			**PUBLIC DISCLOSURE COPY**		
Form	990-T	E	Exempt Organization Business Income Tax Retur (and proxy tax under section 6033(e))	n	OMB No. 1545-0047
		For ca	lendar year 2022 or other tax year beginning JUL 1, 2022 , and ending JUN 30, 2023		2022
Depa Interr	rtment of the Treasury nal Revenue Service		Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	DEmbl	oyer identification number
ΒE	Exempt under section	Print	SEATTLE OPERA		91-0760426
X	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 363 MERCER STREET		o exemption number nstructions)
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98109	F	Check box if
		C Bo	ok value of all assets at end of year	7	an amended return.
G	Check organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
н	Check if filing only to	0	Claim credit from Form 8941 Claim a refund shown on Form 2439		
<u> </u>	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	
J	Enter the number of	attach	ed Schedules A (Form 990-T)		1
κ	During the tax year,	was th	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
	If "Yes," enter the na	ame an	d identifying number of the parent corporation.		
_	The books are in ca			206-38	9-7600
Pa	art I   Total Uni	relate	d Business Taxable Income		
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	12,021.
2	Reserved			2	
3	Add lines 1 and 2			3	12,021.
4			see instructions for limitation rules)		0.
5	Total unrelated bu	isiness	taxable income before net operating losses. Subtract line 4 from line 3	5	12,021.
6	Deduction for net	operati	ng loss. See instructions STATEMENT 1	6	12,021.
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fro	m line	5	7	
8	Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 19	99A de	duction. See instructions	9	
10	Total deductions			10	1,000.
11	Unrelated busine	ess taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero	<u></u>		11	0.
Pa	art II Tax Com	putat	on		
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2			ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)		
3	Proxy tax. See ins			3	
4	Other tax amounts			4	
5	Alternative minimu			5	
6			cility income. See instructions		
7	Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2022)

Form 9	90-T (2022)		F	2 Page
Part	III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a			
b	Other credits (see instructions) 1b			
С	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d			
е	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			
	Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022			
b	2022 estimated tax payments. Check if section 643(g) election applies 6b			
с	Tax deposited with Form 8868 6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
е	Backup withholding (see instructions) 6e			
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total 6g			
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		ſ	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$			
4	Enter available pre-2018 NOL carryovers here \$107,737. Do not include any post-2017 NOL carr			
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part			
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		_	
	Business Activity Code Available post-2017 NOL ca		_	
	450000 \$	6,054.	_	
	\$		-	v
6a	Did the organization change its method of accounting? (see instructions)			X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
	explain in Part V	<u></u>		

## Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

	Under penalties of perjury, I declare that I have examin correct, and complete. Declaration of preparer (other the second					wledge a	and belief, it is t	rue,	
Here			CFO			May the IRS discuss this return with the preparer shown below (see			
	Signature of officer	Date	Title			instruc	tions)? X	Yes	No
	Print/Type preparer's name	Preparer's signature		Date	Check	if	PTIN		
Paid					self- employe	ed			
Preparer	MEGAN R. RYAN	MEGAN R. RYAN		04/25/24			P00737884		
Use Only	Firm's name CLARK NUBER, PS				Firm's EIN		91-119	4016	
,		STREET, SUITE 1400	TREET, SUITE 1400						
	Firm's address BELLEVUE, WA	98004	3004			Phone no. 425-454-4919			

91-0760426

ORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 1
	FORWARD FROM PRIOR YEAR FION INCLUDED IN PART I, LINE 6	107,737. 12,021.
SCHEDULE A PORTION SCHEDULE A ENTITY	OF PRE-2018 NOL SCHEDULE A SHARE	
1	0.	
OTAL SCHEDULE A S	HARE OF PRE-2018 NOL	0.
IET OPERATING DEDU		12,021.
	2018 NOL DEDUCTION	0.
EXPIRING NET OPERA		0.
CARRY FORWARD OF N	ET OPERATING LOSS	95,716.

FORM 990-T		PRE-201	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 2
TAX YEAR	LOSS	SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/05		77,057.	77,057.	0.	0.
06/30/07		29,421.	3,436.	25,985.	25,985.
06/30/08		18,414.	0.	18,414.	18,414.
06/30/09		22,925.	0.	22,925.	22,925.
06/30/11		18,901.	0.	18,901.	18,901.
06/30/12		21,512.	0.	21,512.	21,512.
NOL CARRYOV	VER AV	AILABLE THIS	YEAR	107,737.	107,737.

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### SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

## Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

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

OMB No. 1545-0047

2022

Open to Public Inspection for 501(c)(3) Organizations Only

Α	Name of the organization SEATTLE OPERA	B Employer identification number 91-0760426					
с	Unrelated business activity code (see instructions) 450000	D	Sequence:	1	of	1	

#### E Describe the unrelated trade or business RETAIL SALES THROUGH INVESTMENT IN PARTNERSHIP.

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 3	5	15,670.		15,670.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	15,670.		15,670.

# Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1			
2	Salaries and wages				1,149.
3	Repairs and maintenance				
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion			9	
10	Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)			14	2,500.
15	Total deductions. Add lines 1 through 14				3,649.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	Part	I, line 13,		
	column (C)			16	12,021.
17	Deduction for net operating loss. See instructions				0.
18	Unrelated business taxable income. Subtract line 17 from line 16		12,021.		
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedul	e A (Form 990-T) 2022

	ule A (Form 990-T) 2022					Pa	age 2
Part	III Cost of Goods Sold Enter method	od of inventory valuat	ion				
1	Inventory at beginning of year				1		
2	Purchases				2		
3	Cost of labor				3		
4	Additional section 263A costs (attach statement)				4		
5	Other costs (attach statement)		5				
6	Total. Add lines 1 through 5				6		
7	Inventory at end of year				7		
8	Cost of goods sold. Subtract line 7 from line 6. Enter he	ere and in Part I, line	2		8		1
9	Do the rules of section 263A (with respect to property pr					Yes	No
Part					rty)		
1	Description of property (property street address, city, sta	te, ZIP code). Check	if a dual-use. See inst	ructions.			
	в						
	c 🗌						
	D						
		Α	В	С		D	
2	Rent received or accrued						
а	From personal property (if the percentage of						
	rent for personal property is more than 10%						
	but not more than 50%)						
b	From real and personal property (if the						
	percentage of rent for personal property exceeds						
	50% or if the rent is based on profit or income)						
с	Total rents received or accrued by property.						
	Add lines 2a and 2b, columns A through D						
3	Total rents received or accrued. Add line 2c columns A t	hrough D. Enter here	and on Part I, line 6, c	olumn (A)			0.
	Deductions directly connected with the income						
4	in lines 2(a) and 2(b) (attach statement)						
5	Total deductions. Add line 4 columns A through D. Enter		line 6, column (B)				0.
Part	V Unrelated Debt-Financed Income (see	e instructions)					
1	Description of debt-financed property (street address, cit	y, state, ZIP code). C	heck if a dual-use. See	e instructions.			
	A						
	В						
	c						
	D						
		Α	В	С		D	
2	Gross income from or allocable to debt-financed						
	property						
3	Deductions directly connected with or allocable						
	to debt-financed property						
а	Straight line depreciation (attach statement)						
b	Other deductions (attach statement)						
с	Total deductions (add lines 3a and 3b,						
	columns A through D)						
4	Amount of average acquisition debt on or allocable						
	to debt-financed property (attach statement)						
5	Average adjusted basis of or allocable to debt-						
	financed property (attach statement)						
6	Divide line 4 by line 5		%		%		%
7	Gross income reportable. Multiply line 2 by line 6						
8	Total gross income (add line 7, columns A through D).	Enter here and on Pa	rt I, line 7, column (A)				0.
	_						
9	Allocable deductions. Multiply line 3c by line 6						
10	Total allocable deductions. Add line 9, columns A thro	ugh D. Enter here and	d on Part I, line 7, colu	mn (B)			0.
11	Total dividends-received deductions included in line 1						0.

Sched	ule A (Form 990-T) 2022	itico De	walting and D	nto from	n Control		aonization		· · · ·			Page <b>3</b>
Part	VI Interest, Annu	lities, Ro	byaities, and Re	ents fror	n Control		-	,	ee instruct	,		
	1. Name of controlled organization		<b>2.</b> Employer identification number	3. Net unrelated 4. Total		Exempt Controlled Organiza al of specified nents made tion's gross		art of colur s included	lumn 4 ed in the rganiza-		eductions directly onnected with ome in column 5	
(1)									e greee me			
(2)												
(3)												
(4)												
			No	1	Controlled O	-	ons					
7	7. Taxable Income	in	Net unrelated come (loss) e instructions)		otal of specif yments mad		<b>10.</b> Part of column 9 that is included in the controlling organization's gross income		in the zation's	11. Deductions directly connected with income in column 10		nected with
(1)												
(2)												
(3)												
(4)												
Totals							Add colum Enter here line 8, c	and or	n Part I,	Ent	er her	umns 6 and 11. re and on Part I, 3, column (B) 0 <b>.</b>
Part	VII Investment	Income	of a Section 50	1(c)(7), (	9), or (17)	Orgar	nization <sub>(s</sub>	ee inst	tructions)			
	<b>1.</b> Desc	cription of i	income		2. Amou incon		3. Deduction directly connormal (attach stater	ected	<b>4.</b> Set- (attach st		nt)	. Total deductions and set-asides (add cols 3 and 4)
(1)												
(2)												
(3) (4)												
(4) Totals					Add amou column 2 here and or line 9, colu	. Enter n Part I,					٢	Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0.
Part	VIII Exploited E	xempt A	ctivity Income,	Other 1	han Adve	ertising	g Income	(see in	structions)			
1	Description of exploite	ed activity:	-						,			
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter l	here and on Pa	art I,				
	line 10, column (B)									3		
4	Net income (loss) from	n unrelated	trade or business.	Subtract lir	ne 3 from line	e 2. lf a ç	gain, complete	•				
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on P	Part II, line	12					<u></u>		7		

Schedule A (Form 990-T) 2022

Schedu	ule A (Form 990-T) 2022				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	g two or more periodicals o	n a consolidated basis	3.	
	Α				
	В				
	c 🗌				
	D				
Enter a	mounts for each periodical listed above in the c	corresponding column.			
		A	В	с	D
2	Gross advertising income			<b>v</b>	
-	Add columns A through D. Enter here and on	-			0.
•	Add coldmins A through D. Enter here and on				
а З	Direct advertising costs by periodical				
	Direct advertising costs by periodical				0.
а	Add columns A through D. Enter here and on	Part I, line TT, column (B)			••
4	Advertising gain (loss). Subtract line 3 from lin	e			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
_	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is les				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain o				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gr	eater of the line 8a, column	s total or zero here an	d on	
D I .	Part II, line 13				0.
Part 3	X Compensation of Officers, Dir	ectors, and Trustees	(see instructions)	I I	
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title	9	of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
					0.
Part 3	XI Supplemental Information (see	e instructions)			

Schedule A	(Form 99	0-T) 202	22	

SEATTLE OP	ERA			91-0760426
FORM 990-T	(A) INCON	ME (LOSS) FROM PA	RTNERSHIPS	STATEMENT 3
DESCRIPTIO	N			NET INCOME OR (LOSS)
SONG & DAN	15,670.			
TOTAL INCL	15,670.			
FORM 990-T	(A)	OTHER DEDUCTIO	ONS	STATEMENT 4
DESCRIPTIO	AMOUNT			
TAX PREPAR	2,500.			
TOTAL TO S	CHEDULE A, PART II,	, LINE 14		2,500.
FORM 990-T SCHEDULE	STATEMENT 5			
	LES THROUGH INVESTM 0-T, SCHEDULE A, LI		IP.	
990-T SCH	A POST-201	17 NET OPERATING	LOSS DEDUCTION	STATEMENT 6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/20 06/30/21	1,516. 4,538.	0. 0.	1,516. 4,538.	1,516. 4,538.
	VER AVAILABLE THIS	YEAR	6,054.	6,054.