES ANNUAL AUDIENCES OF NEARLY 35,000 PEOPLE THROUGH THE STAGING OF FOUR PRODUCTIONS AND COMMUNITY OUTREACH PROGRAMS EACH SEASON. IN FISCAL YEAR 2017, BLO STAGED ITS FOUR PRODUCTIONS AT THE BOSTON OPERA HOUSE, THE EMERSON/CUTLER MAJESTIC AND EMERSON/PARAMOUNT AND THE JOHN HANCOCK HALL AT THE BACK BAY EVENTS CENTER.

Name of the organization
BOSTON LYRIC OPERA COMPANY

Employer identification number
04-2469627

FORM 990, PART VI, SECTION A, LINE 2:

DIRECTORS CHRISTOPHER TADGELL AND LADY JULIET TADGELL HAVE A FAMILY RELATIONSHIP.

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

FINAL APPROVAL OF THE ANNUAL AUDITED FINANCIAL REPORT AND CORPORATE TAX

RETURNS IS VESTED WITH THE EXECUTIVE COMMITTEE UPON RECOMMENDATION OF THE

FINANCE COMMITTEE, PROVIDING A BOARD COMMENT PERIOD.

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

BOSTON LYRIC OPERA COLLECTS CONFLICT OF INTEREST DISCLOSURE STATEMENTS

ANNUALLY FROM ALL BOARD MEMBERS AND FROM STAFF MEMBERS WITH SIGNIFICANT

DECISION-MAKING AUTHORITY. POTENTIAL CONFLICTS OF INTEREST ARE BROUGHT TO

THE ATTENTION OF THE CHAIR OF THE BOARD AND/OR GENERAL DIRECTOR OF THE

COMPANY FOR CONSIDERATION BY THE BOARD.

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

BOSTON LYRIC OPERA USES SEVERAL INFORMATION SOURCES TO ESTABLISH

COMPENSATION. THESE SOURCES INCLUDE SURVEY OF SALARY INFORMATION FOR

POSITION EQUIVALENTS IN SELECTED MA CULTURAL INSTITUTIONS, OPERA AMERICA

DATA ON SALARIES FROM ITS MOST RECENT SALARY AND BENEFITS SURVEY AND

INDEPENDENT RESEARCH.

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

BOSTON LYRIC OPERA DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF

INTEREST POLICY AVAILABLE TO THE PUBLIC. THE FINANCIAL STATEMENTS ARE

AVAILABLE TO THE PUBLIC ON CHARITY NAVIGATOR, GUIDESTAR AND THROUGH THE

Name of the organization BOSTON LYRIC OPERA COMPANY	Employer identification number 04-2469627
CULTURAL DATA PROJECT (CDP).	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER CONSULTANTS:	
PROGRAM SERVICE EXPENSES	978,308.
MANAGEMENT AND GENERAL EXPENSES	13,297.
FUNDRAISING EXPENSES	25,896.
TOTAL EXPENSES	1,017,501.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,017,501.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DID NOT CHANGE EITHER THE AUDIT OVERSIGN	T PROCESS OR
AUDITOR SELECTION PROCESS DURING THE TAX YEAR.	