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Short Form Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning <u>5/1/2008</u> , and ending <u>4/30/2009</u>	
B Check if applicable:	C Name of organization
<input type="checkbox"/> Address change	Underworld Opera Company DBA Oakland Opera Theater Number and street (or P O box, if mail is not delivered to street address) Room/suite 1734 Campbell Street City, town, or country State ZIP + 4 Oakland CA 94607
<input type="checkbox"/> Name change	
<input type="checkbox"/> Initial return	
<input type="checkbox"/> Termination	
<input type="checkbox"/> Amended return	
<input type="checkbox"/> Application pending	
Please use IRS label or print or type. See Specific Instructions.	
D Employer identification number <u>94-3083848</u>	
E Telephone number <u>(510) 763-1146</u>	
F Group Exemption Number <u>N/A</u>	

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method Cash Accrual
Other (specify) ▶ Modified-Cash

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ www.oaklandopera.org

J Organization type (check only one)— 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 266,435

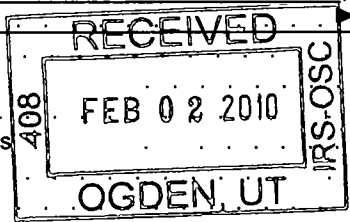
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

	1 Contributions, gifts, grants, and similar amounts received		173,617
	2 Program service revenue including government fees and contracts		92,790
	3 Membership dues and assessments		
	4 Investment income		28
	5a Gross amount from sale of assets other than inventory	0	
	b Less: cost or other basis and sales expenses	0	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	0	
	b Less: direct expenses other than fundraising expenses	0	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		0
	7a Gross sales of inventory, less returns and allowances	0	
	b Less: cost of goods sold	0	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		0
	8 Other revenue (describe ▶)		0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		266,435
	10 Grants and similar amounts paid (attach schedule)		0
	11 Benefits paid to or for members		0
	12 Salaries, other compensation, and employee benefits		48,542
	13 Professional fees and other payments to independent contractors		107,222
	14 Occupancy, rent, utilities, and maintenance		18,937
	15 Printing, publications, postage, and shipping		2,455
	16 Other expenses (describe ▶ <u>Schedule 1</u>)		78,922
	17 Total expenses. Add lines 10 through 16		256,078
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		10,357
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		-6,806
	20 Other changes in net assets or fund balances (attach explanation) Void checks in prior year		2,654
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		6,205

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	1,328	599
23	Land and buildings	0	0
24	Other assets (describe ▶ <u>Furniture and Equipment</u>)	14,439	25,846
25	Total assets	15,767	26,445
26	Total liabilities (describe ▶ <u>Schedule 2</u>)	22,573	20,240
27	Net assets or fund balances (line 27 of column (B) must agree with line 21).	-6,806	6,205

Expenses SCANNED FEB 10 2010



9-9 9

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	0	
b	Did the organization file Form 1120-POL for this year?	N/A	
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. ▶ 38b	0	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. ▶ 39a	N/A	
b	Gross receipts, included on line 9, for public use of club facilities. ▶ 39b	N/A	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0		
d	Enter amount of tax on line 40c reimbursed by the organization. ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ California		
42 a	The books are in care of ▶ Name Mia Anastasia Dean Telephone no. ▶ (510) 763-1146 Located at ▶ 1734 Campbell St City Oakland ST CA ZIP + 4 ▶ 94607		
b	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)? If "Yes," enter the name of the foreign country: ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ N/A		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.

	Yes	No
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

	Yes	No
48	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- 49 a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
- b If "Yes," was the related organization(s) a section 527 organization?

	Yes	No
49b	N/A	<input type="checkbox"/>
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Total number of other independent contractors each receiving over \$100,000 . . . ▶		0

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Thomas SL Date: 11-25-10

Type or print name and title: Thomas Dean Artistic Director

Paid Preparer's Use Only

Preparer's signature: Ghaffari Zaragoza LLP Date: 1/12/10 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP +4: Ghaffari Zaragoza LLP
1330 Broadway, Suite 430, Oakland, CA 94612

Preparer's Identifying Number (See instructions):
 EIN: 57-1155648
 Phone no: (510) 834-6542

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

Underworld Opera Company DBA Oakland Opera Theater

Employer identification number

94-3083848

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col.(i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

N/A

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total Add lines 1-3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc (see instructions)					12	

13 **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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	0.00%
16a 33 1/3% support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances-test—2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	169,075	125,002	130,567	172,590	173,617	770,851
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	59,732	155,394	187,076	112,026	92,790	607,018
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1-5	228,807	280,396	317,643	284,616	266,407	1,377,869
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	165,175	95,216	117,277	143,211	145,046	665,925
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0	0	0	0	0	0
c Add lines 7a and 7b	165,175	95,216	117,277	143,211	145,046	665,925
8 Public support (Subtract line 7c from line 6.)						711,944

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	228,807	280,396	317,643	284,616	266,407	1,377,869
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	59,051	10	20	27	28	59,136
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	59,051	10	20	27	28	59,136
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)						1,437,005
14 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	49.54%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	47.42%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	4.12%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	10.62%

- 19a **33 1/3% support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- b **33 1/3% support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Underworld Opera DBA Oakland Opera Theater
EIN: 94-3083848
Year Ended April 30, 2009
Schedules Attached to 2008 Form 990

Schedule 1 - Part I, line 16 - Other expenses

	<u>(A) Total</u>
Licenses, Permits and Fees	10,160
Bank fees	1,571
Equipment rental	12,477
Taxes	2,938
Insurance	8,598
Office supplies	1,854
Production Expenses	14,103
Promotion	14,748
Concession	5,370
Depreication expense	5,013
Travel	730
Miscellaneous expenses	<u>1,360</u>
	<u><u>78,922</u></u>

Schedule 2 - Part I, line 26 - Liabilities

Loan from Art loan fund	20,000
Payroll tax payable	<u>240</u>
	<u><u>20,240</u></u>

Underworld Opera DBA Oakland Opera Theater
EIN: 94-3083848
Year Ended April 30, 2009
Schedules Attached to 2008 Form 990

Schedule 3 – Part III – line 28 – Statement of Accomplishment

During the 2005-2006 fiscal year the Oakland Opera performed three complete operas: Queenie Pie – Duke Ellington, L’Histoire du Soldat – Igor Stravinsky and Renard – Igor Stravinsky. During the same period the company’s venue, the Oakland Metro Operahouse hosted over 60 public performances from theatre to spoken word to dance to music, and innumerable rehearsals and technical days.

The Oakland Opera’s performance of Queenie Pie - an opera by Duke Ellington, went very well and marked the official opening of our new Operahouse. It was performed from May 8th – 25th, 2005 at the Oakland Metro Operahouse. All of the 12 performances at The Operahouse were entirely sold-out. Queenie Pie received excellent reviews in over 14 local papers and arts websites. Betty McGettigen, co-librettist with Duke

On October 23rd, however, the Oakland Opera opened L’Histoire du Soldat and Renard – a double bill of operas by Igor Stravinsky. This production surpassed all expectations. The response from the community and the press was incredible. “A musical feast” states Joshua Kosman, San Francisco Chronicles classical music critic, by “this reliably adventurous and resourceful little outfit.” Oct 23rd – Nov 2nd, 2008. 8 performances

Total expense	\$233,784
Toral grans to others	\$0

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**.
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).			
Type or print <small>File by the extended due date for filing the return. See instructions</small>	Name of Exempt Organization		Employer Identification number
	Underworld Opera Company DBA Oakland Opera Theater		94-3083848
	Number, street, and room or suite no. If a P O box, see instructions		For IRS use only
	1734 Campbell Street		
City, town or post office, state, and ZIP code. For a foreign address, see instructions			
Oakland, CA 94607			

Check type of return to be filed (File a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of Underworld Opera Company DBA Oakland Opera Theater
Telephone No. (510) 763-1146 FAX No. N/A
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 3/15/2010

5 For calendar year _____, or other tax year beginning 5/1/2008, and ending 4/30/2009

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension Additional time is needed to gather sufficient information in order to file a complete informational return

8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature *Joseline Zaragoza* Title CPA Date 12/14/09