OMB No. 1545-0687 Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) Form **990-T** For calendar year 2014 or other tax year beginning 07/01/14, and ending 06/30/15U Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Open to Public Inspection for Department of the Treasury Internal Revenue Service u Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if address changed Name of organization ( Check box if name changed and see instructions.) D Employer identification number (Employees' trust, see instructions.) В Exempt under section **3**) 501( **C**)( SEATTLE OPERA Print 91-0760426 408(e) 220(e) Number, street, and room or suite no. If a P.O. box, see instructions. or 1020 JOHN ST E Unrelated business activity codes 408A 530(a) Type (See instructions.) City or town, state or province, country, and ZIP or foreign postal code 529(a) SEATTLE WA 98109 711110 C Book value of all assets F Group exemption number (See instructions.) u at end of year 29,389,781 G Check organization type u X 501(c) corporation 501(c) trust 401(a) trust Other trust Describe the organization's primary unrelated business activity. u RETAIL SALES THROUGH INVESTMENT IN PARTNERSHIP During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ...... u If "Yes," enter the name and identifying number of the parent corporation. Telephone number u 206-389-7600 The books are in care of u RICHARD JOHNSON Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net Gross receipts or sales 1a c Balance ..... u Less returns and allowances b 1c Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 Capital gain net income (attach Schedule D) 4a 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4h Capital loss deduction for trusts 4c С 20,372 20,372 Income (loss) from partnerships and S corporations (attach statement) **SEE STMT 1** 5 5 6 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 9 Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) 12 12 20,372 Total. Combine lines 3 through 12 13 13 **Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Part II Compensation of officers, directors, and trustees (Schedule K) 14 7,697 Salaries and wages 15 15 Repairs and maintenance 16 16 17 17 18 Interest (attach schedule) 18 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 22 23 23 Contributions to deferred compensation plans 24 24 25 25 Employee benefit programs Excess exempt expenses (Schedule I) 26 26 27 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) SEE STATEMENT 2 533 28 28 8,230 Total deductions. Add lines 14 through 28 29 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 12,142 30 Net operating loss deduction (limited to the amount on line 30) 12,142 31 31

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32,

1,000

32

33

enter the smaller of zero or line 32

32

33

34

Pa	rt III	Tax Computation														
35	Orga	nizations Taxable as Corpo	rations. S	See instruc	tions for	r tax	computation. Co	ontrolle	d group							
	mem	bers (sections 1561 and 1563	) check he	ere u	See ins	struc	tions and:									
а		your share of the \$50,000, \$						(in tha	at order):							
	(1)	(2)  \$			(3)	\$										
b	Enter	organization's share of: (1) A	dditional 5	5% tax (no	t more t	han	\$11,750)	_	\$							
		additional 3% tax (not more that														
С		ne tax on the amount on line 3									<b>•</b>	35c				
36	Trus	ts Taxable at Trust Rates. S														
		mount on line 34 from:									•	36				
37		y tax. See instructions									•	37				
38												38				
		. Add lines 37 and 38 to line 3										39				
		Tax and Payments														
		gn tax credit (corporations atta	ch Form	1118; trust	ts attach	n Fo	rm 1116)	40a								
		r credits (see instructions)					-/	40b								
С		eral business credit. Attach Fo	rm 3800 (s	see instruc	ctions)			40c								
		it for prior year minimum tax (a						40d								
		credits. Add lines 40a through										40e				
41	Subtr	ract line 40e from line 39	,									41				
42	Other :	taxes.					66 Other (att. s					42				
43		if from: Form 4255 Form 1255 Form 1255 Form										43				С
44a		nents: A 2013 overpayment cr	edited to 2	2014				44a				·				
b								44b								
C								44c								
d		gn organizations: Tax paid or					 ons)	44d								
e		up withholding (see instruction						44e								
f	Credi	it for small employer health ins	surance or	emiums (A	Attach F	orm	8941)	44f								
g g		r credits and payments:			tttaorr r	0										
9	$\overline{}$	Form 4136					Total <b>u</b>	440								
45	_	payments. Add lines 44a thr	LJ ough 44g	-								45				
46		nated tax penalty (see instructi					 iched				.Щ	46				
47		due. If line 45 is less than the										47				
48		payment. If line 45 is larger the										48				
		the amount of line 48 you want: Cr					critor arribant ov	orpaia		unde		49				
	rt V	Statements Regard					d Other Info	rmat				73				
		ny time during the 2014 calend										,			Yes	No
•		a financial account (bank, sec													100	140
		EN Form 114, Report of Foreig			_		=	-								
	here	11	-							.g 00						Х
2		ig the tax year, did the organiz						antor c	of or transfer	or to a	 forei	an trus	 t?			X
-		S, see instructions for other fo					•	aritor c	n, or transfer	or to, t	10101	gir trao				
3		the amount of tax-exempt into		Ü	•											
		e A – Cost of Goods S						n 11								
1		ntory at beginning of year	1	01 11104110	<u> </u>		Inventory at end		ar			6				
2			2				Cost of goods			6 fron						
3		-f  -	3			•	line 5. Enter he				i	7				
4a	۸ dditio	nol ooo 262 A	4a			8	Do the rules of				 t to				Yes	No
b	Other i	(attach schedule)	4b			Ü	property produc		•			.,			163	140
5	(attach	schedule)	5				to the organizat		acquired ioi	i esale,	αρρι	y				
_5	Ui	nder penalties of perjury, I declare that I have	ive examined t	this return, inc	luding acco	mpan	ying schedules and stat	tements.	and to the best of	my knov	vledge a	nd belief.	it is			
Sig	+m	ue, correct, and complete. Declaration of pr	eparer (other t	than taxpayer)	is based of	on all	nformation of which pre	eparer ha	s any knowledge.	,		1	_	the IRS	discuss t	his retu
Her	)   1	•	1		11 ~			<b>~</b> -		~			with (see	the IRS the prepa instruction	arer shov ons)?	vn belo
1 161	_				u <sub>C</sub>		EF FINAN	CIA	L OFFI	JER			,500		es [	No
	S 	ignature of officer Print/Type preparer's name		Date F	Title Preparer's		ure			Date		Check	if l	PTIN		
Doid		v 13po proparora name			.opaici s	Jigila					0 /3 -	Check	∟ "	' ' ' ' '		
Paid		Fi 1								JU5/I		self-emp	ioyed	<u> </u>		
		Firm's name }									Firm's	⊨IN <b>}</b>				
Use	Uniy										Б.					
		Firm's address }									Phone	no.				

Schedule C – Rent Inco	ome (From Rea	al Prop	erty a	nd P	ersonal Pro	perty	/ Lease	ed Wi	ith Real Pr	operty	)	
Description of property												
(1) <b>N/A</b>												
(2)												
(3)												
(4)												
( )	2. Rent rece	ived or acci	rued									
(a) From personal property (if the		T		roal a	nd personal property	(if the		3/	(a) Deductions dire	ctly connec	ted with the income	
for personal property is more th					for personal property		s	٥,				
more than 50%		'			is based on profit or					-(-) (-	,	
(4)		+			<u> </u>							
(1)		+										
(2)		+										
(3)		+										
(4) Total		Total										
(c) Total income. Add totals o			nter					Enter I	here and on pag	Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)  I deductions.  e and on page 1, e 6, column (B) u  Ons directly connected with or allocable to debt-financed property  expreciation (b) Other deductions (attach schedule)  The provided of the property of the property of the property of the provided of the property of the property of the property of the provided of the prov		
here and on page 1, Part I, line					u			Part I,	line 6, column (l	B) <b>u</b>		
Schedule E - Unrelated	Debt-Finance	<u>ed Inco</u>	me (se	e ins	structions)							
1. Description of debt-	financed property		1		ss income from or e to debt-financed			3. Dedu	•			
1. Description of debi-	imanced property		,	allocabl	property			aight line	e depreciation chedule)	'	•	
(1) <b>N/A</b>												
(2)												
(3)												
(4)												
4. Amount of average	5. Average adjusted	d basis			6. Column						Allocable deductions	
acquisition debt on or allocable to debt-financed property (attach schedule)	acquisition debt on or of or allocable to allocable to debt-financed debt-financed property			4 divided 7. 0			1		ne reportable column 6)	ı	mn 6 x total of columns	
(1)						%						
(2)						<u> </u>						
(3)						<u> </u>						
(4)						<u>/</u> 0						
Totals						u	Enter h Part I,	nere ar line 7,	nd on page 1, column (A).			
Total dividends-received ded							d O				\	
Schedule F - Interest, A	Annuities, Roy	aities,	and R						ions (see ir	istructio	ons)	
1. Name of controlled		2. Employ	(or	EXE	empt Controlle	a Org	ganizalic	ons	T			
organization	ide	entification r			t unrelated income (see instructions)			ments made included in the		controlling	Deductions directly connected with income in column 5	
(1) <b>N/A</b>												
(2)												
(3)												
(4)												
Nonexempt Controlled Orga	anizations											
7 Tayahla Jasama 8. Ne		. Net unrela		- 1	9. Total of speci payments mad		inclu	uded in t	blumn 9 that is	l	nected with income in	
				+			Uigar	LauUIIS	gross miconie		COMMITTED	
(1)				_			_					
(2)				+								
(3)				+								
(4)							Ad	d columr	ns 5 and 10.	Ad	d columns 6 and 11.	
Totals						1	Ente	r here a	nd on page 1, , column (A).	Ente	r here and on page 1, t I, line 8, column (B).	

## Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

				T						
1. Description of income		2. Amount	of income		3. Deductions directly connected 4. Set-asides			5. Total deductions and set-asides (col. 3		
1. Description of income		Z. Amount	or income	(attach schedule)			(attach schedule)		plus col.4)	
(1) <b>N/A</b>										
(2)										
/ A										
(4)		Cutou bouo ou	d an mana 1		L			- Frata	. h and an mana 1	
		Enter here and Part I, line 9,	column (A).						r here and on page 1, I, line 9, column (B).	
Totals	u								,,	
Schedule I - Exploited Ex	empt Activity	Income,	Other Th	nan Advertisin	g Inco	me (see	instruction	ns)		
-						•		•		
	2. Gross		penses	4. Net income (loss) from unrelated trade	5 Gros	ss income			7. Excess exempt	
1. Description of exploited activity	unrelated business income		ectly ted with	or business (column	l	ctivity that	6. Expe attributa		expenses (column 6 minus	
1. Description of exploited activity	from trade or		ction of	2 minus column 3).	is not	unrelated	colum		column 5, but not	
	business		elated s income	If a gain, compute cols. 5 through 7.	busines	ss income			more than	
		240111000		cois. 5 through 7.					column 4).	
(1) <b>N/A</b>										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I,		re and on						Enter here and	
	line 10, col. (A).		col. (B).						on page 1, Part II, line 26.	
Totals u										
Schedule J - Advertising	Income (see i	nstructions)	)							
Part I Income From				solidated Bas	is					
				4. Advertising					7. Excess readership	
	2. Gross	3. 🗆	Direct ising costs	gain or (loss) (col.	5. Cir	culation	6. Readership costs		costs (column 6	
1. Name of periodical	advertising income	advertisi		2 minus col. 3). If a gain, compute	ine	come			minus column 5, but not more than	
				cols. 5 through 7.					column 4).	
(1) <b>N/A</b>										
(2)										
(3)									-	
(4)										
Totals (carry to Part II, line (5)) . <b>u</b>										
	Periodicals R	eported o	on a Sep	arate Basis (F	or each	n periodi	cal listed	in Part	II, fill in columns	
2 through 7 on		•	•	,		•			,	
	_			4. Advertising					7. Excess readership	
	2. Gross	3. 🗆	Direct	gain or (loss) (col.	5. Cir	culation	on <b>6.</b> Readersh		costs (column 6	
1. Name of periodical	advertising income	advertisi	ing costs	2 minus col. 3). If a gain, compute	2 minus col. 3). If		costs		minus column 5, but not more than	
				cols. 5 through 7.					column 4).	
(1) <b>N/A</b>										
(2)										
(3)										
(4)										
Totals from Part I u										
	Enter here and on		re and on						Enter here and	
page 1, Part I, line 11, col. (A).			, Part I, col. (B).						on page 1, Part II, line 27.	
Totals, Part II (lines 1-5) u			· · · · · · · · · · · · · · · · · ·							
Schedule K - Compensati	on of Officers	s. Directo	rs, and	Trustees (see	instruction	ons)				
-		_,		2. Title		3. [	Percent of devoted to	4. Comp	ensation attributable to	
1. Name				Z. Tille			usiness	un	related business	
(1) <b>N/A</b>							%			
(2)							%			
(3)							%			
(4)							%			
Total. Enter here and on page 1, F	Part II, line 14						u			

SO Seattle Opera

5/12/2016 4:23 PM **Federal Statements** 

91-0760426

FYE: 6/30/2015

## Statement 1 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps

Name of Partnership or S-Corp	 Gross Income	Direct Deductions (P		Net Income
SONG&DANCE UNRELATED REVENUE	\$ 20,372	\$	\$	20,372
TOTAL	\$ 20,372	\$	0 \$	20,372

## Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

	 Amount		
FACILITIES		\$ 533	
TOTAL		\$ 533	

Net Operating Loss Carryover Worksheet

2014

For calendar year 2014, or tax year beginning 07/01/14 , ending 06/30/15

Name

Form **990-T** 

SEATTLE OPERA

Employer Identification Number 91-0760426

		Prior Year	Current Year	Next Year	
				Income Offset By	
Preceding	Adj. To NOL	NOL Utilized	Carryovers to	NOL Carryback /	
Taxable Year	Inc/(Loss) After Adj.	(Income Offset)	Current Year	Carryover Utilized	Carryover
17th 06/30/98					
16th 06/30/99					
15th 06/30/00					
14th 06/30/01					
13th 06/30/02					
12th 06/30/03					
11th 06/30/04	-9,113	9,113			
10th 06/30/05	-77,057	21,051	56,006	12,142	43,864
9th 06/30/06	14,405				
8th 06/30/07	-29,421		29,421		29,421
7th 06/30/08	-18,414		18,414		18,414
6th 06/30/09	-22,925		22,925		22,925
5th 06/30/10	12,249				
4th 06/30/11	-18,901		18,901		18,901
3rd 06/30/12	-21,512		21,512		21,512
2nd 06/30/13	3,341	-3,341			
1st 06/30/14	26,823	-26,823			
NOL carryover available	e to current year		167,179		
Current year	12,142			12,142	0
NOL carryover available					
	155,037				