

Return of Organization Exempt From Income Tax

2005

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)

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 6/01, 2005, and ending 5/31, 2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Organization Name: VIRGINIA OPERA ASSOCIATION, P.O. BOX 2580, NORFOLK, VA 23501

D Employer Identification Number: 54-0985006
E Telephone number: 757-627-9545
F Accounting method: Accrual

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

- H and I are not applicable to section 527 organizations
H (a) Is this a group return for affiliates? No
H (b) If 'Yes,' enter number of affiliates
H (c) Are all affiliates included? No
H (d) Is this a separate return filed by an organization covered by a group ruling? No
I Group Exemption Number
M Check if the organization is not required to attach Schedule B

G Web site: WWW.VAOPERA.ORG

J Organization type: 501(c) 3

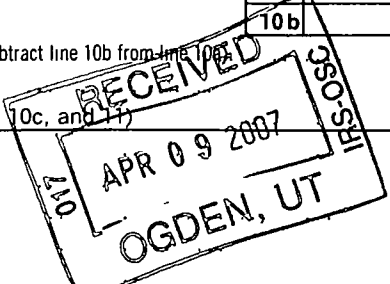
K Check here if the organization's gross receipts are normally not more than \$25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 6,390,552.

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

Table with 21 rows and multiple columns for revenue and expenses. Includes sub-rows for direct/indirect support, program service revenue, membership dues, interest, dividends, gross rents, net rental income, other investment income, gross amount from sales of assets, special events, gross sales of inventory, other revenue, total revenue, program services, management and general, fundraising, payments to affiliates, total expenses, excess or deficit, net assets at beginning/end of year.

SCANNED APR 30 2007



Handwritten number 519

**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25	575,298.	180,548.	187,750.
26	Other salaries and wages	26	2,026,023.	1,692,570.	218,687.
27	Pension plan contributions	27	21,580.	12,266.	8,989.
28	Other employee benefits	28	105,709.	43,693.	46,890.
29	Payroll taxes	29	224,336.	162,608.	32,515.
30	Professional fundraising fees	30	52,123.		52,123.
31	Accounting fees	31	19,850.		19,850.
32	Legal fees	32			
33	Supplies	33	50,592.	4,615.	43,360.
34	Telephone	34	42,256.	7,754.	33,313.
35	Postage and shipping	35	50,740.	33,301.	2,388.
36	Occupancy	36	31,656.	2,476.	29,180.
37	Equipment rental and maintenance	37	40,485.	10,262.	30,013.
38	Printing and publications	38	98,117.	74,124.	
39	Travel	39	158,210.	154,522.	3,688.
40	Conferences, conventions, and meetings	40	9,821.	1,032.	8,789.
41	Interest	41	69,223.		69,223.
42	Depreciation, depletion, etc (attach schedule)	42	374,245.	172,808.	201,437.
43	Other expenses not covered above (itemize).				
a	SEE STATEMENT 4	43a	2,057,866.	1,795,638.	174,742.
b	-----	43b			
c	-----	43c			
d	-----	43d			
e	-----	43e			
f	-----	43f			
g	-----	43g			
44	Total functional expenses Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	6,008,130.	4,348,217.	1,110,814.

**Joint Costs.** Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

BAA

**Part III Statement of Program Service Accomplishments**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 5</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
a <u>PERFORMANCE OF OPERAS FOR THE PUBLIC, CULTURAL EDUCATION PROGRAMS TO STUDENTS AND OTHER GROUPS.</u> ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	4,348,217.
b ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶	4,348,217.

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**Part IV Balance Sheets** (See Instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	143,314.	45	139,841.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 65,691.		
	b Less: allowance for doubtful accounts	47b	89,948.	47c 65,691.
	48a Pledges receivable	48a 1,195,326.		
	b Less allowance for doubtful accounts	48b	958,550.	48c 1,195,326.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		51,157.	53 212,651.
	54 Investments – securities (attach schedule) SEE. ST 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,666,067.	54 1,715,465.
	55a Investments – land, buildings, & equipment basis	55a		
b Less: accumulated depreciation (attach schedule)	55b		55c	
56 Investments – other (attach schedule)			56	
57a Land, buildings, and equipment: basis	57a 5,816,367.			
b Less. accumulated depreciation (attach schedule) STATEMENT 7	57b 3,769,082.	2,252,811.	57c 2,047,285.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 8)		35,207.	58 20,176.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		5,197,054.	59 5,396,435.	
LIABILITIES	60 Accounts payable and accrued expenses	242,644.	60	355,591.
	61 Grants payable		61	
	62 Deferred revenue	866,647.	62	783,778.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) SEE STATEMENT 9		1,054,993.	64b 1,179,982.
	65 Other liabilities (describe <input type="checkbox"/> )			65
66 <b>Total liabilities.</b> Add lines 60 through 65		2,164,284.	66 2,319,351.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted	1,186,542.	67	812,719.
	68 Temporarily restricted	295,252.	68	713,389.
	69 Permanently restricted	1,550,976.	69	1,550,976.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		3,032,770.	73 3,077,084.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		5,197,054.	74 5,396,435.

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	6,581,062.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
	1 Net unrealized gains on investments	<b>b1</b>	26,099.
	2 Donated services and use of facilities	<b>b2</b>	282,072.
	3 Recoveries of prior year grants	<b>b3</b>	
	4 Other (specify) _____ <u>SEE STM 10</u>	<b>b4</b>	246,546.
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	554,717.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	6,026,345.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>	
	2 Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>	<b>e</b>	6,026,345.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	6,367,241.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
	1 Donated services and use of facilities	<b>b1</b>	282,072.
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>	
	3 Losses reported on Part I, line 20	<b>b3</b>	
	4 Other (specify) _____ <u>SEE STMT 11</u>	<b>b4</b>	113,758.
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	395,830.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	5,971,411.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>	
	2 Other (specify) _____ <u>SEE STMT 12</u>	<b>d2</b>	36,719.
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	36,719.
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>	<b>e</b>	6,008,130.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
PAUL STUHLREYER, III 326 PRESERVATION REACH CHESAPEAKE, VA 23320	EXECUTIVE DIREC 0	131,250.	27,162.	0.
BOARD OF DIRECTORS SEE ATTACHED	0	0.	0.	0.
TOM COSTELLO 419 WARREN CRESCENT, APT. 4 NORFOLK, VA 23507	DIR OF DEVELOPM 0	115,000.	0.	0.
ROBERT VELAND 1401 MUNSON CT. VIRGINIA BEACH, VA 23456	DIR OF FINANCE 0	72,000.	1,035.	0.
PETER MARK 408 DUNDAFF ST. #803 NORFOLK, VA 23507	ARTISTIC DIRECT 0	175,048.	0.	0.
JOHN KENNELLY 7710 NORTH SHIRLAND AVE. NORFOLK, VA 23505	DIR. OF PRODUCT 0	82,000.	2,550.	0.



Part VI Other Information (continued)	Yes	No
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
<b>b</b> If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	<b>82 b</b>	282,073.
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
<b>85 501(c)(4), (5), or (6) organizations a</b> Were substantially all dues nondeductible by members?	N/A	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b> Dues, assessments, and similar amounts from members	<b>85 c</b>	N/A
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85 d</b>	N/A
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85 e</b>	N/A
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85 f</b>	N/A
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85 g</b>	N/A
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85 h</b>	N/A
<b>86 501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86 a</b>	N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86 b</b>	N/A
<b>87 501(c)(12) organizations</b> Enter: <b>a</b> Gross income from members or shareholders	<b>87 a</b>	N/A
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>87 b</b>	N/A
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	<b>88</b>	X
<b>89 a 501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
<b>b 501(c)(3) and 501(c)(4) organizations</b> 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,' attach a statement explaining each transaction	<b>89 b</b>	X
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶	0.
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization	▶	0.
<b>90 a</b> List the states with which a copy of this return is filed ▶ <u>NONE</u>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	<b>90 b</b>	154
<b>91 a</b> The books are in care of ▶ <u>THE CORPORATE OFFICE</u> Telephone number ▶ <u>757-627-9545</u> Located at ▶ <u>160 E. VA. BEACH BLVD., NORFOLK, VA,</u> ZIP + 4 ▶ <u>23510</u>		
<b>b</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 ▶ _____	<b>91 b</b>	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶ _____	<b>91 c</b>	X
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> - Check here	N/A	▶ <input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year	▶ <b>92</b>	N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions)

Note: Enter gross amounts unless otherwise indicated

- 93 Program service revenue:
  - a EDUCATION PROGRAMS
  - b SINGLE TICKETS
  - c SUBSCRIPTIONS
  - d TOURING
  - e
  - f Medicare/Medicaid payments
  - g Fees & contracts from government agencies
- 94 Membership dues and assessments
- 95 Interest on savings & temporary cash invmnts
- 96 Dividends & interest from securities
- 97 Net rental income or (loss) from real estate:
  - a debt-financed property
  - b not debt-financed property
- 98 Net rental income or (loss) from pers prop
- 99 Other investment income
- 100 Gain or (loss) from sales of assets other than inventory
- 101 Net income or (loss) from special events
- 102 Gross profit or (loss) from sales of inventory
- 103 Other revenue
  - a
  - b SEE STATEMENT 13
  - c
  - d
  - e
- 104 Subtotal (add columns (B), (D), and (E))
- 105 Total (add line 104, columns (B), (D), and (E))

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
					238,200.
					424,441.
					1,083,657.
					414,252.
			14	54,538.	
			18	50,476.	
			1	125,092.	
		209,693.		55,235.	47,057.
		209,693.		285,341.	2,207,607.
					2,702,641.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	CULTURAL EDUCATION PROGRAM FOR STUDENTS
93B	PERFORMANCE OF OPERA FOR THE PUBLIC.
93C	PERFORMANCE OF OPERA'S FOR THE PUBLIC
93D	PERFORMANCE OF OPERA'S FOR THE PUBLIC

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
  - b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Please 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: *Nicholas P. Paul, Jr.* Date: 3/29/07

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: *Nicholas P. Paul, Jr. CPA* Date: 2.13.07

Check if self-employed:

Preparer's SSN or PTIN (See General Instruction W): P00284967

Firm's name (or yours if self-employed), address, and ZIP + 4: BURRUS, PAUL & TURNBULL, PLC  
101 W MAIN STREET, SUITE 820  
NORFOLK, VA 23510

EIN: 54-0662578

Phone no: (757) 623-3236

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

**Organization Exempt Under**  
**Section 501(c)(3)**

OMB No 1545-0047

**(Except Private Foundation) and Section 501(e), 501(f), 501(k),**  
**501(n), or 4947(a)(1) Nonexempt Charitable Trust**

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information — (See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

VIRGINIA OPERA ASSOCIATION

Employer identification number

54-0985006

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions List each one If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 14		333,700.	4,534.	0.
Total number of other employees paid over \$50,000	▶ 3			

**Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	▶ 0	

**Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter 'None' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 15		444,127.
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

**Part III Statements About Activities** (See instructions.)

Yes No

**1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities **▶** \$ N/A

(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

**1** **X**

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

**2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

SEE STATEMENT 16

**a** Sale, exchange, or leasing of property?

**2a** **X**

**b** Lending of money or other extension of credit?

**2b** **X**

**c** Furnishing of goods, services, or facilities?

**2c** **X**

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

**2d** **X**

**e** Transfer of any part of its income or assets?

**2e** **X**

**3a** Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)

**3a** **X**

**b** Do you have a section 403(b) annuity plan for your employees?

**3b** **X**

**c** During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

**3c** **X**

**4a** Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

**4a** **X**

**b** Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

**4b** **X**

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

**5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)

**6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V)

**7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii).

**8**  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

**9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** \_\_\_\_\_

**10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A)

**11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)

**11b**  A community trust Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)

**12**  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 charitable, etc, 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) (Also complete the **Support Schedule** in Part IV-A)

**13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

**14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	2,443,152.	2,383,186.	3,524,608.	2,238,385.	10,589,331.
<b>16</b> Membership fees received					0.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,188,139.	2,447,670.	2,683,465.	3,340,047.	10,659,321.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	25,631.	58,374.	65,870.	81,128.	231,003.
<b>19</b> Net income from unrelated business activities not included in line 18	42,806.	10,624.	-47,729.	-10,170.	-4,469.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 17	70,547.	72,763.	66,337.	114,723.	324,370.
<b>23</b> Total of lines 15 through 22	4,770,275.	4,972,617.	6,292,551.	5,764,113.	21,799,556.
<b>24</b> Line 23 minus line 17	2,582,136.	2,524,947.	3,609,086.	2,424,066.	11,140,235.
<b>25</b> Enter 1% of line 23	47,703.	49,726.	62,926.	57,641.	
<b>26 Organizations described on lines 10 or 11:</b>	a Enter 2% of amount in column (e), line 24				<b>26a</b> 222,805.
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts				<b>26b</b> 1,531,750.
	c Total support for section 509(a)(1) test: Enter line 24, column (e)				<b>26c</b> 11,140,235.
	<b>d</b> Add. Amounts from column (e) for lines	<b>18</b> 231,003.	<b>19</b> -4,469.		<b>26d</b> 2,082,654.
		<b>22</b> 324,370.	<b>26b</b> 1,531,750.		<b>26e</b> 9,057,581.
	e Public support (line 26c minus line 26d total)				<b>26e</b> 9,057,581.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				<b>26f</b> 81.31 %
<b>27 Organizations described on line 12:</b>	N/A				
	a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year				
	(2004)	(2003)	(2002)	(2001)	
	b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year				
	(2004)	(2003)	(2002)	(2001)	
	c Add: Amounts from column (e) for lines:				<b>27c</b>
	<b>17</b>	<b>20</b>	<b>21</b>		<b>27d</b>
	d Add Line 27a total and line 27b total				<b>27e</b>
	e Public support (line 27c total minus line 27d total)				<b>27e</b>
	f Total support for section 509(a)(2) test Enter amount from line 23, column (e)				<b>27f</b>
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				<b>27g</b> %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				<b>27h</b> %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions )  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement ) ----- ----- -----		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement ) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		





## VIRGINIA OPERA ASSOCIATION

54-0985006

**STATEMENT 1**  
**FORM 990, PART I, LINE 8**  
**NET GAIN (LOSS) FROM NONINVENTORY SALES**

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 269,106.  
 COST OR OTHER BASIS: 218,630.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 50,476.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 50,476.

**STATEMENT 2**  
**FORM 990, PART I, LINE 9**  
**NET INCOME (LOSS) FROM SPECIAL EVENTS**

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
SPECIAL EVENTS	270,669.	0.	270,669.	145,577.	125,092.
TOTAL	<u>\$ 270,669.</u>	<u>\$ 0.</u>	<u>\$ 270,669.</u>	<u>\$ 145,577.</u>	<u>\$ 125,092.</u>

**STATEMENT 3**  
**FORM 990, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

UNREALIZED GAINS ON INVESTMENTS

TOTAL \$ 26,099.

**STATEMENT 4**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C) <u>MANAGEMENT &amp; GENERAL</u>	(D) <u>FUNDRAISING</u>
BOX OFFICE EXPENSE	9,174.		9,174.	
CONTRACT SERVICES	295,194.	289,405.	5,789.	
COSTUMES, WIGS AND MAKEUP	110,610.	110,576.	34.	
DEVELOPMENT EXPENSE	21,269.	5,140.	2,892.	13,237.
DUES AND FEES	22,470.	5,170.	16,098.	1,202.
EDUCATION PROGRAM EXPENSE	21,907.	21,907.		
HALL RENTAL	61,581.	61,581.		
HOTEL/PER DEIM/ARTIST HOUSING	326,100.	317,493.	8,607.	
INSURANCE	80,885.	42.	80,843.	
IT LICENSES, FEES AND SERVICE	46,133.	2,302.	43,831.	
MARKETING EXPENSE	126,463.	126,463.		
MISC. BUSINESS EXPENSE	118,124.	88,761.	7,419.	21,944.
MISC. FRONT OFFICE EXPENSE	43,541.	24,281.		19,260.
OTHER MISCELLANEOUS	4,004.	1,195.	55.	2,754.
PRINT AND BROADCASTING EXPENSE	107,757.	107,757.		

## VIRGINIA OPERA ASSOCIATION

54-0985006

**STATEMENT 4 (CONTINUED)**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
PRODUCTION SUPPORT	577,683.	548,594.		29,089.
SCENERY & PROPS	84,971.	84,971.		
<b>TOTAL</b>	<b>\$ 2,057,866.</b>	<b>\$ 1,795,638.</b>	<b>\$ 174,742.</b>	<b>\$ 87,486.</b>

**STATEMENT 5**  
**FORM 990, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE MISSION OF THE VIRGINIA OPERA IS TO PRODUCE OPERATIC PERFORMANCES OF THE HIGHEST PROFESSIONAL STANDARDS; EDUCATE AND DEVELOP AUDIENCES OF ALL AGES; IDENTIFY AND DEVELOP EXTRAORDINARY YOUNG ARTISTS; MAINTAIN A STRONG FINANCIAL CONDITION; DEVELOP AND SUPPORT PROFESSIONAL STAFF AND DEDICATED VOLUNTEERS.

**STATEMENT 6**  
**FORM 990, PART IV, LINE 54**  
**INVESTMENTS - SECURITIES**

<u>CORPORATE STOCKS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
CORPORATE STOCKS	MARKET VALUE	\$ 892,421.
	<b>TOTAL</b>	<b>\$ 892,421.</b>

<u>CORPORATE BONDS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
CORPORATE BONDS	MARKET VALUE	10,088.
	<b>TOTAL</b>	<b>\$ 10,088.</b>

<u>OTHER PUBLICLY TRADED SECURITIES</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
CASH AND CASH EQUIVALENTS	MARKET VALUE	70,541.
MUTUAL FUND INVESTMENTS	MARKET VALUE	80,269.
	<b>TOTAL</b>	<b>\$ 150,810.</b>

<u>U.S. GOVERNMENT OBLIGATIONS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
US GOVT OBLIGATIONS	MARKET VALUE	662,146.
	<b>TOTAL</b>	<b>\$ 662,146.</b>

## VIRGINIA OPERA ASSOCIATION

54-0985006

STATEMENT 6 (CONTINUED)  
FORM 990, PART IV, LINE 54  
INVESTMENTS - SECURITIES

U.S. GOVERNMENT OBLIGATIONS	VALUATION METHOD	AMOUNT
TOTAL INVESTMENTS - SECURITIES		<u>\$ 1,715,465.</u>

STATEMENT 7  
FORM 990, PART IV, LINE 57  
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 5,816,367.	\$ 3,769,082.	\$ 2,047,285.
TOTAL	<u>\$ 5,816,367.</u>	<u>\$ 3,769,082.</u>	<u>\$ 2,047,285.</u>

STATEMENT 8  
FORM 990, PART IV, LINE 58  
OTHER ASSETS

OTHER NONCURRENT ASSETS	TOTAL	<u>\$ 20,176.</u>
		<u>\$ 20,176.</u>

STATEMENT 9  
FORM 990, PART IV, LINE 64B  
MORTGAGES AND OTHER NOTES PAYABLE

OTHER NOTES PAYABLE

LENDER'S NAME:	VIRGINIA OPERA FOUNDATION	
RELATIONSHIP OF LENDER:	RELATED ENTITY	
DATE OF NOTE:	10/18/2002	
MATURITY DATE:	2/28/2010	
INTEREST RATE:	6.75%	
SECURITY PROVIDED:	SECURITIES	
PURPOSE OF LOAN:	WORKING CAPITAL	
ORIGINAL AMOUNT:	800,000.	
BALANCE DUE:		\$ 375,000.

VIRGINIA OPERA ASSOCIATION

54-0985006

**STATEMENT 9 (CONTINUED)**  
**FORM 990, PART IV, LINE 64B**  
**MORTGAGES AND OTHER NOTES PAYABLE**

OTHER NOTES PAYABLE

LENDER'S NAME:	CITI CAPITAL		
DATE OF NOTE:	10/29/2004		
MATURITY DATE:	10/29/2009		
REPAYMENT TERMS:	MONTHLY PRINCIPAL AND INTEREST		
INTEREST RATE:	12.00%		
SECURITY PROVIDED:	COMPUTER SOFTWARE		
PURPOSE OF LOAN:	SOFTWARE PURCHASE		
ORIGINAL AMOUNT:	60,320.		
BALANCE DUE:		\$	44,876.
LENDER'S NAME:	BANK OF AMERICA		
REPAYMENT TERMS:	DUE ON DEMAND		
PURPOSE OF LOAN:	CREDIT LINE		
BALANCE DUE:		\$	731,250.
LENDER'S NAME:	BB&T BANK		
DATE OF NOTE:	1/05/2006		
MATURITY DATE:	1/05/2011		
REPAYMENT TERMS:	MONTHLY PRINCIPAL AND INTEREST		
INTEREST RATE:	9.84%		
SECURITY PROVIDED:	VEHICLE		
PURPOSE OF LOAN:	PURCHASE A VEHICLE		
BALANCE DUE:		\$	28,856.
		TOTAL	<u>\$ 1,179,982.</u>

**STATEMENT 10**  
**FORM 990, PART IV-A, LINE B(4)**  
**OTHER AMOUNTS**

FOUNDATION INCOME		\$	246,546.
		TOTAL	<u>\$ 246,546.</u>

**STATEMENT 11**  
**FORM 990, PART IV-B, LINE B(4)**  
**OTHER AMOUNTS**

FOUNDATION EXPENSES		\$	113,758.
		TOTAL	<u>\$ 113,758.</u>

## VIRGINIA OPERA ASSOCIATION

54-0985006

STATEMENT 12  
FORM 990, PART IV-B, LINE D(2)  
OTHER AMOUNTS

FOUNDATION INTEREST

TOTAL \$ 36,719.  
\$ 36,719.

STATEMENT 13  
FORM 990, PART VII, LINE 103  
OTHER REVENUE

OTHER REVENUE	(A) BUSI- NESS CODE	(B) UNRELATED BUSINESS AMOUNT	(C) EXCLU- SION CODE	(D) EXCLUDED AMOUNT	(E) RELATED OR EXEMPT FUNCTION
FRONT OF HOUSE RENTAL MERCHANDISE & CONCESSION			3	\$ 13,992.	\$ 47,057.
MISC. INCOME			1	41,243.	
PRODUCTION SET RENTALS	900002	\$ 146,441.			
PROGRAM ADVERTISING	711300	63,252.			
TOTAL		\$ <u>209,693.</u>		\$ <u>55,235.</u>	\$ <u>47,057.</u>

STATEMENT 14  
SCHEDULE A, PART I  
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUTIO EBP & DC	EXPENSE ACCOUNT
SEAN RECTOR 419 ADWOOD COURT HAMPTON, VA 23605	40	66,950.	0.	0.
CAROLYN O. DAVIDSON 2304 RAYMOND AVE., RICHMOND, VA ,	RICHMOND DEV 40	76,500.	325.	0.
JOE W. WALSH 239 DUKE STREET #111, NORFOLK, V ,	ASST ARTISTIC D 40	82,000.	3,159.	0.
JEFF DARDEN 2704 CHESTERFIELD BLVD, NORFOLK, VA ,	TECHNICAL DIREC 40	50,250.	975.	0.
DANIELLE CONONICO 905 POWHATTAN AVE. PORTSMOUTH, VA 23707	40	58,000.	75.	0.
TOTAL		\$ <u>333,700.</u>	\$ <u>4,534.</u>	\$ <u>0.</u>

## VIRGINIA OPERA ASSOCIATION

54-0985006

**STATEMENT 15  
SCHEDULE A, PART II-B  
COMPENSATION OF FIVE HIGHEST PAID OTHER SERVICE CONTRACTORS**

<u>NAME AND ADDRESS</u>	<u>TYPE OF SERVICE</u>	<u>COMPENSATION</u>
VIRGINIA SYMPHONY 861 GLENN ROCK RD., SUITE 200 NORFOLK, VA 23502	MUSICAL SERVICES	329,973.
RICHMOND SYMPHONY 300 WEST FRANKLIN STREET, SUITE 103 RICHMOND, VA 23220	MUSICAL SERVICES	114,154.
TOTAL		<u>\$ 444,127.</u>

**STATEMENT 16  
SCHEDULE A, PART III, LINE 2  
TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.**

LINE 2C:

LEGAL SERVICES ARE PROVIDED BY A MEMBER OF THE BOARD OF THE VIRGINIA OPERA ASSOCIATION. THAT BOARD MEMBER IS:

STANLEY G. BARR, ESQUIRE

**STATEMENT 17  
SCHEDULE A, PART IV-A, LINE 22  
OTHER INCOME**

<u>DESCRIPTION</u>	<u>(A) 2004</u>	<u>(B) 2003</u>	<u>(C) 2002</u>	<u>(D) 2001</u>	<u>(E) TOTAL</u>
OTHER INCOME	\$ 70,547.	\$ 72,763.	\$ 66,337.	\$ 114,723.	\$ 324,370.
TOTAL	<u>\$ 70,547.</u>	<u>\$ 72,763.</u>	<u>\$ 66,337.</u>	<u>\$ 114,723.</u>	<u>\$ 324,370.</u>

Virginia Opera Board of Directors 2006-2007  
(*Italics indicate Board Officers*)

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*Plaza One Building*  
*Norfolk, VA 23510*

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Mrs. Jane Spilman  
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Mr. David Stockmeier  
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Mrs. Joyce H. Strelitz  
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Virginia Beach, VA 23451

The Honorable Lydia C. Taylor  
Circuit Court of Norfolk  
100 St. Paul's Boulevard  
Norfolk, VA 23510

Mrs. Eileen Thomason  
3621 Shoreline Drive  
Portsmouth, VA 23703

Dr. William M. Waldrop  
1112 Westover Ave.  
Norfolk, VA 23507

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Richmond, VA 23226

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P.O. Box 85678  
Richmond, VA 23285

# Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time – Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers) However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

<b>Type or print</b> File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	VIRGINIA OPERA ASSOCIATION	54-0985006
	Number, street, and room or suite number If a P O box, see instructions	
	PO BOX 2580	
	City, town or post office For a foreign address, see instructions	state ZIP code
	NORFOLK, VA 23501	

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

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

The books are in the care of THE CORPORATE OFFICE

Telephone No 757-627-9545 FAX No \_\_\_\_\_

- 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 will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 1/15, 20 07, to file the exempt organization return for the organization named above The extension is for the organization's return for:

- calendar year 20\_\_ or
- tax year beginning 6/01, 20 05, and ending 5/31, 20 06.

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

3a 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 \$ \_\_\_\_\_ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_ 0.

c **Balance Due.** Subtract line 3b from line 3a 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 \$ \_\_\_\_\_ 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

EG  
10/3

If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box

**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 – Must File Original and One Copy.**

<b>Type or print</b>  <small>File by the extended due date for filing the return See instructions</small>	Name of Exempt Organization <b>VIRGINIA OPERA ASSOCIATION</b>	Employer identification number <b>54-0985006</b>
	Number, street, and room or suite number If a P O box, see instructions <b>PO BOX 2580</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>NORFOLK, VA 23501</b>	

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

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

**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 care of **THE CORPORATE OFFICE**  
 Telephone No **757-627-9545** FAX No \_\_\_\_\_

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 organizations four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is **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 4/15, 2007

**5** For calendar year \_\_\_\_\_, or other tax year beginning 6/01, 2005, and ending 5/31, 2006.

**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 TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

**8a** 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 \$ \_\_\_\_\_

**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 \$ \_\_\_\_\_

**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 \$ \_\_\_\_\_

**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 Curtis A. Best Title CPA Date 1/8/07

**Notice to Applicant – To be Completed by the IRS**

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other. \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

<b>Type or print</b>	Name <b>BURRUS, PAUL &amp; TURNBULL, PLC</b>
	Number and street (include suite, room, or apartment number) or a P.O. box number <b>101 W MAIN STREET, SUITE 820</b>
	City or town, province or state, and country (including postal or ZIP code) <b>NORFOLK, VA 23510</b>