| Form <b>990-T</b>  | E  | Exempt Orga                     | nization Bus                |               |                            | ax Returr                                     | 1         | OMB No. 1545-0687  |
|--|--|---------------------------------|-----------------------------|---------------|----------------------------|---|-----------|--|
|  |  |                                 | 2018                        |               |                            |   |           |  |
|  | For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019  Go to www.irs.gov/Form990T for instructions and the latest information. |                                 |                             |               |                            |   |           | <b>ZU 10</b>   |
| Department of the Treasury<br>Internal Revenue Service               | •  | Do not enter SSN numbe          | rs on this form as it may   | be ma         | de public if your organiza |   |           | Open to Public Inspection for 501(c)(3) Organizations Only     |
| A Check box if address changed                                       |  | Name of organization ( L        | Check box if name c         | hanged        | and see instructions.)     |   | _ (Emp    | loyer identification number<br>loyees' trust, see<br>uctions.) |
| B Exempt under section   | Print  | SEATTLE OPERA                   |                             |               |                            |   | 9:        | 1-0760426  |
| x 501(c)(3)  | or   | Number, street, and room        | or suite no. If a P.O. box  | x, see ir     | nstructions.               |   |           | lated business activity code instructions.)                    |
| 408(e) 220(e)  | Туре   | 363 MERCER STREET               | 1                           |               |                            |   |           | ,  |
| 408A 530(a)  |  | City or town, state or pro      |                             | r foreig      | n postal code              |   |           |  |
| 529(a)   |  | SEATTLE, WA 9810                |                             |               |                            |   | 4532      | 20   |
| C Book value of all assets at end of year                            | 0.5.1  | F Group exemption number        |                             |               | 501(a) times               | 401(a)  |           | Other twice  |
|  |  | <b>G</b> Check organization typ |                             | ooratior<br>2 |                            | 401(a)  |           | Other trust  |
| H Enter the number of the  | -  | AIL SALES THROUGH               | · -                         |               |                            | the only (or first) un<br>complete Parts I-V. |           |  |
| •  |  | ice at the end of the previou   |                             |               |                            | •   |           |  |
| business, then complete  |  | •                               | as sentence, complete i a   | aris ran      | iu II, complete a Schedule | W for each addition                           | iai iiaui | 5 01   |
| I During the tax year, was   |  |                                 | affiliated group or a parer | nt-subs       | idiary controlled group?   | <b>•</b>                                      | Ye        | es X No  |
|  |  | tifying number of the parer     |                             |               | iaiai, soiia siisa gi sapi |   |           | ,,   |
| J The books are in care of   | <b>▶</b> 1   | MARISSA BETZ-ZALL               | •                           |               | Telepho                    | one number 🕨 2                                | 06-38     | 9-7600   |
| Part I Unrelated   | d Trac   | de or Business Inc              | ome                         |               | (A) Income                 | (B) Expense:                                  | S         | (C) Net  |
| 1a Gross receipts or sale  | s  |                                 |                             |               |                            |   |           |  |
| <b>b</b> Less returns and allow                                      |  |                                 | <b>c</b> Balance ▶          | 1c            |                            |   |           |  |
|  |  | A, line 7)                      |                             | 2             |                            |   |           |  |
|  |  | rom line 1c                     |                             | 3             |                            |   |           |  |
|  |  | h Schedule D)                   |                             | 4a            |                            |   |           |  |
|  |  | art II, line 17) (attach Form   |                             | 4b            |                            |   |           |  |
|  |  | sts                             |                             | 4c            | 10.636                     | cmrm 1  |           | 10.636   |
|  |  | ship or an S corporation (a     |                             | 5<br>6        | 19,636.                    | STMT 1  |           | 19,636.  |
| <ul><li>Rent income (Schedu</li><li>Unrelated debt-finance</li></ul> | , ,  | me (Schedule E)                 |                             | 7             |                            |   |           |  |
|  |  | and rents from a controlled     |                             | 8             |                            |   |           |  |
|  |  | on 501(c)(7), (9), or (17) o    | •                           |               |                            |   |           |  |
|  |  | me (Schedule I)                 | - ,                         | 10            |                            |   |           |  |
|  |  | e J)                            |                             | 11            |                            |   |           |  |
|  |  | ns; attach schedule)            |                             | 12            |                            |   |           |  |
|  |  | gh 12                           |                             | 13            | 19,636.                    |   |           | 19,636.  |
|  |  | ot Taken Elsewhei               |                             |               |                            |   |           |  |
|  |  | utions, deductions mus          | -                           |               |                            |   |           | 1  |
|  |  | rectors, and trustees (Sche     |                             |               |                            |   | 14        |  |
|  |  |                                 |                             |               |                            |   | 15        | 6,533.   |
|  |  |                                 |                             |               |                            |   | 16        |  |
| 17 Bad debts   |  | oo instructions)                |                             |               |                            |   | 17        |  |
|  |  | ee instructions)                |                             |               |                            |   | 18<br>19  | -  |
| 20 Charitable contributi   | ons (Se  | e instructions for limitation   | rules)                      |               |                            |   | 20        |  |
|  |  | 562)                            |                             |               |                            |   |           |  |
| 22 Less depreciation cla   | aimed o  | n Schedule A and elsewher       | e on return                 |               | 22a                        |   | 22b       | 1  |
|  |  |                                 |                             |               |                            |   | 23        |  |
|  |  | mpensation plans                |                             |               |                            |   | 24        |  |
|  |  |                                 |                             |               |                            |   | 25        |  |
| 26 Excess exempt expe  | nses (S  | chedule I)                      |                             |               |                            |   | 26        |  |
| <b>27</b> Excess readership of                                       | osts (Sc   | hedule J)                       |                             |               |                            |   | 27        |  |
|  |  | nedule)                         |                             |               |                            |   | 28        | 2,266.   |
|  |  | 14 through 28                   |                             |               |                            |   | 29        | 8,799.   |
|  |  | ncome before net operating      |                             |               |                            |   | 30        | 10,837.  |
| •  | -  | loss arising in tax years be    |                             | -             | ,                          |   | 31        | 10.025   |
| 32 Unrelated business t  | axadle i   | ncome. Subtract line 31 fro     | ıııı iine 30                |               | <u></u>                    |   | 32        | 10,837.  |

| Form 990-       | (2018) SEATTLE OPERA   |  |                       | 91-076042  | 6                 |               | Page   |
|-----------------|--|--|-----------------------|--|-------------------|---------------|--|
| Part I          | CODE TO THE PERSON NAMED IN COLUMN T |  |                       |  |                   |               |  |
| 33              | Total of unrelated business taxable income comp  | uted from all unrelated trades or business         | es (see instruction   | s)   | 33                |               | ,837   |
| 34              | Amounts paid for disallowed fringes  |  |                       |  | 34                |               | ,989   |
| 35              | Deduction for net operating loss arising in tax year   | ars beginning before January 1, 2018 (see          | instructions)         | ЗТМТ 3   | 35                | 64            | ,842   |
| 36              | Total of unrelated business taxable income before  | e specific deduction. Subtract line 35 from        | the sum of            |  |                   |               |  |
|                 | lines 33 and 34  |  |                       | ***************  | 36                | 19            | ,984   |
| 37              | Specific deduction (Generally \$1,000, but see line  | 37 instructions for exceptions)                    |                       |  | 37                | 1             | ,000   |
| 38              | Unrelated business taxable income. Subtract lin  | ne 37 from line 36. If line 37 is greater than     | line 36,              |  |                   |               |  |
| -               | enter the smaller of zero or line 36   |  |                       |  | 38                | 18            | ,984   |
| Part I          | V Tax Computation  |  |                       |  |                   |               | The state of the s |
| 39              | Organizations Taxable as Corporations. Multiply  | / line 38 by 21% (0.21)                            |                       |  | 39                | 3             | ,987   |
| 40              | Trusts Taxable at Trust Rates. See instructions to   | for tax computation. Income tax on the am          | ount on line 38 fro   | m;   |                   |               |  |
|                 | Tax rate schedule or Schedule D (F   | Form 1041)   |                       | <b>&gt;</b>  | 40                |               |  |
| 41              | Proxy tax. See instructions  |  |                       |  | 41                |               |  |
| 42              | Alternative minimum tax (trusts only)  |  |                       |  | 42                |               |  |
| 43              | Tax on Noncompliant Facility Income. See instr   | uctions  |                       |  | 43                |               |  |
| 44              | Total. Add lines 41, 42, and 43 to line 39 or 40, w  | hichever applies                                   |                       |  | 44                | 3             | .987   |
| Part \          | / Tax and Payments   |  |                       |  |                   |               |  |
|                 | Foreign tax credit (corporations attach Form 111   | 8: trusts attach Form 1116)                        | 45a                   |  | Real T            |               |  |
|                 | Other credits (see instructions)   |  |                       |  |                   |               |  |
| 0               | General business credit. Attach Form 3800  |  | 45c                   |  |                   |               |  |
|                 |  |  |                       |  |                   |               |  |
|                 | Credit for prior year minimum tax (attach Form 8   |  |                       |  | 45.               |               |  |
|                 | Total credits. Add lines 45a through 45d   |  |                       |  | 45e               | 2             | 007  |
| 46              | Subtract line 45e from line 44  Other taxes. Check if from: Form 4255  | ] =  |                       | ******   | 46                | 3             | ,987   |
| 47              |  |  |                       | IET (attach schedule)  | 47                | 2             | 007  |
| 48              | Total tax. Add lines 46 and 47 (see instructions)  |  |                       |  | 48                | 3             | ,987   |
| 49              | 2018 net 965 tax liability paid from Form 965-A o  |  | 1 1                   |  | 49                |               | 0  |
|                 | Payments: A 2017 overpayment credited to 2018  |  |                       |  |                   |               |  |
|                 | 2018 estimated tax payments  |  |                       |  |                   |               |  |
|                 | Tax deposited with Form 8868   |  |                       | 9,344.   |                   |               |  |
|                 | Foreign organizations: Tax paid or withheld at so  |  |                       |  |                   |               |  |
| е               | Backup withholding (see instructions)  |  | 50e                   |  |                   |               |  |
| f               | Credit for small employer health insurance premi   | ums (attach Form 8941)                             | 50f                   |  |                   |               |  |
| g               | Other credits, adjustments, and payments:  | Form 2439  |                       |  |                   |               |  |
|                 | Form 4136  | Other Total  | ▶ 50g                 |  |                   |               |  |
| 51              | Total payments. Add lines 50a through 50g  |  |                       |  | 51                | 9             | , 344  |
|                 | Estimated tax penalty (see instructions). Check if   | Form 2000 is attached                              |                       |  | 52                |               | 158  |
| 53              | Tax due. If line 51 is less than the total of lines 48   |  |                       | <b>&gt;</b>  | 53                |               |  |
| 54              | Overpayment. If line 51 is larger than the total of  | lines 48, 49, and 52, enter amount overpa          | iid                   | <b></b>  | 54                | 5             | ,199   |
| 55              | Enter the amount of line 54 you want: Credited to  |  | 5,199.                | Refunded >   | 55                |               | 0  |
| Part \          |  |  |                       | The state of the s |                   |               |  |
| 56              | At any time during the 2018 calendar year, did th  |  |                       |  |                   | Yes           | No   |
| (37.17)         | over a financial account (bank, securities, or othe  |  |                       | 5:   |                   |               | 62.8   |
|                 | FinCEN Form 114, Report of Foreign Bank and Fin  |  |                       |  |                   |               |  |
|                 | here   | ianolar ricoguinis. Il 103, onto the hame i        | or the foreign coun   | id y   |                   | E365 (1973)   | X  |
| 57              | During the tax year, did the organization receive a  | distribution from or was it the granter of         | or transferor to a    | foreign truet?   |                   | -             | X  |
| 37              | If "Yes," see instructions for other forms the organic   |  | , or transferor to, a | rioreign trustr  |                   |               | *  |
| E 0             |  |  |                       |  |                   |               |  |
| 58              | Enter the amount of tax-exempt interest received  Under penalties of perjury, I declare that I have examin   |  | s and statements and  | I to the hest of my know   | dedge and halist  | it is true    |  |
| Sign            | correct, and complete. Declaration of preparer (other th   | han taxpayer) is based on all information of which | preparer has any kno  | wledge.  | riedge and belief | , it is true, |  |
| Here            | II O. DONE   |  |                       | 1 2 2 2 2 2  | y the IRS discus  |               | with   |
| 11616           | Sometime of officer  | 72-/9-/9<br>Date COO/CFC                           | )                     |  | preparer shown    |               | ٦  |
| transaction and | s Signature of Officer   |  | T                     |  | tructions)? X     | Yes           | No   |
|                 | Print/Type preparer's name   | Preparer's signature                               | Date                  | Check if   | PTIN              |               |  |
| Paid            |  |  | 1000 6000 700 0000000 | self- employed   | 1.00              |               |  |
| Prepa           | arer SARA ELIZABETH J. HYRE  | SARA ELIZABETH J. HYRE                             | 12/18/19              |  | P00235            | 195           |  |
| Use C           | F. A.  |  |                       | Firm's EIN ▶   | 91-119            | 1016          |  |
|                 | 10900 NE 4TH S   | STREET, SUITE 1400                                 |                       |  |                   |               |  |

Phone no. 425-454-4919

Firm's address **>** BELLEVUE, WA 98004

| Schedule A - Cost of Goods   | <b>Sold.</b> Enter   | method of inven  | tory v  | aluation N/A   |          |  |          |   |    |
|--|----------------------|--|---------|--|----------|--|----------|---|----|
| 1 Inventory at beginning of year   |                      |  |         | Inventory at end of yea  | r        |  | 6        |   |    |
| 2 Purchases  |                      |  |         | Cost of goods sold. Su   |          |  |          |   |    |
| 3 Cost of labor  | 3                    |  |         | from line 5. Enter here  | and in F | Part I,  |          |   |    |
| 4a Additional section 263A costs   |                      |  |         | line 2   |          |  | 7        |   |    |
| (attach schedule)  | 4a                   |  | 8       | Do the rules of section  | 263A (\  | with respect to  |          | Yes   | No |
| <b>b</b> Other costs (attach schedule)   | 4b                   |  |         | property produced or a   | cquired  | l for resale) apply to   |          |   |    |
| 5 Total. Add lines 1 through 4b  |                      |  |         |  |          |  |          |   |    |
| Schedule C - Rent Income (F (see instructions)   | rom Real             | Property and   | d Pe    | rsonal Property  | Lease    | ed With Real Pro   | perty    | y)<br>  |    |
| 1. Description of property   |                      |  |         |  |          |  |          |   |    |
| (1)  |                      |  |         |  |          |  |          |   |    |
| (2)  |                      |  |         |  |          |  |          |   |    |
| (3)  |                      |  |         |  |          |  |          |   |    |
| (4)  |                      |  |         |  |          |  |          |   |    |
|  | 2. Rent receiv       | ed or accrued  |         |  |          | 0/2/2  |          |   |    |
| (a) From personal property (if the perce<br>rent for personal property is more the<br>10% but not more than 50%) |                      | of rent for p  | ersonal | conal property (if the percenta<br>property exceeds 50% or if<br>ed on profit or income) | age      | <b>3(a)</b> Deductions directly columns 2(a) an                            |          | attach schedule)  | in |
| (1)  |                      |  |         |  |          |  |          |   |    |
| (2)  |                      |  |         |  |          |  |          |   |    |
| (3)  |                      |  |         |  |          |  |          |   |    |
| (4)  |                      |  |         |  |          |  |          |   |    |
| Total  | 0.                   | Total  |         |  | 0.       |  |          |   |    |
| (c) Total income. Add totals of columns 2( here and on page 1, Part I, line 6, column (                          |                      | _  |         |  | 0.       | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | <b>•</b> |   | 0. |
| Schedule E - Unrelated Debt  | -Financed            | Income (see  | instru  | ctions)  |          |  |          |   |    |
|  |                      |  | 2       | 2. Gross income from   |          | Deductions directly control to debt-finance                                |          |   |    |
| 1. Description of debt-final   | nced property        |  |         | or allocable to debt-<br>financed property   | (a)      | Straight line depreciation (attach schedule)                               |          | (b) Other deduction<br>(attach schedule)                  | ns |
| (1)  |                      |  |         |  |          |  |          |   |    |
| (2)  |                      |  |         |  |          |  |          |   |    |
| (3)  |                      |  |         |  |          |  |          |   |    |
| (4)  |                      |  |         |  |          |  |          |   |    |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)                | of or a<br>debt-fina | adjusted basis<br>illocable to<br>nced property<br>n schedule) | 6       | Column 4 divided<br>by column 5  |          | 7. Gross income reportable (column 2 x column 6)                           | (0       | 8. Allocable deduct column 6 x total of co 3(a) and 3(b)) |    |
| (1)  |                      |  |         | %  |          |  |          |   |    |
| (2)  |                      |  |         | %  |          |  |          |   |    |
| (3)  |                      |  |         | %  |          |  |          |   |    |
| (4)  |                      |  |         | %  |          |  |          |   |    |
|  |                      |  |         |  |          | nter here and on page 1,<br>Part I, line 7, column (A).                    |          | inter here and on pag<br>Part I, line 7, column           |    |
| Totals   |                      |  |         | <b>&gt;</b>  |          | 0  |          |   | 0. |
| Total dividends-received deductions incl   |                      | . 0  |         |  |          | <b>&gt;</b>  |          |   | 0. |

|                                      |                        |  |                              | Exempt (  | Controlled O   | rganizati  | ons  |   |              |                            |   |  |
|--------------------------------------|------------------------|--|------------------------------|---|--|--|--|---|--------------|----------------------------|---|--|
| 1. Name of controlled organiza       | ation                  | 2. Employer identification number          |                              | 3. Net unrelated income (loss) (see instructions) |  | <b>4.</b> Total of specified payments made             |  | 5. Part of column 4 that is included in the controlling organization's gross income |              | rolling                    | <b>6.</b> Deductions directly connected with income in column 5                   |  |
| (1)                                  |                        |  |                              |   |  |  |  |   |              |                            |   |  |
| (2)                                  |                        |  |                              |   |  |  |  |   |              |                            |   |  |
| (3)                                  |                        |  |                              |   |  |  |  |   |              |                            |   |  |
| (4)                                  |                        |  |                              |   |  |  |  |   |              |                            |   |  |
| Nonexempt Controlled Organ           | nizations              |  |                              |   |  |  |  |   |              |                            |   |  |
| 7. Taxable Income                    | 8. Net                 | unrelated incon<br>see instructions        |                              | 9. Total  | of specified pay<br>made   | ments  | 10. Part of column in the controllingross                                    | mn 9 tha<br>ing orga<br>s income  | nization's   |                            | eductions directly connected<br>h income in column 10                             |  |
| (1)                                  |                        |  |                              |   |  |  |  |   |              |                            |   |  |
| (2)                                  |                        |  |                              |   |  |  |  |   |              |                            |   |  |
| (3)                                  |                        |  |                              |   |  |  |  |   |              |                            |   |  |
| (4)                                  |                        |  |                              |   |  |  |  |   |              |                            |   |  |
| .,                                   |                        |  |                              | •   |  |  | Add colun<br>Enter here and<br>line 8, o                                     |   | e 1, Part I, |                            | dd columns 6 and 11.<br>here and on page 1, Part I,<br>line 8, column (B).        |  |
| Totals                               |                        |  |                              |   |  |  |  |   | 0.           |                            | C   |  |
| Schedule G - Investme                | ent Inco<br>tructions) | me of a                                    | Sectio                       | n 501(c)(   | 7), (9), or  | (17) Or  | ganization   | 1   |              |                            |   |  |
| <b>1</b> . Des                       | cription of inc        | ome  |                              |   | 2. Amount of   | income   | 3. Deductio<br>directly conne<br>(attach sched                               | ected   | 4. Set-      | asides<br>schedule)        | 5. Total deductions<br>and set-asides<br>(col. 3 plus col. 4)                     |  |
| (1)                                  |                        |  |                              |   |  |  |  |   |              |                            |   |  |
| (2)                                  |                        |  |                              |   |  |  |  |   |              |                            |   |  |
| (3)                                  |                        |  |                              |   |  |  |  |   |              |                            |   |  |
| (4)                                  |                        |  |                              |   |  |  |  |   |              |                            |   |  |
|                                      |                        |  |                              |   | Enter here and<br>Part I, line 9, co                                     | on page 1,<br>lumn (A).                                |  |   |              |                            | Enter here and on page<br>Part I, line 9, column (B)                              |  |
| Totals                               |                        |  |                              |   |  | 0.   |  |   |              |                            | C   |  |
| Schedule I - Exploited (see instr    | I Exemp                |  |                              |   | r Than Ac  | lvertisi   | ing Income   | )   |              |                            |   |  |
|                                      |                        |  | 3 -                          | penses  | 4. Net incon   | ne (loss)  |  |   |              |                            | 7 5   |  |
| 1. Description of exploited activity | unrelated<br>incon     | Gross<br>d business<br>ne from<br>business | directly<br>with pr<br>of un | connected<br>roduction<br>irelated<br>ss income   | from unrelated<br>business (co<br>minus colum<br>gain, comput<br>through | trade or<br>olumn 2<br>n 3). If a<br>e cols. 5         | <b>5.</b> Gross inco<br>from activity to<br>is not unrelate<br>business inco | that<br>ted   | attribut     | penses<br>table to<br>mn 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).  |  |
| (1)                                  |                        |  |                              |   |  |  |  |   |              |                            |   |  |
| (2)                                  |                        |  |                              |   |  |  |  |   |              |                            |   |  |
| (3)                                  |                        |  |                              |   |  |  |  |   |              |                            |   |  |
| (4)                                  |                        |  |                              |   |  |  |  |   |              |                            |   |  |
|                                      | page                   | ere and on<br>1, Part I,<br>, col. (A).    | page                         | ere and on<br>1, Part I,<br>I, col. (B).          |  |  |  |   |              |                            | Enter here and<br>on page 1,<br>Part II, line 26.                                 |  |
| Totals                               | •                      | 0.   |                              | 0.  |  |  |  |   |              |                            | d   |  |
| Schedule J - Advertis                | ing Inco               | <b>me</b> (see i                           | nstructio                    | ns)   |  |  |  |   |              |                            |   |  |
| Part I Income From                   | Periodi                | cals Rep                                   | orted c                      | n a Con   | solidated  | Basis  |  |   |              |                            |   |  |
| 1. Name of periodical                |                        | 2. Gross advertising income                | adv                          | 3. Direct vertising costs                         | or (loss) (c<br>col. 3). If a g  | tising gain<br>ol. 2 minus<br>ain, comput<br>nrough 7. |  |   | 6. Read      |                            | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |  |
| (1)                                  |                        |  |                              |   |  |  |  |   |              |                            |   |  |
| (2)                                  |                        |  |                              |   |  |  |  |   |              |                            |   |  |
| (3)                                  |                        |  |                              |   |  |  |  |   |              |                            |   |  |
| (4)                                  |                        |  |                              |   |  |  |  |   |              |                            |   |  |
| Totals (carry to Part II, line (5))  |                        |  | 0.                           |   | 0.   |  |  |   |              |                            | (   |  |

## Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical       | 2. Gross<br>advertising<br>income                          | 3. Direct advertising costs                                | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|-----------------------------|--|--|--|-----------------------|---------------------|---|
| (1)                         |  |  |  |                       |                     |   |
| (2)                         |  |  |  |                       |                     |   |
| (3)                         |  |  |  |                       |                     |   |
| (4)                         |  |  |  |                       |                     |   |
| Totals from Part I          | 0.   | 0.   |  |                       |                     | 0.  |
|                             | Enter here and on<br>page 1, Part I,<br>line 11, col. (A). | Enter here and on<br>page 1, Part I,<br>line 11, col. (B). |  |                       |                     | Enter here and<br>on page 1,<br>Part II, line 27.                                 |
| Totals, Part II (lines 1-5) | 0.   | 0.   |  |                       |                     | 0.  |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name   | 2. Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business |
|---|----------|--|---|
| (1)   |          | %                                      |   |
| (2)   |          | %                                      |   |
| (3)   |          | %                                      |   |
| (4)   |          | %                                      |   |
| Total. Enter here and on page 1, Part II, line 14 |          | <b>&gt;</b>                            | 0.  |

Form **990-T** (2018)

SEATTLE OPERA 91-0760426

| FORM 990-T             | INCO               | ME (LOSS) FROM PA             | ARTNERSHIPS       | STATEMENT              | 1              |
|------------------------|--------------------|-------------------------------|-------------------|------------------------|----------------|
| DESCRIPTIO             | N                  |                               |                   | NET INCOM<br>OR (LOSS  |                |
| SONG & DAN             | CE LLC - ORDINARY  | BUSINESS INCOME (             | LOSS)             | 19,                    | ,636.          |
| TOTAL INCL             | UDED ON FORM 990-T | , PAGE 1, LINE 5              |                   | 19,                    | ,636.          |
| FORM 990-T             |                    | OTHER DEDUCTI                 | ONS               | STATEMENT              | 2              |
| DESCRIPTIO             | N                  |                               |                   | AMOUNT                 |                |
| FACILITY<br>TAX PREPAR | -<br>ATION FEES    |                               |                   |                        | ,266.<br>,000. |
| TOTAL TO F             | ORM 990-T, PAGE 1, | LINE 28                       |                   | 2,                     | ,266.          |
| FORM 990-T             | NET                | OPERATING LOSS D              | DEDUCTION         | STATEMENT              | 3              |
| TAX YEAR               | LOSS SUSTAINED     | LOSS<br>PREVIOUSLY<br>APPLIED | LOSS<br>REMAINING | AVAILABLE<br>THIS YEAR |                |
| 06/30/08               | 18,414.            | 16,910.                       | 1,504.            | 1,5                    |                |
| 06/30/09               | 22,925.            | 0.                            | 22,925.           | 22,9                   |                |
| 06/30/11               | 18,901.            | 0.                            | 18,901.           | 18,9                   |                |
| 06/30/12               | 21,512.            | 0.                            | 21,512.           | 21,5                   | 12.            |
| NOL CARRYO             | VER AVAILABLE THIS | YEAR                          | 64,842.           | 64,8                   | 42             |

## **SCHEDULE M** (Form 990-T)

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

\_\_\_\_, and ending JUN 30, 2019

Department of the Treasury Internal Revenue Service (99) Name of the organization ► Go to www.irs.gov/Form990T for instructions and the latest information.

For calendar year 2018 or other tax year beginning UL 1, 2018

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0687

ENTITY

Employer identification number

501(c)(3) Organizations Only

| Describe the unrelated trade or business   Not   |     | SEATTLE OPERA  |        |                     | 91-0760426   |                   |
|--|-----|--|--------|---------------------|--------------|-------------------|
| Part   Unrelated Trade or Business Income  | ι   | Inrelated business activity code (see instructions)   541800     |        |                     |              |                   |
| a Gross receipts or sales b Less returns and allowances c Balance b Less returns and allowances c Balance b Less returns and allowances c Balance  |     | Describe the unrelated trade or business ADVERTISING             |        |                     |              |                   |
| b Less returns and allowances  | Pa  | t I Unrelated Trade or Business Income                           |        | (A) Income          | (B) Expenses | (C) Net           |
| 2 Cost of goods sold (Schedule A, line 7)  | 1 a | Gross receipts or sales  |        |                     |              |                   |
| 3   Gross profit. Subtract line 2 from line 16   | b   | Less returns and allowances c Balance ▶                          | 1c     |                     |              |                   |
| 4a Capital gain net income (attach Schedule D)   | 2   | Cost of goods sold (Schedule A, line 7)                          | 2      |                     |              |                   |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)   | 3   | Gross profit. Subtract line 2 from line 1c                       | 3      |                     |              |                   |
| c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuties, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) 0 reganization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) 0 reganization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12   | 4 a | Capital gain net income (attach Schedule D)                      | 4a     |                     |              |                   |
| 5 Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 Rent income (Schedule C) 7 Unrelated debt financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule G) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 13 330. 255. 75.  Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)  14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 15 Repairs and maintenance 16 Repairs and maintenance 16 Repairs and maintenance 17 Bad debts 17 Interest (attach schedule) (see instructions) 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 T | b   | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b     |                     |              |                   |
| statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) 0 reganization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Unterincome (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 14 Oder income (See instructions) 15 Salaries and wages 16 Compensation of officers, directors, and trustees (Schedule K) 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and ilcenses 19 Taxes and ilcenses 19 Taxes and ilcenses 19 Depreciation (attach Form 4562) 21 Depreciation (attach Form 4562) 22 Less depreciation (attach Form 4562) 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Total deductions. Add lines 14 through 28 29 Total deductions. Add lines 14 through 28 29 Total deductions. Add lines 14 through 28 20 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 20 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 20 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 21 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see  | С   | Capital loss deduction for trusts                                | 4c     |                     |              |                   |
| Rent income (Schedule C)   | 5   | Income (loss) from a partnership or an S corporation (attach     |        |                     |              |                   |
| To Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Investment income (Schedule G) Investment income (Schedule G) Investment income (Schedule G) Investment income (Schedule J) Investment inco |     |  | 5      |                     |              |                   |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 14 Ober income (See instructions) attach schedule) 15 Total. Combine lines 3 through 12 16 Compensation of officers, directors, and trustees (Schedule K) 17 Salaries and wages 18 Interest (attach schedule) (See instructions) 19 Interest (attach schedule) (See instructions) 19 Taxes and licenses 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Depletion 23 Contributions to deferred compensation plans 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Total deductions. Add lines 14 through 28 29 Total deductions. Add lines 14 through 28 20 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 20 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see linstructions) 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see   | 6   |  |        |                     |              |                   |
| organization (Schedule F)  Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)  Exploited exempt activity income (Schedule I)  Advertising income (Schedule J)  Total. Combine lines 3 through 12  Total. Complex lines 3 through 12  Total. Compensation of officers, directors, and trustees (Schedule K)  Total. Compensation of officers, directors, and trustees (Schedule K)  Total. Compensation of officers, directors, and trustees (Schedule K)  Total. Compensation of officers, directors, and trustees (Schedule K)  Total. Compensation of officers, directors, and trustees (Schedule K)  Total. Compensation of officers, directors, and trustees (Schedule K)  Total. Compensation of officers, directors, and trustees (Schedule K)  Total. Compensation of officers, directors, and trustees (Schedule K)  Total. Compensation of officers, directors, and trustees (Schedule K)  Total. Compensation of officers, directors, and trustees (Schedule K)  Total. Compensation of officers, directors, and trustees (Schedule K)  Total. Compensation of officers, directors, and trustees (Schedule K)  Total. Compensation of officers, directors, and trustees (Schedule K)  Total. Compensation of officers, directors, and trustees (Schedule K)  Total. Compensation of officers, directors, and trustees (Schedule K)  Total. Compensation of officers, directors, and trustees (Schedule K)  Total. Compensation of officers, directors, and trustees (Schedule K)  Total. Compensation of officers, directors, and trustees (Schedule K)  Total. Compensation of officers, directors, and trustees (Schedule K)  Total. Compensation of officers, directors, and trustees (Schedule K)  Total. Compensation of officers, directors, and trus | 7   |  | 7      |                     |              |                   |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G). 10 Exploited exempt activity income (Schedule I). 11 Advertising income (Schedule J). 12 Other income (See instructions; attach schedule). 13 Total. Combine lines 3 through 12. 13 Total. Combine lines 3 through 12. 15 Other income (See instructions attach schedule). 16 Compensation of officers, directors, and trustees (Schedule K). 17 Salaries and wages. 18 Salaries and wages. 19 Total debut on the first of the  | 8   |  |        |                     |              |                   |
| Organization (Schedule G)   9  |     |  | 8      |                     |              |                   |
| 10   | 9   |  |        |                     |              |                   |
| 11   |     |  |        |                     |              |                   |
| 12   |     |  |        |                     |              |                   |
| Total. Combine lines 3 through 12  13  330. 255. 75.  Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)  14 Compensation of officers, directors, and trustees (Schedule K)  15 Salaries and wages  16 Repairs and maintenance  16 Bad debts  17 Interest (attach schedule) (see instructions)  18 Interest (attach schedule) (see instructions)  19 Taxes and licenses  20 Charitable contributions (See instructions for limitation rules)  21 Depreciation (attach Form 4562)  22 Less depreciation claimed on Schedule A and elsewhere on return  22 Depletion  23 Depletion  24 Contributions to deferred compensation plans  25 Employee benefit programs  26 Excess exempt expenses (Schedule I)  27 Total deductions (attach schedule)  28 Total deductions. Add lines 14 through 28  30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  30 0 0.  31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)   |     |  |        | 330.                | 255.         | 75.               |
| Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)  14 Compensation of officers, directors, and trustees (Schedule K)  15 Salaries and wages  16 Repairs and maintenance  16 17 Bad debts  17 Interest (attach schedule) (see instructions)  18 Interest (attach schedule) (see instructions)  19 Taxes and licenses  10 Charitable contributions (See instructions for limitation rules)  20 Charitable contributions (See instructions for limitation rules)  21 Depreciation (attach Form 4562)  22 Less depreciation claimed on Schedule A and elsewhere on return  22 Depletion  23 Depletion  24 Contributions to deferred compensation plans  25 Employee benefit programs  26 Excess exempt expenses (Schedule I)  27 Fig.  28 Other deductions (attach schedule)  29 Total deductions. Add lines 14 through 28  30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  30 0.  31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  31   |     |  |        | 222                 | 0.5.5        |                   |
| deductions must be directly connected with the unrelated business income.)  14 Compensation of officers, directors, and trustees (Schedule K)  15 Salaries and wages  16 Repairs and maintenance  16 17 Bad debts  17 18 Interest (attach schedule) (see instructions)  18 19 Taxes and licenses  19 Coharitable contributions (See instructions for limitation rules)  20 Less depreciation (attach Form 4562)  21 Less depreciation claimed on Schedule A and elsewhere on return  22 Less depreciation to deferred compensation plans  24 Contributions to deferred compensation plans  25 Employee benefit programs  26 Excess exempt expenses (Schedule I)  27 Excess readership costs (Schedule J)  28 Other deductions (attach schedule)  29 755  30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  30 0.  31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)   | 13  | Total. Combine lines 3 through 12                                | 13     | 330.                | 255.         | 75.               |
| 15 Salaries and wages  |     | deductions must be directly connected with the u                 | unrela | ated business incom | e.)          | or contributions, |
| 16 Repairs and maintenance 16   17 Bad debts 17   18 Interest (attach schedule) (see instructions) 18   19 Taxes and licenses 19   20 Charitable contributions (See instructions for limitation rules) 20   21 Depreciation (attach Form 4562) 21   22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b   23 Depletion 23   24 Contributions to deferred compensation plans 24   25 Employee benefit programs 25   26 Excess exempt expenses (Schedule I) 26   27 Excess readership costs (Schedule J) 27   28 Other deductions (attach schedule) 28   29 75   30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 0   31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31  |     |  |        |                     |              |                   |
| 17 Bad debts 17 Interest (attach schedule) (see instructions) 18 Interest (attach schedule) (see instructions) 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Interest (attach schedule) 20 Interest (attach schedule) 20 Interest (attach schedule) 20 Interest (attach schedule) 20 Interest (attach schedule) 21 Interest (attach schedule) 22 Interest (attach schedule) 22 Interest (attach schedule) 23 Interest (attach schedule) 24 Interest (attach schedule) 25 Interest (attach schedule) 26 Interest (attach schedule) 27 Interest (attach schedule) 28 Interest (attach schedule) 29 Interest (attach schedule) 30 Interest (attach schedule) 31 Interest (attach schedule) 32 I |     |  |        |                     |              |                   |
| Interest (attach schedule) (see instructions)  Taxes and licenses  Charitable contributions (See instructions for limitation rules)  Depreciation (attach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)   |     | B 1 1 1 1  |        |                     | 4-           |                   |
| Taxes and licenses  Charitable contributions (See instructions for limitation rules)  Depreciation (attach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)   |     |  |        |                     |              |                   |
| Charitable contributions (See instructions for limitation rules)  Depreciation (attach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)   |     |  |        |                     |              |                   |
| Depreciation (attach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)   |     |  |        |                     |              |                   |
| Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  |     |  |        |                     | 20           |                   |
| Depletion 23  Contributions to deferred compensation plans 24  Employee benefit programs 25  Excess exempt expenses (Schedule I) 26  Excess readership costs (Schedule J) 27  Other deductions (attach schedule) 28  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)   |     | 7  |        |                     | 22h          |                   |
| Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  |     |  |        |                     |              |                   |
| Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  |     | Contributions to deferred compensation plans                     |        |                     | 24           |                   |
| Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)   |     |  |        |                     |              |                   |
| 27 75. 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 instructions  |     |  |        |                     |              |                   |
| Other deductions (attach schedule)  Total deductions. Add lines 14 through 28  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  28  29  75.  30  0.   |     |  |        |                     |              | 75.               |
| Total deductions. Add lines 14 through 28  29  75.  30  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  31   |     |  |        |                     |              |                   |
| Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  30  0. 31  |     |  |        |                     |              | 75.               |
| Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  31   |     |  |        |                     |              | 0.                |
| instructions) 31   |     |  |        |                     |              |                   |
|  |     |  |        | • • •               | 31           |                   |
|  | 32  |  |        |                     |              |                   |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

## Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical               | 2. Gross<br>advertising<br>income                          | 3. Direct advertising costs                                | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs              | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|-------------------------------------|--|--|--|-----------------------|----------------------------------|---|
| (1)                                 |  |  |  |                       |                                  |   |
| (2)                                 |  |  |  |                       |                                  |   |
| (3)                                 |  |  |  |                       |                                  |   |
| (4)                                 |  |  |  |                       |                                  |   |
| Totals (carry to Part II, line (5)) | 0.   | 0.   |  |                       |                                  | 0.  |
| Part II Income From Perio           | -  | _  | r <b>ate Basis</b> (For ea   | ıch periodical liste  | d in Part II. fill in            |   |
| columns 2 through 7 on a            | -  | -  | Ç  |                       | ··· ·· · · · · · · · · · · · · · |   |
| 1. Name of periodical               | 2. Gross<br>advertising<br>income                          | 3. Direct advertising costs                                | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs              | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) ENCORE MEDIA GROUP              | 330.   | 255.   | 75.  |                       | 169.                             | 75.   |
| (2)                                 |  |  |  |                       |                                  |   |
| (3)                                 |  |  |  |                       |                                  |   |
| (4)                                 |  |  |  |                       |                                  |   |
| Totals from Part I                  | 0.   | 0.   |  |                       |                                  | 0.  |
|                                     | Enter here and on<br>page 1, Part I,<br>line 11, col. (A). | Enter here and on<br>page 1, Part I,<br>line 11, col. (B). |  |                       |                                  | Enter here and<br>on page 1,<br>Part II, line 27.                                 |
| Totals, Part II (lines 1-5)         | 330.   | 255.   |  |                       |                                  | 75.   |