Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047 Inspection

	OI III	le 2016 Caleridar year, or tax year beginning 07/01, 2016	, and endin		Caralana ida		130 , 20 19
B c	heck if ap	C Name of organization LOS ANGELES OPERA COMPANY		٦	Employer ide	entifica	ation number
	Addre	Poing Puninger An			95-2096	402	
	7	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E	Telephone nu	ımber	
	+	return 135 NORTH GRAND AVENUE			(213) 97:	2 – 76	652
	Term	City or town state or province country, and 7ID or favoire postel and			· ,		
	Amer	nded LOS ANGELES. CA 90012		la	Gross receipt	s \$	57,174,245.
	return Applie	F Name and address of principal officer: CARL M RIES			(a) Is this a grou	p returr	
	pendi	135 N. GRAND AVENUE, LOS ANGELES, CA 90012		н	subordinates? (b) Are all subordi		
_	Tax-ex	rempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 52		• •		(see instructions)
		te: LAOPERA.ORG	01 02		(c) Group exemp		
_		of organization: X Corporation Trust Association Other	I Year o		· · · · ·		of legal domicile: CA
	art I	Summary	2 1001 0	· ioiiiiatioi		Oldio C	or rogal dominono.
		Briefly describe the organization's mission or most significant activities: THE L	OS ANGEL	ES OPI	ERA COMPA	ANY	(LA OPERA)
ø	•	IS A NON-PROFIT ENTITY ORGANIZED TO PROVIDE AN O					
Governance		ENJOY THE RICH EMOTIONAL AND CULTURAL EXPERIENCE					
ern	2	Check this box ▶ if the organization discontinued its operations or dispos			 f its net assets	 :	
્રે	3				I	3	88.
	4	Number of independent voting members of the governing body (Part VI, line 1b)				4	81.
ies	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)				5	1,023.
Activities &	6	Total number of volunteers (estimate if necessary)				6	279.
Ac	_	Total unrelated business revenue from Part VIII, column (C), line 12				7a	0
		Net unrelated business taxable income from Form 990-T, line 34				7b	0
_					Prior Year		Current Year
_	8	Contributions and grants (Part VIII, line 1h)		4	0,920,06	8.	34,808,643
ne	9	Program service revenue (Part VIII line 2a)	Y FOR	1	4,472,67	7.	11,918,084
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	NSPECTION		1,370,52	5.	4,462,727
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-377,46	0.	-278,842
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5	6,385,81	0.	50,910,612
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			8,00	0.	8,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0.	0
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2	6,042,37	8.	27,533,614
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			211,85	4.	139,770
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,292,714					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1	6,802,76	5.	15,856,993
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4	3,064,99	7.	43,538,377
	19	Revenue less expenses. Subtract line 18 from line 12		1	3,320,81	3.	7,372,235
ces				Beginnir	ng of Current Y	ear	End of Year
sets	20	Total assets (Part X, line 16)		9	1,977,43	9.	97,387,314
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		2	1,301,44	5.	20,096,003
F E	22	Net assets or fund balances. Subtract line 21 from line 20		7	0,675,99	4.	77,291,311
Pa	irt II	Signature Block					
Un	der pei	nalties of perjury, I declare that I have examined this return, including accompanying sched	ules and stater	nents, and	to the best of	my kı	nowledge and belief, it is
true	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparei na	s any know	wieuge.		
٥.							
Sig		Signature of officer			Date		
He	re	CARL RIES CFO					
		Type or print name and title					
De:		Print/Type preparer's name Preparer's signature	Date		Check	if P	TIN
Paid		SHALINI SAIDHA Shalini Saidha	6/20	6/2020	self-employe	ed]	P01959812
	parer Only	Firm's name KPMG LLP	F			5565207	
	City	Firm's address > 550 S. HOPE ST., SUITE 1500 LOS ANGELES, CA 90071		Р	hone no.	408-	-367-3992
May	the I	RS discuss this return with the preparer shown above? (see instructions)					X Yes No
For	Pape	rwork Reduction Act Notice, see the separate instructions.					Form 990 (2018)

LOS ANGELES OPERA COMPANY 95-2096402 Form 990 (2018) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO SERVE THE PUBLIC BY PRODUCING WORLD-CLASS OPERA THAT PRESERVES, PROMOTES AND ADVANCES THE ART FORM WHILE EMBODYING THE DIVERSITY. SPIRIT AND ARTISTIC SENSIBILITY UNIQUE TO LOS ANGELES. SEE SCHEDULE O. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 32,233,765. including grants of \$) (Revenue \$ 11,112,223.) OPERA FROM JULY 1, 2018 THROUGH JUNE 30, 2019, THE COMPANY PRODUCED 36 PERFORMANCES OF SIX OPERAS FOR NEARLY 101,000 PEOPLE, INCLUDING 44,000 ATTENDING PRESHOW EDUCATIONAL TALKS. 4b (Code:) (Expenses \$ 2,915,795. including grants of \$ OTHER ARTISTIC PROGRAMS THE ORGANIZATION PRESENTS OPERA IN A VARIETY OF MEDIA AND AT A VARIETY OF LOCATIONS TO EXPAND AND ENGAGE THE LA OPERA AUDIENCE. AND PROMOTE THE ART FORM. THESE ACTIVITIES INCLUDE THE OFF GRAND INITIATIVE, THE YOUNG ARTIST PROGRAM AS WELL AS A RECITAL WITH WORLD RENOWNED OPERA SINGERS. SEE SCHEDULE O.

) (Expenses \$ 1,427,124. including grants of \$ 8,000.) (Revenue \$ EDUCATION AND COMMUNITY OUTREACH THROUGHOUT THE YEAR, LA OPERA PRODUCED OVER 25 UNIQUE EDUCATION AND COMMUNITY PROGRAMS, FOR STUDENTS, CHILDREN, FAMILIES, AND SENIOR CITIZENS ACROSS THE LOS ANGELES REGION. OVER 4,400 SCHOOL STUDENTS ATTENDED DRESS REHEARSALS AT THE DOROTHY CHANDLER PAVILLION. ALMOST 6,100 STUDENTS AND SENIORS ATTENDED MAIN STAGE PERFORMANCES THROUGH OUR COMMUNITY CIRCLE PROGRAM AT LITTLE OR NO COST. SEE SCHEDULE O.

4d Other program services (Describe in Schedule O.) including grants of \$ (Expenses \$

36,576,684. **4e** Total program service expenses ▶

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) (Revenue \$

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Part	V Checklist of Required Schedules		1	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	.		v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		Х
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
·	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		v	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		Х
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>	120		
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	.	3.5	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		v
20 -	If "Yes," complete Schedule G, Part III	19		$\frac{X}{X}$
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX. column (A). line 12 If "Yes." complete Schedule I. Parts I and II	21		Х

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			3.7
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	245		
a	to defease any tax-exempt bonds?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	X	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		37	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	-
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>			
02	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.7
0.0	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	Х	
Part	19? Note. All Form 990 filers are required to complete Schedule O. Statements Pagarding Other IPS Filings and Tax Compliance.	38	21	
Fail	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Shook ii Oonoddio O oondano a response or note to any iile iii tiis Falt V.,.,.,.,.,.,.		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
			~~~	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1,023			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
-	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		L
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
h	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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LOS ANGELES OPERA COMPANY 95-2096402 Page 6 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 88 Enter the number of voting members of the governing body at the end of the tax year . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 81 Enter the number of voting members included in line 1a, above, who are independent . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b Х Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Х X 13 13 X 14 14 Did the organization have a written document retention and destruction policy?........... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Х Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

#### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed  $\triangleright$  CA,

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records ► CARL M. RIES 135 N. GRAND AVENUE LOS ANGELES, CA 90012-3013 (213) 972-7652

Form **990** (2018)

JSA 8E1042 1.000

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# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

**Independent Contractors** 

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

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

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

		Check this box if neither	the organization nor	any related	organization compensate	ed any current offic	er, director, or trus	stee.
--	--	---------------------------	----------------------	-------------	-------------------------	----------------------	-----------------------	-------

						•		,	, ,	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or di	not ch unles	Pos neck ss pe	rson	e than control Highest compensated employee	an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		ě	stee			nsated				
(1)MARC I. STERN	10.00									
CHAIRMAN	0.	Х		Х				0.	0.	0
(2) CAROL F. HENRY	10.00									
CHAIRMAN OF EXECUTIVE COMMITTE	0.	Х		Х				0.	0.	0
(3)BERNARD A. GREENBERG	5.00									
VICE CHAIRMAN	0.	Х		Х				0.	0.	0
(4)WARNER W. HENRY	5.00									
VICE CHAIRMAN	0.	Х		Х				0.	0.	0
(5)SEBASTIAN PAUL MUSCO	5.00									
VICE CHAIRMAN	0.	Х		Х				0.	0.	0
(6) EUGENE P. STEIN	5.00									
VICE CHAIRMAN	0.	Х		Х				0.	0.	0
(7)MARILYN ZIERING	5.00									
VICE CHAIRMAN	0.	Х		Х				0.	0.	0
(8)ROBERT RONUS	5.00									
TREASURER	0.	Х		Х				0.	0.	0
(9)MARVIN S. SHAPIRO	5.00									
SECRETARY	0.	Х		Х				0.	0.	0
(10)GERALDINE ALDEN, PH.D.	2.00									
DIRECTOR	0.	Х						0.	0.	0
(11)PATRICIA N. ARTIGAS	2.00									
DIRECTOR	0.	Х						0.	0.	0
(12)JAMES R. ASPERGER	2.00									
DIRECTOR	0.	Х						0.	0.	0
(13) HAIG S. BAGERDJIAN	2.00									
DIRECTOR	0.	Х			L	L	L	0.	0.	0
(14) PAUL BLOCH	2.00									
DIRECTOR	0.	Х						0.	0.	0

Form **990** (2018)

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	npic	oye	es,	and F	Higi	nest Compensat	ea Employees (d	continuea)
(A)	(B)			(	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unle er an	heck ss pe d a c	erson	e than o is both tor/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) ALEX K. BOUZARI	2.00									
DIRECTOR	0.	X						0.	0.	0 .
16) DR. IMAN H. BRIVANLOU	2.00									
DIRECTOR	0.	X						0.	0.	0
17) DR. CAROL E. CASS	2.00									
DIRECTOR (THRU 10/2/18)	0.	X						0.	0.	0
18) MARLENE CHAVEZ	2.00									
DIRECTOR	0.	X						0.	0.	0 .
19) JOYCE CHERNICK	2.00									
DIRECTOR	0.	X						0.	0.	0 .
20) JAMES CONLON	20.00									
EX.OFF.DIR. SEE SCH.J, PT. III	0.	X						878,326.	0.	142,611.
21) ROBERT T. COOK	2.00									
DIRECTOR	0.	X						0.	0.	0
22) ALEXIS DEUTSCH-ADLER	2.00									
DIRECTOR	0.	X						0.	0.	0
23) PLACIDO DOMINGO	20.00									
DIRECTOR. SEE SCH. J, PT. III	0.	X						840,776.	0.	566,667.
24) LESLIE A. DORMAN	2.00									
DIRECTOR	0.	Х						0.	0.	0
25) GEOFF EMERY	2.00									
DIRECTOR	0.	Х						0.	0.	0
1b Sub-total	•					•	<b></b>	0.	0.	0.
c Total from continuation sheets to Part VII, S	ection A						<b>&gt;</b>	4,435,490.	0.	812,471.
d Total (add lines 1b and 1c)					•		$\blacktriangleright$	4,435,490.	0.	812,471.
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re	eceived more than	\$100,000 of	
. , ,										Yes No
3 Did the organization list any former office	er, directo	or. or	tru	uste	e.	kev e	emp	lovee, or highes	t compensated	133 143

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual	3	Χ	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X	

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 9

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JSA 8E1055 1.000

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	rson	e than o is both tor/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
26) PENELOPE FOLEY	2.00									
DIRECTOR	0.	Х						0.	0.	0.
27) DON ERIK FRANZEN	2.00									
DIRECTOR	0.	Х						0.	0.	0.
28) DR. MICHAEL A. FRIEDMAN	2.00									
DIRECTOR	0.	Х						0.	0.	0.
29) ALEXANDER FURLOTTI	2.00	,								
DIRECTOR	2.00	Х						0.	0.	0.
30) CRAIG GARNER DIRECTOR	$\frac{2.00}{0.}$	X						0.	0.	0.
31) KIKI RAMOS GINDLER	2.00	Λ						0.	0.	0.
DIRECTOR	0.	X						0.	0.	0.
32) RUTH R. GOLD	2.00	21						0.	0.	0.
DIRECTOR	10.	X						0.	0.	0.
33) THOMAS GOTTSCHALK	2.00								<u> </u>	
DIRECTOR	0.	Х						0.	0.	0.
34) DIANE GRAY	2.00									
DIRECTOR	0.	Х						0.	0.	0.
35) MONICA GUTIERREZ-ROPER	2.00									
DIRECTOR	0.	Х						0.	0.	0.
36) CORNELIA HAAG-MOLKENTELLER, PHD	2.00									
DIRECTOR	0.	Х						0.	0.	0.
to Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	<u> </u>						<b>&gt; &gt;</b>		### ### ### ### ### ### ### ### ### ##	
2 Total number of individuals (including but not reportable compensation from the organizatio				a a	DOV	e) wnd	э ге	eceived more than	\$100,000 01	
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3 X
<b>4</b> For any individual listed on line 1a, is the organization and related organizations graduals	eater than	\$15	50,0	00?	l It	"Yes	5, "	complete Schedu	ıle J for such	4 X
individual										4 2
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y. Section B. Independent Contractors										5 X
Complete this table for your five highest com	noncotod :	ndon	224	nt	005	tracto	rc t	that received man	than \$100 000	
compensation from the organization. Report of										

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any	,		Pos heck		e than o		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)					Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
37) HANY HADDAD	2.00									
DIRECTOR	0.	Х						0.	0.	0
38) NICOLAS HAMATAKE	2.00							_	_	_
DIRECTOR (AS OF 12/3/18)	0.	Х						0.	0.	0
39) MARY HAYLEY	2.00									
DIRECTOR	0.	Х						0.	0.	0
40) CATHERINE H. HELM DIRECTOR	2.00							0.	0	0
41) MRS. JOHN F. HOTCHKIS	2.00	X						0.	0.	0
DIRECTOR	$\frac{2.00}{0.}$	X						0.	0.	0
42) TIM C. JOHNSON	2.00	Λ.						0.	0.	0
DIRECTOR	0.	X						0.	0.	0
43) RICHARD JONES	2.00								<u> </u>	
DIRECTOR	0.	Х						0.	0.	0
44) LAWRENCE A. KERN	2.00									
DIRECTOR	0.	Х						0.	0.	0
45) GAYLE KIRSCHBAUM	2.00									
DIRECTOR	0.	Х						0.	0.	0
46) THOMAS F. KRANZ	2.00									
DIRECTOR	0.	Х						0.	0.	0
47) EDWARD A. LANDRY	2.00									
DIRECTOR (THRU 11/1/18)	0.	Х						0.	0.	0
to Total from continuation sheets to Part VII, Section 1. Total (add lines 1b and 1c)							> re	eceived more than	\$100,000 of	
reportable compensation from the organization	n ▶	26	5							
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	50,0	00?	l It	"Yes	5, "	complete Schedu	ıle J for such	4 X
individual										4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5 X
Section B. Independent Contractors  1 Complete this table for your five highest com	nonostad !	nder	م م م - ام م	n+	20.5	trocto	rc 1	that received man	than \$100 000	\f
1 Complete this table for your five highest compensation from the organization Report (	•									

year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
48) LAUREN B. LEICHTMAN DIRECTOR	2.00	- 37						0.	0.	0
49) KEITH R. LEONARD, JR.	2.00	Х						0.	0.	0.
DIRECTOR	$-\frac{2.00}{0.}$							0.	0.	0
50) SEAN MADNANI	2.00	X						0.	0.	0.
DIRECTOR	$-\frac{2.00}{0.}$	X						0.	0.	0.
51) CLAUDE MANN	2.00	Λ						0.	0.	0.
DIRECTOR	$-\frac{2.00}{0.}$							0.	0.	0
52) PATTY MCKENNA	2.00	X						0.	0.	0.
	$-\frac{2.00}{0.}$								0.	
DIRECTOR		X						0.	0.	0.
53) BRYAN MOELLER	2.00	3,7								
DIRECTOR	0.	X						0.	0.	0.
54) JAMES MULALLY	2.00	,								
DIRECTOR (AS OF 3/12/19)	0.	X						0.	0.	0.
55) GREGORY NAVA	2.00									
DIRECTOR (AS OF 10/2/18)	0.	X						0.	0.	0.
56) DR. LESLIE A. PAM, PH.D.	2.00									
DIRECTOR	0.	X						0.	0.	0.
57) LINDA PASCOTTO	2.00								_	_
DIRECTOR	0.	X						0.	0.	0.
58) LINDA PIERCE	2.00									
DIRECTOR	0.	X						0.	0.	0.
1b Sub-total							$\blacktriangleright$			
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)							<b>&gt;</b>			
2 Total number of individuals (including but no			lieto	d a	hov/	a) who	) re	ceived more than	\$100,000 of	
reportable compensation from the organizati		26		ua	DOV	c) wiid	<i>J</i> 10	cerved more than	ψ100,000 01	
	<u> </u>									Yes No
3 Did the organization list any former off										Tes No
employee on line 1a? If "Yes," complete Sche	dule J for su	ch ina	livid	ual						3 X
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15	50,0	00?	. It	"Yes	s, "	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive of										-
for services rendered to the organization? If "										5 X
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest co compensation from the organization. Report year.</li> </ol>										

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	yee	es,	and I	lig	hest Compensat	ed Employees (a	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe d a d	rson lirect	e than o	an ee)	(D) Reportable compensation from the	Reportable compensation from related organizations	an	(F) stimated nount of other pensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org and	om the anizatio d related anization	d
59) HAROLD B. RAY	2.00											
DIRECTOR	0.	Х						0.	0.			0.
60) COURTNEY REUM	2.00											0
DIRECTOR 61) BRINDELL ROBERTS GOTTLIEB	2.00	X						0.	0.			0.
DIRECTOR	2.00	X						0.	0.			0.
62) BARRY A. SANDERS	2.00	21						0.	0.			
DIRECTOR	0.	Х						0.	0.			0.
63) LIONEL SAUVAGE	2.00											
DIRECTOR	0.	Х						0.	0.			0.
64) HEINRICH SCHELBERT	2.00											
DIRECTOR	0.	Х						0.	0.			0.
65) R. CARLTON SEAVER	2.00											
DIRECTOR	0.	Х						0.	0.			0.
66) LISA SEE	2.00											
DIRECTOR	2.00	X						0.	0.			0.
67) JOAN SEIDEL DIRECTOR	2.00	X						0.	0.			0.
68) DR. CHESTER SEMEL	2.00	Λ						0.	0.			
DIRECTOR	0.	X						0.	0.			0.
69) LINDA SHAHEEN	2.00											
DIRECTOR (AS OF 10/2/18)	0.	Х						0.	0.			0.
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)  Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				> > >	eceived more than	\$100,000 of			
. sportable compensation from the organization											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3	X	140
4 For any individual listed on line 1a, is the organization and related organizations gro	sum of repeater than	ortab \$15	le c	om 00?	pen	sation	n aı	nd other compens	sation from the le J for such		Х	
individual										4	^	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You										5	Х	
Section B. Independent Contractors												

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employees (d	continue	<b>∍</b> d)	
(A) Name and title	(B) Average			-	<b>C)</b> sition			(D) Reportable	<b>(E)</b> Reportable	Es	<b>(F)</b> stimated	t
	hours per week (list any	box,	unles	ss pe	erson	e than c is both tor/trust	an	compensation from	compensation from related		nount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org an	pensation the panization dependent of the panization of the paniza	on ed
70) MARILYN SHAPIRO	2.00											
DIRECTOR	0.	X						0.	0.			0.
71) SUSAN SHAPIRO	2.00											0
DIRECTOR	0.	X						0.	0.			0.
72) ERIC L. SMALL DIRECTOR	2.00	X						0.	0.			0.
73) JAMES THURMOND SMITHGALL DIRECTOR	2.00	Х						0.	0.			0.
74) DR. VINA SPIEHLER	2.00	- 25						0.	· ·			
DIRECTOR (AS OF 3/12/19)		X						0.	0.			0.
75) DEANIE STEIN	2.00											
DIRECTOR		Х						0.	0.			0.
76) MRS. DOROTHY B. STRAUS DIRECTOR	2.00	Х						0.	0.			0.
77) DR. JAMES H. STRAUSS DIRECTOR	2.00	Х						0.	0.			0.
78) BARBARA AUGUSTA TEICHERT	2.00	v						0.	0.			
DIRECTOR 79) SANDRA TERNER	2.00	X						0.	0.			0.
DIRECTOR	0.	Х						0.	0.			0.
80) PAUL D. TOSETTI DIRECTOR	2.00	X						0.	0.			0.
1b Sub-total							▶					
c Total from continuation sheets to Part VII,	Section A						<b>&gt;</b>					
d Total (add lines 1b and 1c)							<b>&gt;</b>					
2 Total number of individuals (including but no reportable compensation from the organization		hose 26		d a	bov	e) who	o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche										3	Х	
										3	71	
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15	50,0	00?	. It	"Yes	s,"	complete Schedu	le J for such	4	X	
										7		
for services rendered to the organization? If "										5	Х	
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest concompensation from the organization. Report year.</li> </ol>												

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VII Section A.	Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employees (d	continu	ed)	
	A)	(B)			((	C)			(D)	(E)		(F)	
Name	and title	Average hours per week (list any	box,	unles	heck ss pe	erson	e than o is both tor/trust	an	Reportable compensation from	Reportable compensation from related	ar	stimated nount of other	f
		hours for related organizations below dotted line)	or director	Institutional trustee	o Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fı org an	pensati rom the panizatio d related anization	on d
81) BRIGITTA B. T	ROY	2.00											
DIRECTOR		0.	Х						0.	0.			0.
82) CHRIS WALKER		2.00											
DIRECTOR	D. C.	0.	X						0.	0.			0.
83) REGINA WEINGA	RTEN	2.00	37							0			0
DIRECTOR	II A DEPONT	2.00	X						0.	0.			0.
84) GEOFFREY P. WI	HARION	$\frac{1}{0}$ .	X						0.	0.			0.
85) ALYCE WILLIAM	SON	2.00	Λ						0.	0.			
DIRECTOR		0.	X						0.	0.			0.
86) ANDREW XU		2.00								· ·			
DIRECTOR		10.	Х						0.	0.			0.
87) ZEV YAROSLAVSI	KY	2.00											
DIRECTOR		† <del>-</del> 0.	Х						0.	0.			0.
88) ELLEN ZETCHER		2.00											
DIRECTOR		0.	Х						0.	0.			0.
89) ANN ZIFF		2.00											
DIRECTOR		0.	Х						0.	0.			0.
90) CHRISTOPHER K	OELSCH	40.00											
EX.OFFICIO DI	R, PRES & CEO	0.	Х		Х				646,538.	0.		14,2	204.
91) JOHN NUCKOLS		40.00											
EXECUTIVE VIC	E PRESIDENT	0.			X				343,336.	0.		5,9	927.
1b Sub-total								$\blacktriangleright$					
	tion sheets to Part VII, S	-						<b>&gt;</b>					
	and 1c)							<b>&gt;</b>					
	viduals (including but not ation from the organization				d al	bove	e) who	o re	eceived more than	\$100,000 of			
												Yes	No
	on list any <b>former</b> offic ? <i>If "Yes," complete Sched</i>										3	Х	
organization and r	isted on line 1a, is the selated organizations gro	eater than	\$15	50,0	00?	. If	"Yes	s,"	complete Schedu	ıle J for such	4	X	
											4		
for services rendered	ed on line 1a receive or d to the organization? If "Yo										5	Х	
Section B. Independent											,		
<ol> <li>Complete this table</li> </ol>	for your five highest com	ipensated i	ndepe	ende	ent (	con	tracto	rs t	that received more	e tnan \$100,000 c	)†		

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and F	ligl	hest Compensat	ed Employees (a	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for related	box, office	ot ch unles r and	Pos neck ss pe	rson lirect	e than of is both or/trust	an ee)	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-WISC)	organization and related organizations
92) DIANE RHODES BERGMAN	40.00								_	
VICE PRESIDENT, MKTG & COMM	0.			Х				235,000.	0.	10,277.
93) CARL M. RIES	40.00			3.5				161 440		2 207
V.P., CFO (AS OF 7/1/18) 94) RUPERT HEMMINGS	40.00			Х				161,442.	0.	3,397.
V.P., ARTISTIC PLANNING	40.00			Х				227,404.	0.	13,132.
95) STACY C. BRIGHTMAN	40.00			21				227,101.	0.	15,152.
V.P., ED. & COMM. ENGAGEMENT	0.			Х				144,423.	0.	8,472.
96) PATRICIA MCLEOD	40.00							111,123,		3,1,2
SR. DIRECTOR DEVELOPMENT	0.					Х		192,020.	0.	12,577.
97) GRANT GERSHON	25.00									<u>·</u>
ASST. COND. CHORUS MASTER	0.					Х		192,000.	0.	3,948.
98) MATTHEW AUCOIN	40.00									
CONDUCTOR	0.					Х		150,846.	0.	10,517.
99) JEFF KLEEMAN	40.00									
TECHNICAL DIRECTOR	0.					Х		150,642.	0.	9,862.
100) ERIC BORNEMANN	40.00									
SR. DIRECTOR OF MARKETING	0.					Х		139,748.	0.	8,179.
101) FAITH RAIGUEL	40.00									
FORMER VICE PRESIDENT, CFO	0.						Х	132,989.	0.	2,701.
1b Sub-total c Total from continuation sheets to Part VII, Solution of Total (add lines 1b and 1c)	· <del>-</del>						<b>&gt; &gt;</b>			
2 Total number of individuals (including but not						e) who	o re	ceived more than	\$100,000 of	
reportable compensation from the organization		26		<u> </u>						
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede										Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greater	sum of repeater than	ortab \$15	le c 0,00	om 00?	pen	sation	n aı s,"	nd other compens complete Schedu	sation from the le J for such	4 X
<ul> <li>individual</li></ul>	accrue coi	mpen	satio	on f	fron	n any	un	related organization	on or individual	5 X

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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### Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
⊈ 1a	Federated campaigns 1a					
and Other Similar Amounts  1	41.					
[ ]	Fundraising events 1c	1,269,911.				
ا ق						
<u> </u>	Government grants (contributions) 1e	1,262,850.				
o f						
5	and similar amounts not included above . 1f	32,275,882.				
و اع	Noncash contributions included in lines 1a-1f: \$	2,183,002.				
	Total. Add lines 1a-1f	<u> ▶</u>	34,808,643.			
<u> </u>		Business Code				
2   2a	TICKET SALES AND FEES	711190	11,112,223.	11,112,223.		
,   b	OFF-GRAND PROJECT	711190	324,723.	324,723.		
0	PRODUCER FEES	711190	248,092.	248,092.		
3   0	OUTREACH INCOME	711190	191,663.	191,663.		
2a k	CO-PRODUCTION & PRODUCTION RENTAL	711190	28,343.	28,343.		
5   f	All other program service revenue		13,040.	13,040.		
: <u>c</u>	Total. Add lines 2a-2f	<u> ▶</u>	11,918,084.			1
3	Investment income (including dividend					
	and other similar amounts)		4,460,113.			4,460,113
4	Income from investment of tax-exempt bond p		0.			
5	Royalties	(ii) Personal	0.			
	(i) Noai	(ii) i diddiidii				
6a						
b	·					
9	( ,		0.			
70	Net rental income or (loss)	(ii) Other	0.			
10	assets other than inventory 5,807,535.	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
١.	accete cure: unan inventory					
b	F 004 001					
	and sales expenses					
	Gain or (loss)	•	2,614.			2,614
	Gross income from fundraising					,
b   8a	events (not including \$ ^{958,699} .					
5	of contributions reported on line 1c).					
-	See Part IV, line 18	106,914.				
[   r	Less: direct expenses	458,712.				
	Net income or (loss) from fundraising events		-351,798.			-351,798
	Gross income from gaming activities. See Part IV, line 19	0.				
b		0.				
0			0.			
10a	Gross sales of inventory, less returns and allowances	0.				
b	Less: cost of goods sold b	0.	0.			
	Miscellaneous Revenue	Business Code				
11a	WORKERS COMPENSATION REBATE	900099	36,156.	36,156.		
lia	DESIMO OS DOLOS VEAD OVEDDAVMENTO	900099	31,626.	31,626.		
	402B EOBERTHIDE FINDS	900099	5,174.	5,174.		
			72,956.			
, ,	will ridd in ioo i i u i i u		50,910,612.	11,991,040.		4,110,929

95-2096402

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX								
<u></u>								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising			
			expenses	general expenses	expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	8,000.	8,000.					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16	0.						
4	Benefits paid to or for members	0.						
5	Compensation of current officers, directors, trustees, and key employees	3,810,956.	3,161,165.	300,528.	349,263.			
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	0.						
7	Other salaries and wages	18,718,504.	16,505,638.	733,058.	1,479,808.			
	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)	1,367,248.	1,328,228.	14,976.	24,044.			
9	Other employee benefits	1,864,811.	1,687,642.	63,876.	113,293.			
10	Payroll taxes	1,772,095.	1,553,267.	91,137.	127,691.			
11	Fees for services (non-employees):							
	Management	0.						
	Legal	51,633.	800.	50,113.	720.			
	Accounting	148,509.		148,509.				
	Lobbying	0.						
	Professional fundraising services. See Part IV, line 17	139,770.			139,770.			
	Investment management fees	128,286.		128,286.				
	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A) amount, list line 11g expenses on Schedule O.)	3,766,314.	3,569,743.	181,827.	14,744.			
12	Advertising and promotion	1,635,850.	1,528,270.	7,473.	100,107.			
13	Office expenses	381,450.	231,168.	66,015.	84,267.			
14	Information technology	180,829.	62,508.	117,761.	560.			
15	Royalties	168,361.	168,361.					
16	Occupancy	2,378,393.	2,125,531.	252,862.				
17	Travel	1,061,927.	923,021.	68,945.	69,961.			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	0.						
19	Conferences, conventions, and meetings	23,119.	13,627.	6,883.	2,609.			
20	Interest	564,409.		564,409.				
21	Payments to affiliates	0.						
22	Depreciation, depletion, and amortization	385,512.	185,142.	200,370.				
23	Insurance	279,424.		279,399.	25.			
24	Other expenses. Itemize expenses not covered							
	above (List miscellaneous expenses in line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
<u> </u>	PHYSICAL PRODUCTION COSTS	2,227,882.	2,211,591.	12,366.	3,925.			
	SPECIAL PROGRAMS	784,688.	208,710.	62,706.	513,272.			
_	OTHER CONSULTING FEES	554,274.	333,639.	73,210.	147,425.			
d	CREDIT CARD DISCOUNTS	422,932.	336,472.		86,460.			
е	All other expenses	713,201.	434,161.	244,270.	34,770.			
	Total functional expenses. Add lines 1 through 24e	43,538,377.	36,576,684.	3,668,979.	3,292,714.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)	0.						
		<u> </u>						

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#### Part X Balance Sheet

Pledges and grants receivable, net   30,656,200   3   34,068,133.		Check if Schedule O contains a response or note to any line in this Part X						
1 Cash - non-interest-bearing   1,460,920.     2 Savings and temporary cash investments   3,0,656,200.   3,34,068,133.     3 Piedges and grants receivable, net   30,656,200.   3,34,068,133.     4 Accounts receivable, net   30,656,200.   3,34,068,133.     5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   0.5   0.5     6 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   0.5   0.5     6 Loans and other receivables from current and former officers, directors, trustees, key employees, and singular directors and compensations of section 3010(9) outnative employees and sponsoring organizations of section 3010(9) outnative employees beneficiary organizations (see instructions), Complete Part II of Schedule L   0.7   0.6   0.0     7 Notes and loans receivable, net   0.6   0.0   0.7   0.0     8 Inventories for sale or use   0.8   1.538.3355   9   1,308,316.     9 Prepaid expenses and deferred charges   1.538.3355   9   1,308,316.     10a			·					
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Pledges and grants receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from current and former officers, directors, trustees, key employees and spin-stations of section 4956(I)(I)(I), persons described in section 4956(I)(I)(I), persons described by a function 4956(I)(I)(I), persons descri								-
Pledges and gramts receivable, net		1	Cash - non-interest-bearing				1	
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 9 Prepald expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b Less: accumulated depreciation. 10c Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 23 Investments - program-related. See Part IV, line 11 34 Intangible assets 15 Other assets. See Part IV, line 11 34 Intangible assets 15 Other assets. See Part IV, line 11 34 Accounts payable and accrued expenses 4, 940, 926, 17 5, 279, 454. 16 Total assets. Add lines 1 through 15 (must equal line 34) 91 Deferred revenue 20 Tax-exempt bond liabilities 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disputable in the payable to unrelated third parties 25 Other liabilities not included on lines 17-24). Complete Part II of Schedule D 26 Total liabilities not included on lines 17-24). Complete Part X of Schedule D 30 Capanizations that follow SFAS 117 (ASC 958), check here  Manda and complete lines 27 through 29, and lines 33 and 34.  18 Complete lines 27 through 29, and lines 33 and 34.  29 Permanently restricted net assets 30 Capanizations that do not follow SFAS 117 (ASC 958), check here  Manda and complete lines 27 through 29, and lines 33 and 34.  20 Capanizations that do not follow SFAS 117 (ASC 958),		2	Savings and temporary cash investments		2	0.		
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(I)(1)), persons described in section 4958(I)(3)(B), and contributing employers and sponsoring organizations of section 591(e)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule D 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b Less: accumulated depreciation 10 Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 12 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - publicly traded securities 14 Intangible assets. 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Quality and the payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 20 Tax-exempt bond liabilities not included on lines 17-24). Complete Part X of Schedule D 21 Ecrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 25 Cother liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities not included on lines 17-24). Complete Part X of Schedule D 27 Total liabilities not included on lines 17-24). Complete Part X of Schedule D 28 Termporarily restricted net a		3	Pledges and grants receivable, net		3			
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.  6 Complete Part II of Schedule L.  7 Notes and loans receivables into extino 485x(13/18), an contributing employees and sponsoring organizations of secion 501(x(19) woltnary employees beneficiary organizations (see instructions). Complete Part II of Schedule L.  8 Inventories for sale or use.  9 Prepaid expenses and deferred charges.  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D.  10b Less: accumulated depreciation.  10c Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D.  11 Investments - publicly traded securities.  12 Investments - program-related. See Part IV, line 11.  13 Investments - program-related. See Part IV, line 11.  14 Intrangible assets.  15 Other assets. See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 34).  17 Accounts payable and accrued expenses.  18 Grants payable.  19 Deferred revenue.  20 Tax-exempt bond liabilities.  21 Excover outsoft all isability. Complete Part IV of Schedule D.  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and displayed and accrued expenses.  19 Deferred revenue.  21 Excover outsoft all account liability. Complete Part IV of Schedule D.  22 Loans and other payables to unrelated third parties.  23 Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  25 Other liabilities (including federal income tax, payables to related third parties.  26 Total liabilities not included on lines 17-24). Complete Part X of Schedule D.  27 Total liabilities on tincluded on lines 17-24. Complete		4	Accounts receivable, net			177,440.	4	784,588.
Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(R)(f)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b 7, 475, 248. 1, 149, 663. 10c 1, 614, 562. 11 Investments - publicity traded securities 12 Investments - publicity traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 1, 0, 14 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, and disqualified persons. Complete Part II of Schedule D 25 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities, Add lines 71 through 25. 27 Total liabilities, Add lines 17 through 25. 28 Temporarily restricted net assets 29 Permanently restricted net assets 20 Tax-exempt bond liabilities not included on lines 17-24). Complete Part X of Schedule D 21 Conganizations that follow SFAS 117 (ASC 958), check here    30 Total liabilities. Add lines 31 through 25. 31 Temporarily restricted net assets 32 (29, 23, 489, 28) (21, 897, 742. 32 Permanently restricted net assets 32 (29, 23, 489, 28) (21, 897, 742. 33 Fermporarily restricted net assets 34 (29, 29, 23, 489, 28) (21, 897, 742. 35 Permanently restricted net assets 35 (29, 29, 34, 489, 29) (21, 301, 3445. 36 (31, 301, 3445. 37 (31, 301, 3445. 38 (31, 301, 3445. 39 (31, 301, 3445. 30 (31, 301, 3445. 30 (31, 301, 3		5	Loans and other receivables from current and f					
988 (9)(1), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations (see instructions). Complete Part II of Schedule L								
988 (9)(1), persons described in section 4958(0)(3)(8), and contributing employers and sponsoring organizations (see instructions). Complete Part II of Schedule L		_	Complete Part II of Schedule L	,		0.	5	0.
and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	Loans and other receivables from other disqualified personal 4958(f)(1)), personal described in section 4958(c)(3)(B).	ons (as	contributing employers			
Notes and loans receivable, net   0. 7   0.			and sponsoring organizations of section 501(c)(9) volu	ntary	employees' beneficiary			
9 Prepaid expenses and deferred charges 1,538,335. 9 1,308,316.  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation. 10b 7,475,248. 1,149,663. 10c 1,614,562.  11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - other securities. See Part IV, line 11 23,111,523. 12 23,115,709.  14 Intangible assets 15 Other assets. See Part IV, line 11 23,111,523. 12 23,115,709.  15 Other assets. See Part IV, line 11 34,879,220. 15 35,035,086.  16 Total assets. Add lines 1 through 15 (must equal line 34) 91,977,439. 16 97,387,314.  17 Accounts payable and accrued expenses. 4,940,926. 17 5,279,454.  18 Grants payable. 91,977,439. 16 97,387,314.  19 Deferred revenue. 95,993,852. 19 6,174,882.  20 Tax-exempt bond liabilities. 0,20 0.0.  21 Escrow or custodial account liability. Complete Part IV of Schedule D 0.21 0.0.  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 3. Secured mortgages and notes payable to unrelated third parties 0.24 0.0.  24 Unsecured notes and loans payable to unrelated third parties 0.24 0.0.  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0.25 0.0.  26 Total liabilities not included on lines 17-24. Complete Part X of Schedule D 0.21, 301,445. 26 20,096,003.  27 Unrestricted net assets 99,000,000,000,000,000,000,000,000,000,	Ś							
9 Prepaid expenses and deferred charges 1,538,335. 9 1,308,316.  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation. 10b 7,475,248. 1,149,663. 10c 1,614,562.  11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - other securities. See Part IV, line 11 23,111,523. 12 23,115,709.  14 Intangible assets 15 Other assets. See Part IV, line 11 23,111,523. 12 23,115,709.  15 Other assets. See Part IV, line 11 34,879,220. 15 35,035,086.  16 Total assets. Add lines 1 through 15 (must equal line 34) 91,977,439. 16 97,387,314.  17 Accounts payable and accrued expenses. 4,940,926. 17 5,279,454.  18 Grants payable. 91,977,439. 16 97,387,314.  19 Deferred revenue. 95,993,852. 19 6,174,882.  20 Tax-exempt bond liabilities. 0,20 0.0.  21 Escrow or custodial account liability. Complete Part IV of Schedule D 0.21 0.0.  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 3. Secured mortgages and notes payable to unrelated third parties 0.24 0.0.  24 Unsecured notes and loans payable to unrelated third parties 0.24 0.0.  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0.25 0.0.  26 Total liabilities not included on lines 17-24. Complete Part X of Schedule D 0.21, 301,445. 26 20,096,003.  27 Unrestricted net assets 99,000,000,000,000,000,000,000,000,000,	set	7						
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   10a   9,089,810.     10b   7,475,248.   1,149,663.   10c   1,614,562.   11   Investments - publicly traded securities   0.11   0.13   0.13   0.14   0.13   0.14   0.15   0.14   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15   0.15	As						<u> </u>	
ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation.  10		-				1,538,335.	9	1,308,316.
b Less: accumulated depreciation.		10 a			0 000 010			
11   Investments - publicly traded securities   23,111,523. 12   23,115,709.     12   Investments - other securities. See Part IV, line 11   0. 13   0. 13   0. 14   0. 14   0. 14   0. 14   0. 14   0. 14   0. 15   0. 15   0. 14   0. 15   0. 15   0. 14   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15		١.	•			1 1/0 662		1 614 560
12   Investments - other securities. See Part IV, line 11   23,111,523. 12   23,115,709.     13   Investments - program-related. See Part IV, line 11   0. 13   0.     14   Intangible assets   0. 14   0.     15   Other assets. See Part IV, line 11   34,879,220. 15   35,035,086.     16   Total assets. Add lines 1 through 15 (must equal line 34)   91,977,439. 16   97,387,314.     17   Accounts payable and accrued expenses   4,940,926. 17   5,279,454.     18   Grants payable   0. 18   0.     19   Deferred revenue   5,993,852. 19   6,174,882.     20   Tax-exempt bond liabilities   0. 20   0.     21   Escrow or custodial account liability. Complete Part IV of Schedule D   0.   21   0.     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   4,116,667.   22   3,616,667.     23   Secured mortgages and notes payable to unrelated third parties   0. 24   0.     24   Unsecured notes and loans payable to unrelated third parties   0. 24   0.     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   0.   25   0.     26   Total liabilities. Add lines 17 through 25   21,301,445.   26   20,096,003.     26   Total liabilities. Add lines 17 through 25   21,301,445.   26   20,096,003.     27   Organizations that follow SFAS 117 (ASC 958), check here								
13   Investments - program-related. See Part IV, line 11   0. 13   0. 14   0. 15   0. 14   0. 15   0. 14   0. 15   0. 15   0. 14   0. 15   0. 15   0. 14   0. 15   0. 15   0. 14   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15   0. 15								
14   Intangible assets   0								<u> </u>
15 Other assets. See Part IV, line 11								0.
16 Total assets. Add lines 1 through 15 (must equal line 34) 91,977,439 16 97,387,314.  17 Accounts payable and accrued expenses 4,940,926 17 5,279,454.  18 Grants payable 5 0 18 0 0 18 0 0 0 18 0 0 0 0 0 0 0 0 0			Other assets See Part IV line 11					
17								
18   Grants payable   0.   18   0.     19   Deferred revenue   5,993,852.   19   6,174,882.     20   Tax-exempt bond liabilities   0.   20   0.     21   Escrow or custodial account liability. Complete Part IV of Schedule D   0.   21   0.     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   4,116,667.   22   3,616,667.     23   Secured mortgages and notes payable to unrelated third parties   6,250,000.   23   5,025,000.     24   0.     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   0.   25   0.     26   Total liabilities. Add lines 17 through 25   21,301,445.   26   20,096,003.     3   Organizations that follow SFAS 117 (ASC 958), check here   X and complete lines 27 through 29, and lines 33 and 34.     27   Unrestricted net assets   -9,553,894.   27   -6,457,004.     28   Temporarily restricted net assets   -9,553,894.   27   -6,457,004.     29   Permanently restricted net assets   -9,553,894.   27   -6,457,004.     29   Permanently restricted net assets   -9,553,894.   27   -6,457,004.     29   Permanently restricted net assets   -9,553,894.   27   -6,457,004.     20   Organizations that do not follow SFAS 117 (ASC 958), check here   and complete lines 30 through 34.		1			_			
19 Deferred revenue   5,993,852.   19   6,174,882.   20 Tax-exempt bond liabilities   0.   20   0.   21 Escrow or custodial account liability. Complete Part IV of Schedule D   0.   21   0.   22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   4,116,667.   22   3,616,667.   23 Secured mortgages and notes payable to unrelated third parties   6,250,000.   23   5,025,000.   24 Unsecured notes and loans payable to unrelated third parties, and other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   0.   25   0.   26 Total liabilities. Add lines 17 through 25.   21,301,445.   26   20,096,003.   27 Unrestricted net assets   -9,553,894.   27   -6,457,004.   28 Temporarily restricted net assets   -9,553,894.   27   -6,457,004.   29 Permanently restricted net assets   -9,553,489.   28   21,897,742.   29 Permanently restricted net assets   57,306,399.   29   61,850,573.   30 Organizations that do not follow SFAS 117 (ASC 958), check here   and complete lines 30 through 34.								0.
Tax-exempt bond liabilities						5,993,852.		6,174,882.
21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25.  Corganizations that follow SFAS 117 (ASC 958), check here of the particular of the part						0.		0.
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			Escrow or custodial account liability. Complete Pa	art IV o	of Schedule D	0.		0.
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	S	22						
Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	ij							
Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	abi		disqualified persons. Complete Part II of Schedule	L		4,116,667.	22	3,616,667.
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	=	23				6,250,000.	23	5,025,000.
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated t	hird p	arties	0.	24	0.
of Schedule D  26 Total liabilities. Add lines 17 through 25.  Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  Occupanizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.		25	Other liabilities (including federal income tax, p	oayab	les to related third			
26 Total liabilities. Add lines 17 through 25. 21,301,445. 26 20,096,003.  Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets -9,553,894. 27 -6,457,004.  28 Temporarily restricted net assets 22,923,489. 28 21,897,742.  Permanently restricted net assets 57,306,399. 29 61,850,573.  Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.			•		· .			
Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.       X and complete lines 27 through 29, and lines 33 and 34.         27       Unrestricted net assets       -9,553,894.       27       -6,457,004.         28       Temporarily restricted net assets       22,923,489.       28       21,897,742.         29       Permanently restricted net assets       57,306,399.       29       61,850,573.         Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.       ■       ■			of Schedule D					0.
Complete lines 27 through 29, and lines 33 and 34.   27	_	26				21,301,445.	26	20,096,003.
complete lines 30 through 34.	es				k here ► X and			
complete lines 30 through 34.	anc	27					27	-6,457,004.
complete lines 30 through 34.	Bal	28	Temporarily restricted net assets				28	21,897,742.
complete lines 30 through 34.	b	29	Permanently restricted net assets		<u></u> [	57,306,399.	29	61,850,573.
				, chec	k here 🕨 💹 and			
31 Paid-in or capital surplus, or land, building, or equipment fund		30	Capital stock or trust principal, or current funds				30	
	sse	31					31	
J 32 Retained earnings, endownient, accumulated income, or other funds		32	Retained earnings, endowment, accumulated inco	ome, o	or other funds			
	Ne	33	Total net assets or fund balances			70,675,994.		77,291,311.
<b>34</b> Total liabilities and net assets/fund balances 91,977,439. <b>34</b> 97,387,314.		34	Total liabilities and net assets/fund balances	<u> </u>	<u> </u>	91,977,439.	34	97,387,314.

Page **12** Form 990 (2018)

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			10,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4		38,3	
3	Revenue less expenses. Subtract line 2 from line 1	3			72,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-		75,9	
5	Net unrealized gains (losses) on investments	5		-8	56,1	.98.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			99,2	280.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		77,2	91,3	11.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				3.5	
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		-	_	Х	
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in	0-		х
	the Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•	the	<b>0</b> L		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	ııts.		3b	000	

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LOS ANGELES OPERA COMPANY

Employer identification number 95-2096402

Pa	rt I	Reason for Public Cha	rity Status (All c	organizations must o	omplet	e this pa	art.) See instructions	i		
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)			
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	section 1	70(b)(1)(A)(i).			
2		A school described in <b>secti</b>	on 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative	tive hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the		
		hospital's name, city, and st	tate:							
5		An organization operated		a college or universit	y owne	d or ope	erated by a governme	ental unit described in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local go	•							
7		An organization that norma			ipport fr	om a go	vernmental unit or fro	om the general public		
	_	described in section 170(b)		•						
8		A community trust describe								
9		An agricultural research org								
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	f the college or		
		university:								
10	X	An organization that norma receipts from activities rela support from gross investm acquired by the organization	ted to its exempt finent income and union after June 30, 1	unctions - subject to nrelated business tax 975. See <b>section 509</b>	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 % of its		
11	_	An organization organized	•	•	-			1		
12		An organization organized	•	•				• • •		
		of one or more publicly su								
	Г	Check the box in lines 12a t	· ·	,			•			
а	L	Type I. A supporting orga	•				• , , ,			
		the supported organization				ajority of	the directors or truste	es of the		
	Г	supporting organization.	•					/		
b	L	Type II. A supporting org	•							
		control or management of		=	tne sam	ie persor	is that control or man	age the supported		
_	Г	organization(s). You must	-				n with and functions	lly into anoto d with		
С	L	Type III functionally integ						ny integrated with,		
	Г	its supported organization	. , .	•				tod organization(a)		
d	_	Type III non-functionally that is not functionally into			-					
		requirement (see instruct	-		-		•	a an allenliveness		
е	Г	Check this box if the orga	•	•				II. Typo III		
C	_	functionally integrated, or						п, туре ш		
f	Fr	iter the number of supported	* *			•	lion.			
a		ovide the following information	•							
		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of		
	• •		, ,	(described on lines 1-10		ur governing	support (see	other support (see		
				above (see instructions))	Yes	Ment?	instructions)	instructions)		
<b>/^</b>										
(A)										
(B)										
(C)										
(D)										
(E)										
Tota	al									

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2014 Calendar year (or fiscal year beginning in) (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, contributions, grants. membership fees received. (Do not include any "unusual grants.") Tax revenues levied organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 . . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here..... Section C. Computation of Public Support Percentage % Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). . . . . . . . % 16a 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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#### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	,		,,	<u> </u>	,	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	28,208,395.	34,743,589.	29,386,562.	40,920,068.	34,808,643.	168,067,257.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	11,110,681.	14,278,420.	12,815,358.	14,472,677.	11,918,084.	64,595,220.
3	Gross receipts from activities that are not an						
_	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						0.
5	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	39,319,076.	49,022,009.	42,201,920.	55,392,745.	46,726,727.	232,662,477.
	Amounts included on lines 1, 2, and 3	35,315,070.	45,022,005.	42,201,520.	33,332,743.	10,720,727.	232,002,477.
ı a	received from disqualified persons	11,283,185.	17,219,504.	14,338,311.	25,331,823.	18,163,174.	86,335,997.
b	Amounts included on lines 2 and 3	11,203,103.	17,217,504.	14,330,311.	23,331,023.	10,103,174.	00,333,337.
	received from other than disqualified						
	persons that exceed the greater of \$5,000						0.
	or 1% of the amount on line 13 for the year	11,283,185.	17,219,504.	14,338,311.	25,331,823.	18,163,174.	86,335,997.
	Add lines 7a and 7b	11,203,103.	17,217,304.	14,330,311.	23,331,023.	10,103,174.	00,333,331.
Ü	line 6.)						146,326,480.
Sec	tion B. Total Support						110,320,100.
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6	39,319,076.	49,022,009.	42,201,920.	55,392,745.	46,726,727.	232,662,477.
	Gross income from interest, dividends,	,,.		, , , , , , , ,	,,		
	payments received on securities loans,						
	rents, royalties, and income from similar sources	513,939.	218,394.	1,601,569.	1,370,932.	4,460,113.	8,164,947.
h	Unrelated business taxable income (less	,	.,	, ,	, ,	,,	
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
c	Add lines 10a and 10b	513,939.	218,394.	1,601,569.	1,370,932.	4,460,113.	8,164,947.
11	Net income from unrelated business	327,7321	220,022	_,,,,,,,,,	_,,,,,,,,,	2,222,222	
• •	activities not included in line 10b,						
	whether or not the business is regularly						0.
40	carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.) ATCH 1	499,499.	333,393.	301,665.	209,419.	179,870.	1,523,846.
13	Total support. (Add lines 9, 10c, 11,	1,0,1,0,0	555,555.	301,003.	200,419.	1,0,070.	2,525,040.
	and 12.)	40,332,514.	49,573,796.	44,105,154.	56,973,096.	51,366,710.	242,351,270.
14	First five years. If the Form 990 is for						
•	organization, check this box and <b>stop here</b>	-					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			nn (f))		15	60.38%
16	Public support percentage from 2017 Sche		•			16	59.91%
	tion D. Computation of Investment				• 1	- 1	
17	Investment income percentage for 2018 (lin			3, column (f)) ₋		17	3.37%
18	Investment income percentage from 2017				ı	18	1.80%
	331/3% support tests - 2018. If the org				`		-
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2017. If the orga		_				
	line 18 is not more than 331/3%, check				•		
20	Private foundation. If the organization			•			H 1

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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
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	1		
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er	3a		
nd he	3b		
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	4b		
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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.			
Soot	ion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	ofre cot!	one!	
	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	su ucu	OHS).	
a b	The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization is the parent of each of its supported organizations. <i>Compete in e s below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see</i>	inetru	ctions)	ı
·	The organization supported a governmental entity. Describe in Part Vi now you supported a government entity (see	iiistiut	Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
		a		
b	, ,			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
2	-			
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b				
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	-		•
, , , , , , , , , , , , , , , , , , , ,	20110115 1	•	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting	g organization (see
instructions).			

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Page 7 Schedule A (Form 990 or 990-EZ) 2018 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V

Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	11		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.	J i		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

	·			AT	rachment 1	
SCHEDULE A, PART III	- OTHER INCOME					
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
GROSS FUNDRAISING REVENUE	161,557.	227,927.	60,807.	100,761.	106,914.	657,966.
MISCELLANEOUS INCOME	337,942.	105,466.	240,858.	108,658.	72,956.	865,880.
TOTALS	499,499.	333,393.	301,665.	209,419.	179,870.	1,523,846.

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## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

**Employer identification number** 

LOS ANGELES OPERA COMPANY 95-2096402 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule**  $\lfloor exttt{X} 
floor$  For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number 95-2096402

			75 2070402
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$\$_1,158,574.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6			Person X

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Noncash (Complete Part II for noncash contributions.)

1,028,669.

570678

\$

Employer identification number

			95-2096402
Part I C	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 -		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 -		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 -		\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

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	ibutors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$\$	Person Payroll Noncash (Complete Part II for

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noncash contributions.)

Employer identification number 95-2096402

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

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Employer identification number

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Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$197,542.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$179,931.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36			Person X Payroll

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Noncash (Complete Part II for noncash contributions.)

\$

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 166,334.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38_		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$150,000.	Person Payroll Noncash (Complete Part II for

noncash contributions.)

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45_		\$\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$\$	Person Payroll Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

noncash contributions.)

			95-2096402
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$106,887.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$ 88,694.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$ 82,507.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70		\$ 81,250.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$\$67,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75_		\$\$65,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77_		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$\$63,045.	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$60,167.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82		\$60,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$ 57,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$ 55,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$\$55,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$\$\$53,114.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$ 52,125.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Part I Co	entributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		\$\$ 30,897.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126		\$\$\$.	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$ 27,794.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
131		\$ 25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
132		\$ 25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
134		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
135		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
136		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
137		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
138		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_141		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
142		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
143		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
146		\$\$ 25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
147		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
148		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
149_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
150		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151_		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
152		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
154		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
155		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
156		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
158		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
159		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
160		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
161		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
162		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163		\$ 19,317.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
164		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
165		\$ 17,674.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
166		\$ 17,656.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
167		\$16,750.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
168_		\$16,120.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
170		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
171		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
172		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
173		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
174		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
176	Training, dual 355, drie 21.	\$\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
177		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
178		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
179		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
180		\$\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
182		\$\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
183		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
184		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
185		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
186		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187	Name, address, and zir + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
188		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
189		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
190		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
191		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
192		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
193		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
194		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
195		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
197		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
198		\$\$	Person Payroll Noncash (Complete Part II for

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Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
200		\$\$10,134.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
201		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
202		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
203		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
204		\$10,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
205		\$	10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
206		\$	10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
_207_		\$	10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
208		\$	10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
209		\$	10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
210		\$	10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
212		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
213		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
214		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
215		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
216		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
218		\$ 10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
219		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
220		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
221		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
222_		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
224		\$\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
225		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
226		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
227		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
228		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
230		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
231		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
232		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
233		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
234		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
236		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
237		\$\$.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
238		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
239		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_240		<b>\$</b> \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241_		\$ 8,505.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
242		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
243		\$8,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
244		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
245		\$8,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
246		\$8,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
248		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
249		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
250		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
251		\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
252		\$ 7,500.	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Employer identification number 95-2096402

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
254		\$\$ 7,500.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
255		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
256		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
257		\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
258_		\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
260	Hame, address, and Zir + 4	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
261		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
262		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
263		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
264		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
265		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
266		\$7,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
267		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
268		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
269		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
270		\$7,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
271		\$7,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
272		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
273		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
274		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
275		\$7,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
276		\$ 6,963.	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
277		\$	6,750.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
278		\$	6,510.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
279_		\$	6,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
280		\$	6,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
281		\$	6,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$	6,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
283		\$6,120.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
284		\$6,108.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_285_		\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
286		\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
287		\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289		\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
290		\$5,641.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
291		\$ 5,525.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
292		\$ 5,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
293		\$ 5,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
294		\$ 5,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
295		\$5,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
296	Name, address, and 2n + 4	\$ 5,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
297		\$5,190.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
298		\$5,175.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
299		\$ 5,175. 	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
300		\$5,100.	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
301		\$ 5,052.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
302		\$ 5,051.	Person Payroll Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
303		\$ 5,011.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
304		\$ 5,010.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
305		\$5,008.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
306		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
307		\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
308		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
309		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
310		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
311		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
312		\$ 5,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)	

Part I	Contributors (see instructions). Use duplicate cop	·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
313		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
314		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
315		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
316		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
317		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
318		\$	Person Payroll Noncash  (Complete Part II for noncash contributions )

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
319		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
320	Humo, dudress, and Em 1 4	\$\$,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
321		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
322		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
323		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
324		\$ 5,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
325		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
326	Humo, dudress, and En 1 4	\$\$,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
327		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
328		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
329		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
330		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
331		\$ .	5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
332		\$ .	5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
333		\$ .	5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
334		\$ .	5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
335		\$ .	5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
336_		\$ .	5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
337		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
338		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
339		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
340		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
341		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
342		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
343		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
344		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
345		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
346		\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
347_		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
348		\$ 5,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
349		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
350		\$\$5,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
351		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
352		\$\$.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
353		\$\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
354		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
355		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
356	Hume, address, and En + 4	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
357		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
358		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
359		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
360		\$ 5,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)			

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(b) (c) me, address, and ZIP + 4 Total contributions				
361		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
362		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
363		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
364		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
365		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
366		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)			

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(b) (c) address, and ZIP + 4 Total contributions				
367		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
368		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
369		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
370		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
371		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
372		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)			

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
373		\$\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
374		\$\$.	Person Payroll Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization LOS ANGELES OPERA COMPANY

Employer identification number 95-2096402

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PUBLICLY TRADED SECURITIES		
		\$1,002,692.	01/25/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	PUBLICLY TRADED SECURITIES		
		\$1,000,000.	03/15/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
40_	PUBLICLY TRADED SECURITIES		
		\$\$2,748.	11/26/2018
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
55	PUBLICLY TRADED SECURITIES		
		\$6,327.	06/10/2019
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
127_	WINE		
		\$	06/30/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
138_	PUBLICLY TRADED SECURITIES		
		\$17,497.	06/06/2019

Name of organization LOS ANGELES OPERA COMPANY

**Employer identification number** 95-2096402

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
151_	PUBLICLY TRADED SECURITIES				
		\$10,037.	09/05/2018		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
162_	PUBLICLY TRADED SECURITIES				
		\$19,982.	09/27/2018		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
192	PUBLICLY TRADED SECURITIES				
		\$10,957.	12/19/2018		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
197	PUBLICLY TRADED SECURITIES				
		\$10,332.	06/11/2019		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	PUBLICLY TRADED SECURITIES				
		\$10,134.	06/25/2019		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
237	PUBLICLY TRADED SECURITIES				
		\$9,555.	12/26/2018		

Name of organization LOS ANGELES OPERA COMPANY

**Employer identification number** 95-2096402

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

·			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
302	PUBLICLY TRADED SECURITIES		
		\$5,051.	06/25/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
303	PUBLICLY TRADED SECURITIES	_	
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	12/24/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
374	COSMETICS		
		\$5,000.	06/30/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization LOS ANGELES OPERA COMPANY **Employer identification number** 95-2096402 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

#### SCHEDULE D (Form 990)

# Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number LOS ANGELES OPERA COMPANY 95-2096402 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 

	tax year 🕨
4	Number of states where property subject to conservation easement is located ▶
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  \$\Begin{align*}\$ \to
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the

2c

2d

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1a
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- Revenue included on Form 990, Part VIII, line 1. ▶ \$

Assets included in Form 990, Part X............... For Paperwork Reduction Act Notice, see the Instructions for Form 990.

organization's accounting for conservation easements.

Schedule D (Form 990) 2018

▶ \$

3

Page 2 Schedule D (Form 990) 2018

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historical Tre	easures, or	Other S	Similar Assets (d	continu		age <b>=</b>
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its								
	collection items (check all that apply):								
а	Public exhibition		d Loan	or exchange	program	IS			
b	Scholarly research		e Other						
С	Preservation for future gener	rations							
4	Provide a description of the organ	nization's collections	and explain how	they further	the orga	anization's exemp	t purpo	se in	Part
	XIII.								
5	During the year, did the organization					_			,
	assets to be sold to raise funds rath		ained as part of the	organization	's collect	ion?	Yes		No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza	ition answered "Ye	es" on Form 990, F	Part IV, line	9, or re	ported an amour	nt on F	orm	
	990, Part X, line 21.								
1 a	Is the organization an agent, truste								1
	included on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in	n Part XIII and comp	plete the following tal	ole:					
						Amount			
С	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
f	Ending balance					Outility O			N.
2a	Did the organization include an am						Yes		No
	If "Yes," explain the arrangement in	n Part XIII. Check ne	ere if the explanation	nas been p	rovided o	n Part XIII			
Га	rt V Endowment Funds. Complete if the organiza	ition answered "Ye	s" on Form 990 F	Part IV line	10				
	Complete ii the organiza	(a) Current year	(b) Prior year	(c) Two year		(d) Three years back	(e) Fou	r vears	hack
_		22,537,187.	19,190,924.	17,009		15,562,617.			$\frac{165}{1}$
1a	Beginning of year balance	180,000.	216,512.	5,176		2,632,284.			493.
b	Contributions	100,000.	210,312.	3,170	,000.	2,032,201.	Τ,	001,	175.
С	Net investment earnings, gains,	1,207,745.	1,415,258.	2,542	504	-550,972.		259	312.
_	and losses	1,207,715.	1,113,230.	2,312	,301.	330,372.		200,	
	Grants or scholarships								
е	Other expenditures for facilities	829,544.	-1,714,493.	5,536	922	634,677.		554	353.
_	and programs	025 / 5111	1,,11,100.	37330	,,,,,,	0317077.		331,	
Ţ	Administrative expenses	23,095,388.	22,537,187.	19,190	.924.	17,009,252.	15.	562.	617.
g	End of year balance								
2 a	Provide the estimated percentage Board designated or quasi-endowm		end balance (line 1g, %	column (a))	neid as:				
b	Permanent endowment ► 88.9								
c	Temporarily restricted endowment								
	The percentages on lines 2a, 2b, a		100%.						
3a	Are there endowment funds not in	· · · · · · · · · · · · · · · · · · ·		are held an	d adminis	stered for the			
	organization by:		<b>.</b>					Yes	No
	(i) unrelated organizations						3a(i)	Х	
	(ii) related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate						3b		
4	Describe in Part XIII the intended u	•	•						
Pa	rt VI Land, Buildings, and Equ	ipment.			44 0	F 000 B		4.0	
	Complete if the organiza  Description of property			Part IV, IIne			I <b>rt X, IIr</b> I) Book va		<u>.                                    </u>
	Description of property	(a) Cost or (invest		or other basis other)	(c) Accu depred		) BOOK V	aiue	
1a	Land								
b	Buildings								
С	Leasehold improvements			712,442.		6,544.		05,8	
d	Equipment			955,745.		2,965.		12,7	
	Other			121,623.		5,739.		95,8	
	I. Add lines 1a through 1e. (Column		n 990, Part X, colum	n (B), line 10	Oc.)	▶	1,6	14,5	62.

Schedule D (Form 990) 2018

 Schedule D (Form 990) 2018
 Page 3

Part VII Investments - Oth		\frac{1}{2} \cdot \frac{1}{2	. D. ( IV I'	Dest V. Per 40
Complete if the or	ganization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
(a) Description of securi (including name of		(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(1) Financial derivatives				
(2) Closely-held equity interests	l l			
(3) Other				
(A) MUSIC CTR FDTN UNI	TIZED INV PL	23,115,709.	FMV	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, P	Part X col (B) line 12 )	23,115,709.		
Part VIII Investments - Pro		23/223/7071		
		"Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of in	<u> </u>	(b) Book value	(c) Method of valuat	ion:
			Cost or end-of-year mark	et value
(2)				
(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
_(9)				
Total. (Column (b) must equal Form 990, P	'art X, col. (B) line 13.)			
Other Assets. Complete if the or	rganization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
		scription		(b) Book value
(1) BENEFICIAL INT PERP				15,879,595
(2) BENEFICIAL INT REMA	INDER TRUST			19,070,643
(3) DEPOSITS				69,841
(4) FABRIC INVENTORY				15,007
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Fo.	rm 990. Part X. col. (B) li	ne 15.)		35,035,086
Part X Other Liabilities.	(=)			
Complete if the or	rganization answered	"Yes" on Form 990	, Part IV, line 11e or 11f. See Forr	m 990 Part X
line 25.	gamzation anoworoa	100 0111 01111 000	,, r are rv, iii e r ro or r ri. 000 r on	11 000, 1 01174,
1. (a) Description	of liability	(b) Book valu	10	
(1) Federal income taxes	1 Of Hability	(b) Book valu		
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Column (b) must equal Form 99	90, Part X, col. (B) line 25.)	<b>&gt;</b>		
2. Liability for uncertain tax positions	. In Part XIII, provide the t	ext of the footnote to the	e organization's financial statements that rep	ports the

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

JSA 8E1270 1.000 Schedule D (Form 990) 2018 Page **4** 

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	٦.	
1	Total revenue, gains, and other support per audited financial statements	1	50,565,666.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	-   056 100		
a	Net diffeduzed gains (1055es) of fivestificities 111111111111111111111111111111111111		
b	Donated Services and use of facilities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
C	recoveries of prior year grants		
d	Other (Describe III) at All.)	20	-204,966.
е	Add lines 2a through 2d	2e 3	50,770,632.
3	Subtract line 2e from line 1	3	30,770,032.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b.  128, 286.		
а	investment expenses not included on Form 550, Fart Vin, inte 75		
b	Other (Describe iii) art Aiii.)	4-	139,980.
	Add lines 4a and 4b	4c 5	50,910,612.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		30,710,012.
ı aı t	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		42 050 240
1	Total expenses and losses per audited financial statements	1	43,950,349.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		FF1 0F0
е	Add lines 2a through 2d	2e	551,952.
3	Subtract line 2e from line 1	3	43,398,397.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 128, 286.		
b	Other (Describe in Part XIII.)		120 000
С	Add lines 4a and 4b	4c	139,980.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	43,538,377.
	XIII Supplemental Information.		inn 4. Dant V. linn
2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		
SEE	PAGE 5		

JSA 8E1271 1.000

Schedule D (Form 990) 2018

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#### Part XIII Supplemental Information (continued)

INTENDED USE OF ENDOWMENT FUNDS

FORM 990, SCHEDULE D, PART V, LINE 4

THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS TO PROVIDE A RELIABLE STREAM OF FUNDING TO ITS PROGRAMS WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. TO SATISFY THE LONG-TERM RATE-OF-RETURN OBJECTIVES, THE OPERA RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CAPITAL APPRECIATION (REALIZED AND UNREALIZED) AND CURRENT YIELD (INTEREST AND DIVIDENDS). IN ORDER TO SUPPORT THE LONG-TERM GROWTH OF THE OPERA, THE FINANCE COMMITTEE HAS ESTABLISHED A SPENDING RATE POLICY WHERE THE ENDOWMENT SHALL ANNUALLY DISTRIBUTE A PERCENTAGE OF THE 12-QUARTER ROLLING AVERAGE FAIR VALUE ENDING ON MARCH 30 OF THE PRIOR FISCAL YEAR. IN 2018, THE PERCENTAGE RATE USED WAS 5%. FOR FUNDS WITH DONOR-IMPOSED ASSET ALLOCATIONS OR DISTRIBUTIONS, THE DISTRIBUTIONS CONFORM TO THE DONOR'S EXPRESSED WISHES. THIS SPENDING RATE POLICY IS CONSISTENT WITH THE OPERA'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY OR FOR A SPECIFIED TERM AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NET GIFTS AND INVESTMENT RETURN.

REVENUE ON AUDITED FINANCIALS, NOT ON FORM 990

FORM 990, SCHEDULE D, PART XI, LINE 2D

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST \$ 259,484

Schedule D (Form 990) 2018

8E1226 1.000

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160,204

# Part XIII Supplemental Information (continued)

WRITE-OFF OF UNCOLLECTIBLE PLEDGES

REVENUE ON FORM 990, RECLASSIFIED FROM AUDITED FINANCIALS							
FORM 990, SCHEDULE D, PART XI, LINE 4B							
GROSS UP SALE OF SECURITIES GAIN NETTED AGAINST EXP	\$	2,614					
GROSS UP OF VISIT PATRON/ARIA INC NET AGAINST EXP	\$	4,080					
IN-KIND GOODS NOT RECORDED ON FINANCIALS	\$	5,000					
TOTAL	\$	11,694					
EXPENSES ON AUDITED FINANCIALS, NOT ON FORM 990							
FORM 990, SCHEDULE D, PART XII, LINE 2D							

EXPENSES ON FORM 990, NOT AUDITED FINANCIALS FORM 990, SCHEDULE D, PART XII, LINE 4B GROSS UP SALE OF SECURITIES GAIN NETTED AGAINST EXP \$ 2,614 \$ GROSS UP OF VISIT PATRON/ARIA INC NET AGAINST EXP 4,080 IN-KIND GOODS NOT RECORDED ON FINANCIALS 5,000 TOTAL 11,694

Schedule D (Form 990) 2018

### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

Internal Revenue Service

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization					Employer identification	n number
LOS ANGELES OPERA COMPANY					95-2096402	
Form 990-EZ filers are n				"Yes" on Form 9	990, Part IV, line	17.
1 Indicate whether the organization	raised funds through	any of the	following	activities. Check a	all that apply.	
a X Mail solicitations	е		itation of r	non-government g	rants	
<b>b</b> X Internet and email solicitation	s f		itation of o	government grants	5	
c X Phone solicitations	g	X Spec	cial fundrai	ising events		
<b>d</b> X In-person solicitations						
<ul> <li>2a Did the organization have a writte or key employees listed in Form 5</li> <li>b If "Yes," list the 10 highest paid i compensated at least \$5,000 by t</li> </ul>	990, Part VII) or entity ndividuals or entities	in connec	tion with p	rofessional fundra	ising services?	X Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
40						
10						
Total			•	444,173.	139,770.	304,403.
3 List all states in which the organ registration or licensing.			to solicit			
CA,						

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

Schedule G (Form 990 or 990-EZ) 2018

Sche	edule	e G (Form 990 or 990-EZ) 2018				Page <b>2</b>
Pa	rt l	Fundraising Events. Completed more than \$15,000 of fundrate events with gross receipts great the second sec	aising event contribut			
		events with gloss receipts gre	(a) Event #1 18/19 OPEN GALA (event type)	(b) Event #2 18/19 PD AWARD (event type)	(c) Other events  1.	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts			494,786.	1,065,613
2	2	Less: Contributions	401,702.	71,971.	485,026.	958,699
	3	Gross income (line 1 minus line 2)		20,313.	9,760.	106,914
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs	1,158.	62.		1,220
<b>Direct Expenses</b>	7	Food and beverages	75,456.	32,832.		108,288
Direc	8	Entertainment	35,029.	600.		35,629
	9	Other direct expenses	284,785.	28,790.		313,575
Pa	10 11 rt	Direct expense summary. Add lin Net income summary. Subtract li  Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ne 10 from line 3, colu panization answered "	ımn (d)	<u> </u>	458,712 -351,798 reported more than
Revenue		ψ10,000 0111 01111 000 E2, III	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses		Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)	<b>&gt;</b>	
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	<b>.</b>	
9		Enter the state(s) in which the org	anization conducts ga	ming activities:		
k	1	Is the organization licensed to con	iduct gaming activities	in each of these state	es?	Yes No

Schedule G (Form 990 or 990-EZ) 2018

If "Yes," explain:

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

No

#### LOS ANGELES OPERA COMPANY

Sched	dule G (Form 990 or 990-EZ) 2018	Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	No
b		
	amount of gaming revenue retained by the third party ▶ \$	
С		
	Name ▶	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а		
	retain the state gaming license?	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year ▶ \$	
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

Schedule G (Form 990 or 990-EZ) 2018

JSA 8E1503 1.000 BURBANK CA 91505

#### ATTACHMENT 1

# 990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	OR CONTROL FROM ACTIVITY (OR RETAINED EDUTIONS? FUNDRAISER		AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
SD&A TELESERVICES, INC.  5757 WEST CENTURY BLVD., STE 300	TELEFUNDING	х	4,390.	3,785.	605.
LOS ANGELES CA 90045					
THEATER DIRECT INC.	TELEMRKTING	X	439,783.	135,985.	303,798.
4213 BURBANK BLVD.			102,7700.	100,700.	303,770.

# SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer Identificati	
LOS ANGELES OPERA COMPANY						95-209640	2
Part I General Information on Grants							
<ol> <li>Does the organization maintain records to the selection criteria used to award the gr</li> <li>Describe in Part IV the organization's pro-</li> </ol>	ants or assistand	e?					X Yes No
Part II Grants and Other Assistance to	Domestic Or	ganizations a	nd Domestic Gov	vernments. Con	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipien		-					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations For Paperwork Reduction Act Notice, see the Instr	listed in the line	1 table				<b>&gt;</b>	edule I (Form 990) (2018)

JSA 8E1288 1 000 LOS ANGELES OPERA COMPANY 95-2096402

Schedule I (Form 990) (2018)

# Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 CLEMENCY OF TITUS POSTER ART DESIGN CONTEST	3.	8,000.		N/A	N/A
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

GRANTS AND OTHER ASSISTANCE TO DOMESTIC INDIVIDUALS

SCHEDULE I, PART I, LINES 1 & 2

IN 2019, THE OPERA HELD A POSTER CONTEST FOR THE OPERA THE CLEMENCY OF

TITUS. THE CONTEST WAS FUNDED BY SUPPORT FROM THE GROW @ ANNENBERG

(ANNENBERG FOUNDATION), AND WAS OPEN TO ENROLLED COLLEGE ART & DESIGN

STUDENTS IN SOUTHERN CALIFORNIA. THREE UNRESTRICTED CASH PRIZES WERE

AWARDED TO THE WINNERS. SINCE THERE WERE NO AWARD RESTRICTIONS, NO

MONITORING OF THE USE OF THE FUNDS WAS NECESSARY.

Schedule I (Form 990) (2018)

## **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

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

**Open to Public** 

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LOS ANGELES OPERA COMPANY

Employer identification number 95-2096402

Part	Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  X First-class or charter travel X Travel for companions Y Travel for companions Y Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment					
2	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1b	Х			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line					
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    X	2	X			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a 4b		X		
b						
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:					
а	The organization?	5a		Х		
b	Any related organization?	5b		Х		
6	If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:					
а	The organization?	6a		Х		
b	Any related organization?	6b		Х		
-	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9				

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

Schedule J (Form 990) 2018

LOS ANGELES OPERA COMPANY 95-2096402

Schedule J (Form 990) 2018 Page 2

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
JAMES CONLON	(i)	878,326.	0.	0.	0.	142,611.	1,020,937.	0.	
1 EX.OFF.DIR. SEE SCH.J, PT. III	(ii)	0.	0.	0.	0.	0.	0.	0.	
PLACIDO DOMINGO	(i)	423,333.	0.	417,443.	566,667.	0.	1,407,443.	445,000.	
DIRECTOR. SEE SCH. J, PT. III	(ii)	0.	0.	0.	0.	0.	0.	0.	
CHRISTOPHER KOELSCH	(i)	424,038.	222,500.	0.	5,500.	8,704.	660,742.	0.	
3EX.OFFICIO DIR, PRES & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
JOHN NUCKOLS	(i)	324,586.	18,750.	0.	5,500.	427.	349,263.	0.	
4EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
DIANE RHODES BERGMAN	(i)	235,000.	0.	0.	4,700.	5,577.	245,277.	0.	
5 ^{VICE} PRESIDENT, MKTG & COMM	(ii)	0.	0.	0.	0.	0.	0.	0.	
FAITH RAIGUEL	(i)	132,989.	0.	0.	2,660.	41.	135,690.	0.	
6 FORMER VICE PRESIDENT, CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
CARL M. RIES	(i)	161,442.	0.	0.	3,229.	168.	164,839.	0.	
<b>7</b> V.P., CFO (AS OF 7/1/18)	(ii)	0.	0.	0.	0.	0.	0.	0.	
RUPERT HEMMINGS	(i)	227,404.	0.	0.	4,548.	8,584.	240,536.	0.	
8 ^{V.P.,} ARTISTIC PLANNING	(ii)	0.	0.	0.	0.	0.	0.	0.	
STACY C. BRIGHTMAN	(i)	144,423.	0.	0.	2,888.	5,584.	152,895.	0.	
9 ^{V.P., ED. &amp; COMM. ENGAGEMENT}	(ii)	0.	0.	0.	0.	0.	0.	0.	
PATRICIA MCLEOD	(i)	182,020.	10,000.	0.	3,640.	8,937.	204,597.	0.	
10 SR. DIRECTOR DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
GRANT GERSHON	(i)	192,000.	0.	0.	3,840.	108.	195,948.	0.	
11 ASST. COND. CHORUS MASTER	(ii)	0.	0.	0.	0.	0.	0.	0.	
MATTHEW AUCOIN	(i)	150,846.	0.	0.	3,017.	7,500.	161,363.	0.	
12 ^{CONDUCTOR}	(ii)	0.	0.	0.	0.	0.	0.	0.	
JEFF KLEEMAN	(i)	150,642.	0.	0.	3,013.	6,849.	160,504.	0.	
13 TECHNICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

LOS ANGELES OPERA COMPANY 95-2096402

Schedule J (Form 990) 2018

### Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COMPENSATION INFORMATION

FORM 990, SCHEDULE J, PART I, LINE 1A

FIRST CLASS TRAVEL EXPENSES OF PLACIDO DOMINGO AND JAMES CONLON ARE
REIMBURSED BY THE OPERA WHEN NECESSARY FOR BUSINESS PURPOSES. THE AMOUNTS
ARE PAID TO THE CORPORATE EMPLOYERS OF DOMINGO AND CONLON AND TREATED AS

REIMBURSEMENT OF EXPENSE PURSUANT TO AN ACCOUNTABLE PLAN.

LIMITED TRAVEL IS PROVIDED TO MEMBERS OF CONLON'S FAMILY SUBJECT TO RESTRICTIONS. TRAVEL EXPENSES PAID FOR CONLON'S FAMILY ARE INCLUDED AS REPORTABLE COMPENSATION ON THE 1099 ISSUED TO AMADEUS MUSIC PRODUCTION CORPORATION.

THE INDIVIDUAL(S) LISTED BELOW RECEIVED GROSS-UP PAYMENTS RELATED TO REIMBURSEMENT OF HOUSING EXPENSES. THESE PAYMENTS WERE INCLUDED AS NON-TAXABLE BENEFITS AND WERE NOT INCLUDED IN THEIR W-2 TAXABLE COMPENSATION:

MATTHEW AUCOIN: \$7,500.

Schedule J (Form 990) 2018

LOS ANGELES OPERA COMPANY 95-2096402

Schedule J (Form 990) 2018

### Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, SCHEDULE J, PART II

TOTAL COMPENSATION FOR PLACIDO DOMINGO IN THE CALENDAR YEAR 2018 INCLUDES GENERAL DIRECTOR FEES OF \$680,776 (OF WHICH \$397,443 IN FEES WERE DEFERRED FROM CALENDAR YEAR 2017), AS WELL AS \$160,000 IN PERFORMANCE/CONDUCTING FEES (OF WHICH \$20,000 IN FEES WERE DEFERRED FROM CALENDAR YEAR 2017). (SEE SCHEDULE L FOR FURTHER DISCLOSURE). GENERAL DIRECTOR FEES OF \$566,667 WERE DEFERRED TO CALENDAR YEAR 2019. ANY PAYMENTS FOR SERVICES PROVIDED BY DOMINGO, PER THE AGREEMENT BETWEEN THE OPERA AND HIS COMPANY MARINGO, LLC (A COMPANY UNRELATED TO LA OPERA) WERE MADE TO MARINGO, LLC.

TOTAL COMPENSATION FOR JAMES CONLON IN CALENDAR YEAR 2018 INCLUDES MUSIC DIRECTOR FEES OF \$325,000, AS WELL AS CONDUCTING FEES OF \$550,000 (OF WHICH \$290,000 IN CONDUCTING FEES WERE DEFERRED FROM CALENDAR YEAR 2017). CONLON ALSO RECEIVED TRAVEL REIMBURSEMENTS OF \$3,326 WHICH IS INCLUDED IN HIS 1099 REPORTABLE COMPENSATION. ANY PAYMENTS FOR SERVICES PROVIDED BY CONLON PER THE AGREEMENT BETWEEN THE OPERA AND HIS COMPANY AMADEUS MUSIC PRODUCTION CORP (A COMPANY UNRELATED TO LA OPERA) WERE MADE TO AMADEUS MUSIC PRODUCTION CORP.

Schedule J (Form 990) 2018

#### **SCHEDULE L**

## **Transactions With Interested Persons**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open To Public Inspection

Name of the organization

LOS ANGELES OPERA COMPANY

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

	Complete if the organization ar	nswered "Yes" on Form 990, Part IV, line 25	5a or 25b, or Form 990-EZ, Part V, line 40b.		
4	(a) Name of discussified pages	(b) Relationship between disqualified person and		(d) Corr	ected
1	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by	the organization managers or disqualified	persons during the year		

# 

## Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization			.,		(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No
(1) ROBERT RONUS(SEE NOTE)	BOARD MEMBER	OPERATIONS	Х		7,000,000.	2,500,000.		Х		Х	Х	
(2) ROBERT RONUS	BOARD MEMBER	OPERATIONS	Х		1,050,000.	16,667.		Х		Х	Х	
(3) LIONEL SAUVAGE	BOARD MEMBER	OPERATIONS	Х		1,000,000.	1,000,000.		Х		Х	Х	
(4) MARILYN ZIERING	BOARD MEMBER	OPERATIONS	Х		100,000.	33,333.		Х		Х	Х	
(5) BERNARD GREENBERG	BOARD MEMBER	OPERATIONS	Х		50,000.	16,667.		Х		Х	Х	
(6) SELIM ZILKHA	BRD FMLY MBR	OPERATIONS	Х		100,000.	33,333.		Х		Х	Х	
(7) FRANK BAXTER	FRMR BRD MBR	OPERATIONS	Х		50,000.	16,667.		Х		Х	Х	
(8)												
(9)												
(10)												
Total	•	•				\$ 3,616,667.						

### Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2018

Schedule L (Form 990 or 990-EZ) 2018 Page **2** 

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
				Yes	No
(1) MARTA DOMINGO	SPOUSE OF GENERAL DIR	50,000.	COMP FOR DIR, COSTUME, SC		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(8)					
(9)					
(10)					

## Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

LOANS FROM INTERESTED PERSONS

FORM 990, SCHEDULE L, PART II, COLUMN (A)

THE LOAN WITH ROBERT RONUS FOR \$7,000,000 IS A LOAN FROM HIS DONOR ADVISED FUND.

FORM 990, SCHEDULE L, PART II, COLUMN (F)

LOANS FROM DONORS OR BOARD MEMBERS DO NOT REQUIRE FINANCE COMMITTEE OR FULL BOARD APPROVAL. THE BOARD CHAIR APPROVES ALL SUCH TRANSACTIONS AS WELL AS THE CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER.

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

SCHEDULE L, PART IV, LINE 1

MARTA DOMINGO IS AN INTERNATIONALLY RECOGNIZED OPERA DIRECTOR. HER SELECTION AS DIRECTOR FOR A PRODUCTION OF LA TRAVIATA WAS BASED ON HER REPUTATION AND SKILL, AND WAS DISCLOSED AND APPROVED BY THE FULL BOARD.

PAYMENTS FOR SERVICES PROVIDED BY MRS. DOMINGO TO THE OPERA ARE MADE TO MARINGO USA, LLC. AMOUNTS PAID ARE ALSO REPORTED ON PART VII, SECTION B, AS AN INDEPENDENT CONTRACTOR.

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

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

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

LOS ANGELES OPERA COMPANY

Employer identification number 95-2096402

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash conti			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		13.	2,150,208.	AVG VAL D	ATE :	DONA	ATED
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►( WINE )	Х	1.	27,794.	RETAIL CO	ST		
26	Other ►( COSMETICS )	Х	1.	5,000.	RETAIL CO	ST		
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed I				29			
						,	Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		X
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a	gift accep	tance policy that require	es the review of any	nonstandard			
	contributions?					31	X	
32a	Does the organization hire or use							
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in c	column (c) for a type of pro	perty for which column (a	) is checked,			

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

Schedule M (Form 990) 2018

Schedule M (Form 990) (2018) Page **2** 

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

NUMBER OF CONTRIBUTIONS

FORM 990, SCHEDULE M, PART I, COLUMN B

THIS COLUMN REPORTS THE NUMBER OF CONTRIBUTIONS RECEIVED. EACH INDIVIDUAL

CONTRIBUTION MAY CONTAIN MORE THAN ONE ITEM.

METHOD OF DETERMINING REVENUES

SCHEDULE M, PART I, LINE 9

CONTRIBUTED PROPERTY IS RECORDED AS INCOME AT THE FAIR VALUE OF THE

PROPERTY ON THE DATE OF DONATION. THE FAIR VALUE OF PUBLICLY TRADED

SECURITIES IS BASED ON QUOTED MARKET PRICES.

JSA Schedule M (Form 990) (2018)

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## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 95-2096402

LOS ANGELES OPERA COMPANY

REVENUE LESS EXPENSES

FORM 990, PART I, LINE 19

CONSISTENT WITH INSTRUCTIONS FOR THE FORM 990, LINE 19 REFLECTS REVENUE LESS EXPENSES FOR ALL NET ASSET CLASSES. REVENUE LESS EXPENSES FROM UNRESTRICTED OPERATIONS PLUS NONOPERATING ITEMS WAS \$287,872 AND \$3,096,890 IN 17-18 AND 18-19 RESPECTIVELY.

ORGANIZATION'S MISSION, CONTINUED

FORM 990, PART III, LINE 1

WE ENVISION AN ENGAGED AND ENLIGHTENED COMMUNITY IN WHICH ALL MEMBERS

HAVE THE OPPORTUNITY TO COLLECTIVELY ENJOY THE RICH AESTHETIC, EMOTIONAL,

INTELLECTUAL AND CULTURAL EXPERIENCE OF OPERA.

PROGRAM SERVICE, CONTINUED

FORM 990, PART III, LINE 4B

OFF GRAND

LA OPERA OFF GRAND IS DESIGNED TO BRING PERFORMANCES TO A BROADER

GEOGRAPHIC AREA, INCREASE THE DIVERSITY OF OUR AUDIENCE AND EXPAND THE

RANGE OF EXPERIENCES AVAILABLE TO EXISTING AUDIENCES. EACH YEAR THE

COMPANY PRODUCES A COMMUNITY OPERA THAT COMBINES THE TALENTS OF

PROFESSIONAL ARTISTS AND MUSICIANS WITH NON-PROFESSIONAL ADULTS AND

CHILDREN TO PRODUCE FAMILY-FRIENDLY AND FREE PUBLIC OPERA PERFORMANCES.

THE COMPANY ALSO PARTNERS WITH OTHER LOCAL ARTS ORGANIZATIONS TO PRESENT

CONCERT PERFORMANCES OF CURRENT SEASON OPERAS AS WELL AS CO-PRODUCE

570678

CONTEMPORARY OPERA AT VARIOUS PERFORMANCE VENUES. THE OFF GRAND

PERFORMANCES AND PROGRAMS REACHED OVER 6,100 AUDIENCE MEMBERS. IN IT'S

FOURTH YEAR, THE SIMULCAST PROJECT, FUNDED BY THE COUNTY OF LOS ANGELES,

BROADCASTED DON CARLO LIVE IN HIGH-DEFINITION TO THE BIG SCREEN AT THE

SANTA MONICA PIER AND EL CARISO PARK IN SYLMAR ON SEPTEMBER 22, 2018 FREE

OF CHARGE TO AN AUDIENCE OF OVER 5,300.

DOMINGO-COLBURN-STEIN YOUNG ARTIST PROGRAM

THE YOUNG ARTIST PROGRAM SEEKS TO SUPPORT AND DEVELOP THE CAREERS OF PROMISING SINGERS AND PIANISTS. THIS RESIDENCY PROGRAM PROVIDES EXTENSIVE TRAINING AND PERFORMANCE EXPERIENCE THROUGH MAIN-STAGE ROLES, COVER ROLES, CONCERTS AND OTHER PRODUCTIONS. DURING THE YEAR, ELEVEN ARTISTS WERE GIVEN 28 MAIN-STAGE ASSIGNMENTS (ROLES, COVERS) AND PERFORMED IN MORE THAN 25 RECITALS THROUGHOUT THE COMMUNITY.

CATHEDRAL PROJECT

DURING THE YEAR THE COMPANY PRESENTED TWO PERFORMANCES OF THE WORLD PREMIERE OF MOSES AT CATHEDRAL OF OUR LADY OF THE ANGELS. A TOTAL OF 438 COMMUNITY MEMBERS OF ALL AGES WERE ENGAGED AS SINGERS AND MUSICIANS.

THESE PERFORMANCES WERE PRESENTED FREE OF CHARGE TO APPROXIMATELY 7,342 ATTENDEES.

RADIO BROADCASTS

LA OPERA HAS A SERIES OF LOCAL AND NATIONAL RADIO BROADCASTS. THE NATIONALLY SYNDICATED 2018-2019 SERIES ON WFMT FEATURED MOZART'S THE

CLEMENCY OF TITUS AND BIZET'S CARMEN, HEARD ON 71 MAIN STATIONS AND 258

AUXILIARY STATIONS FOR A TOTAL OF 329 OUTLETS. LA OPERA'S KUSC BROADCAST

SEASON FEATURED VERDI'S DON CARLO, MOZART'S THE CLEMENCY OF TITUS,

OFFENBACH'S THE TALES OF HOFFMANN, VERDI'S MACBETH AND BIZET'S CARMEN.

PROGRAM SERVICE, CONTINUED

FORM 990, PART III, LINE 4C

IN SCHOOL OPERA BROUGHT WEEKLY WORKSHOPS TO 25 ELEMENTARY AND SECONDARY SCHOOLS, WHERE OVER 1,100 STUDENTS LEARNED TO PERFORM IN AND PRODUCE OPERA, AND THEN PERFORMED THE OPERA AT THEIR SCHOOL ALONGSIDE PROFESSIONAL ARTISTS FOR AUDIENCES OF FELLOW STUDENTS AND THEIR FAMILIES, ACROSS ALL SCHOOLS TOTALING OVER 11,000.

VOICES FOR TOLERANCE, A YEAR-LONG PROGRAM FOR ALMOST 300 STUDENTS,

PROVIDED WEEKLY SESSIONS THAT TEACH CHORAL MUSIC AND PERFORMANCE, AS WELL

AS DISCUSS DIVERSITY AND TOLERANCE. MORE THAN 1,800 STUDENTS, TEACHERS

AND FAMILY WATCHED THE FINAL PERFORMANCES. OVER 4,400 STUDENTS AND

TEACHERS ATTENDED FINAL DRESS REHEARSALS AT THE DOROTHY CHANDLER

PAVILION, WHICH INCLUDED WORKSHOPS BY MUSICIANS AND PRODUCTION STAFF.

OPERA PREP AND OPERA FOR EDUCATORS OFFERED 122 TEACHERS THE OPPORTUNITY

TO LEARN A BROAD FOUNDATION OF OPERA TO BE USED IN WORKSHOPS AND

SEMINARS.

OTHER EDUCATION AND COMMUNITY OUTREACH PROGRAMS INCLUDED THE HEALTHCARE PROJECT WHICH FILLED THE HALLS OF 12 HOSPITALS AND SENIOR HOMES, AND WAS LIVE-STREAMED TO 630 HOSPITAL ROOMS; LA OPERA AT THE LIBRARY; THE

ZARZUELA PROJECT; AND SENIOR DRESS REHEARSALS AMONG MANY OTHER PROGRAMS. IN ALL, LA OPERA'S COMMUNITY ENGAGEMENT PROGRAMS BROUGHT UNDERSERVED COMMUNITY GROUPS TO MAIN STAGE PERFORMANCES AT LITTLE OR NO COST, AND ENGAGED MANY THOUSANDS OF OTHERS IN A NUMBER OF OTHER PROGRAMS, IN TOTAL REACHING OVER 158,000 COMMUNITY MEMBERS.

VOTING MEMBERS OF THE GOVERNING BODY

FORM 990, PART VI, SECTION A, LINE 1A

THE EXECUTIVE COMMITTEE IS EMPOWERED TO EXERCISE ALL THE DUTIES OF THE

BOARD BETWEEN MEETINGS OF THE BOARD AND WHEN THE BOARD IS NOT IN SESSION,

EXCEPT THOSE MATTERS PRECLUDED UNDER SECTION 5212 OF THE CALIFORNIA

NONPROFIT CORPORATION LAW.

#### FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 2

THERE IS ONE MARRIED COUPLE ON THE BOARD: WARNER & CAROL HENRY.

#### REVIEW OF THE FORM 990

FORM 990, PART VI, SECTION B, LINE 11A AND 11B

THE FINAL DRAFT OF THE FORM 990 IS REVIEWED BY THE CHIEF FINANCIAL

OFFICER AND PRESIDENT OF THE LA OPERA, AND EDITED IF REQUIRED. PRIOR TO

PRESENTATION TO THE AUDIT COMMITTEE, THE CHAIR OF THE BOARD REVIEWS THE

DRAFT AND PROPOSES EDITS, IF REQUIRED. IT IS THE PRACTICE OF THE LA OPERA

TO CIRCULATE THE PUBLIC INSPECTION COPY, WITHOUT SCHEDULE B (CONFIDENTIAL

DONOR LIST), TO THE AUDIT COMMITTEE FOR DISCUSSION, REVIEW AND APPROVAL

PRIOR TO FILING. FURTHER, THE PUBLIC INSPECTION COPY WITHOUT SCHEDULE B

IS MADE AVAILABLE TO THE FULL BOARD SUBSEQUENT TO FILING BY ELECTRONIC OR OTHER MEANS.

MONITORING AND ENFORCING COMPLIANCE WITH CONFLICT OF INTEREST FORM 990, PART VI, SECTION B, LINE 12C

THE ORGANIZATION HAS WRITTEN CONFLICT OF INTEREST POLICIES ADOPTED BY THE BOARD. ANY PROPOSED TRANSACTION WHERE THERE IS, OR MAY BE, A CONFLICT OF INTEREST WITH A BOARD MEMBER IS DISCUSSED AND MAY BE SUBJECT TO APPROVAL BY THE BOARD. ANNUALLY, A PERSONALIZED LETTER TO EACH BOARD MEMBER, SIGNED BY THE CHAIRMAN OF THE BOARD, IS CIRCULATED SPECIFICALLY REQUESTING REVIEW OF THE POLICY, WHICH IS ATTACHED TO THE LETTER ALONG WITH A QUESTIONNAIRE. A RESPONSE TO A QUESTIONNAIRE IS REQUESTED TO BE SENT TO THE CHIEF FINANCIAL OFFICER. ANY POTENTIAL CONFLICT IS DISCUSSED WITH THE CHAIRMAN OF THE BOARD AND THE PRESIDENT. THE CHAIRMAN OR THE PRESIDENT DECIDE IF A POTENTIAL CONFLICT EXISTS AND IF IT SHOULD BE SUBMITTED TO THE BOARD OF DIRECTORS. A SIMILAR POLICY EXISTS, AND PROCESS IS CONDUCTED, WITH KEY EMPLOYEES WITH A QUESTIONNAIRE SUBMITTED TO THE DIRECTOR OF HUMAN RESOURCES.

PROCESS FOR DETERMINING COMPENSATION

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

THE COMPENSATION COMMITTEE OF THE BOARD MEETS TO REVIEW AND APPROVE THE COMPENSATION, OR CHANGE IN COMPENSATION, OF THE FOLLOWING POSITIONS, AND OTHER KEY EMPLOYEES:

" GENERAL DIRECTOR

- " MUSIC DIRECTOR
- " PRESIDENT AND CHIEF EXECUTIVE OFFICER
- " CHIEF FINANCIAL OFFICER
- " VICE PRESIDENTS

THE COMPENSATION COMMITTEE IS COMPOSED OF BOARD MEMBERS INDEPENDENT WITH REGARD TO THE COMPENSATION ARRANGEMENT. IN ITS EFFORTS TO COMPENSATE EMPLOYEES FAIRLY FOR THEIR SERVICES, THE COMMITTEE UTILIZES THE FOLLOWING IN DETERMINING APPROPRIATE LEVELS OF COMPENSATION:

- " COMPENSATION SURVEYS OR STUDIES OF COMPARABLE ORGANIZATIONS
- " INDUSTRY GROUP SURVEYS (OPERA AMERICA)
- " FORM 990 OF COMPARABLE ORGANIZATIONS

COMPENSATION AGREEMENTS ARE APPROVED BY THE COMMITTEE AND THE BOARD OF DIRECTORS. DOCUMENTATION INCLUDES THE TERMS OF THE AGREEMENTS AND THE DATE APPROVED, MEMBERS PRESENT DURING THE MEETING AND THOSE WHO VOTED ON IT, THE COMPARABILITY DATA RELIED UPON AND HOW IT WAS OBTAINED, AND ANY ACTIONS TAKEN WITH RESPECT TO CONSIDERATION OF THE TRANSACTION BY ANYONE WHO IS OTHERWISE A MEMBER OF THE AUTHORIZED BODY BUT WHO HAD A CONFLICT OF INTEREST WITH RESPECT TO THE TRANSACTION. ONE COMPENSATION COMMITTEE MEETING WAS HELD ON SEPTEMBER 18, 2018 WHICH REVIEWED AND APPROVED COMPENSATION PACKAGES FOR THE FISCAL YEAR ENDED JUNE 30, 2019.

PROCESS FOR DISCLOSING GOVERNING DOCUMENTS FORM 990, PART VI, SECTION C, LINE 19

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THE LA OPERA MAKES ITS GOVERNING DOCUMENTS, TAX EXEMPTION LETTER,

CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE

FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE

ORGANIZATION'S WEBSITE WWW.LAOPERA.ORG.

RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 9

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST \$ 259,484

UNCOLLECTIBLE PLEDGES ON RECEIVABLES \$ (160,204)

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TOTAL \$ 99,280

SCHEDULE B CONTRIBUTIONS

FORM 990, SCHEDULE B

CONSISTENT WITH INSTRUCTIONS FOR THE 990 RETURN, ALL CONTRIBUTIONS ARE REPORTED ON THE ACCRUAL BASIS. CONTRIBUTIONS ITEMIZED IN SCHEDULE B INCLUDE NEW GIFTS (BOTH CASH AS WELL AS PLEDGES NOT RECOGNIZED IN PRIOR YEARS). ALSO INCLUDED ARE CHANGES IN DISCOUNT TO RECOGNIZE NEW AND EXISTING LONG TERM PLEDGES AT PRESENT VALUE. THE TOTAL CHANGE IN DISCOUNT IS \$1,163,786.

COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS FORM 990, PART VII, SECTION B, LINE 1

THE AMOUNTS LISTED BELOW FOR AMADEUS MUSIC PRODUCTION CORP AND MARINGO USA, LLC ARE PAYMENTS, AT THEIR BEHEST, FOR SERVICES PROVIDED BY JAMES

Name of the organization Employer identification number LOS ANGELES OPERA COMPANY 95-2096402

CONLON AND PLACIDO DOMINGO, RESPECTIVELY. SEE SCHEDULE J FOR FURTHER INFORMATION.

## ATTACHMENT 1

990	PART VIII-	COMPENSATION	OF	THE	FTVE	HIGHEST	PATD	TND	CONTRACTORS	

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
AMADEUS MUSIC PRODUCTION CORP 1 PENN PLAZA, SUITE 2615 NEW YORK, NY 10019	DIR/CONDUCTOR	878,326.
MARINGO USA, LLC 425 E 58TH ST, #21F NEW YORK, NY 10022	DIR/PERFORMANCE FEES	840,776.
112 BEVERLY, LLC 936 CRENSHAW BLVD., #100 LOS ANGELES, CA 90019	COSTUME SHOP RENT	541,880.
SPECIAL OCCASIONS EVENT PLANNING 357 S. ROBERTSON BLVD. BEVERLY HILLS, CA 90211	EVENT PLANNING	252,507.
MORRIS ROBINSON 115 SOUTH FORK ROAD TYRONE, GA 30290	ARTIST	170,500.

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## Form 8868

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	c 6-Month Extension of Time. Only subm			0.69	
•	tions required to file an income tax return other		,	-C filers), partnerships, RE	MICs, and trusts
iliust use r	form 7004 to request an extension of time to f	ile ilicome	tax returns.	Enter filer's identifying nu	mher see instruction
	I Name of exempt organization or other filer, see in	nstructions.		Employer identification number	
Type or					. (2.11) 01
print	LOS ANGELES OPERA COMPANY			95-2096402	
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	Social security number (SSN)	
due date for filing your	135 NORTH GRAND AVENUE				
return. See	City, town or post office, state, and ZIP code. For	a foreign ad	Idress, see instructions.		
nstructions.	LOS ANGELES, CA 90012				
Enter the R	teturn Code for the return that this application	is for (file	a senarate application for	r each return)	0 1
Liller the N	tetum Code for the return that this application	is for (file	a separate application to	reach return) • • • • • •	
Application	1	Return	Application		Return
s For		Code	ls For		Code
Form 990 c	or Form 990-EZ	01	Form 990-T (corporation	on)	07
Form 990-E		02	Form 1041-A		08
	(individual)	03	Form 4720 (other than	individual)	09
Form 990-P		04	Form 5227	*	10
Form 990-1	T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
	T (trust other than above)	06	Form 8870		12
	CARL M. RIES		14		
<ul> <li>If the org</li> <li>If this is</li> <li>for the who</li> <li>a list with the</li> </ul>	ganization does not have an office or place of for a Group Return, enter the organization's for the group, check this box	business in ur digit Gro f it is for pa ion is for.	oup Exemption Number (6 art of the group, check th	GEN)	If this is and attach
	e organization named above. The extension is			, to me the exemptors	gamzation return
101 1110	organization named above. The extension is		gamzations return for.		
	calendar year 20				
X	calendar year 20 or tax year beginning 07/0	1 201	8 and ending	06/30 20	19
	tax year beginning	, 20 1	o_, and ending		
	tax year entered in line 1 is for less than 12 m Change in accounting period	onths, che	ck reason: Initial re	turn Final return	
3a If this	application is for Forms 990-BL, 990-PF, 9	90-T, 472	0, or 6069, enter the t	entative tax, less any	
nonre	fundable credits. See instructions.			3a	\$ 0
b If this	s application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any re		
	ated tax payments made. Include any prior yea			3 b	\$ 0
	ce due. Subtract line 3b from line 3a. Include			uired, by using EFTPS	
(Elect	ronic Federal Tax Payment System). See instru	ictions.		3c	\$ 0
Caution: If yo	ou are going to make an electronic funds withdrawa	al (direct det	oit) with this Form 8868, see	Form 8453-EO and Form 88	79-EO for payment
nstructions.					
or Privacy	Act and Paperwork Reduction Act Notice, see inst	ructions		For	m 8868 (Rev. 1-2019

