

# Return of Organization Exempt From Income Tax

**2000**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**A** For the 2000 calendar year, OR tax year period beginning 07/01, 2000, and ending 06/30/2001

<b>B</b> Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amend return	Please use IRS label or print or type See Specific Instructions.	<b>C</b> Name of organization <b>OKLAHOMA PHILHARMONIC SOCIETY, INC.</b>		<b>D</b> Employer identification number <b>73-1328565</b>
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>428 W. CALIFORNIA 210</b>		<b>E</b> Telephone number ( ) -
		City or town, state or country, and ZIP code <b>OKLAHOMA CITY, OK 73102</b>		<b>F</b> Check <input type="checkbox"/> if application pending

**G** Organization type (check only one)  501(c) ( 3 ) (insert no)  527 OR  4947 (a)(1)

Note (H and I are not applicable to section 527 orgs)

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If Yes, enter number of affiliates

**H(c)** Are all affiliates included? (If No attach a list See inst)  Yes  No

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Enter 4-digit group exemption no. (GEN)  N/A

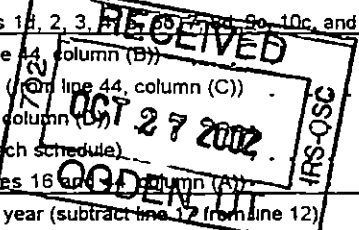
**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

**J** Accounting method  Cash  Accrual  Other (specify)

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)**

Revenue					
<b>1</b>	Contributions, gifts, grants, and similar amounts received <b>STMT 1</b>				
<b>a</b>	Direct public support	<b>1a</b>	<b>576,819.</b>		
<b>b</b>	Indirect public support	<b>1b</b>	<b>768,368.</b>		
<b>c</b>	Government contributions (grants)	<b>1c</b>			
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>1,345,187.</b> noncash \$ )	<b>1d</b>	<b>1,345,187.</b>		
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>1,100,522.</b>		
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	<b>47,035.</b>		
<b>5</b>	Dividends and interest from securities	<b>5</b>			
<b>6 a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b>	Other investment income (describe )	<b>7</b>			
<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
<b>8d</b>					
<b>9</b>	Special events and activities (attach schedule)				
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	<b>6,501.</b>		
<b>12</b>	Total revenue (add lines 1, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>2,499,245.</b>		
<b>Expenses</b>					
<b>13</b>	Program services (from line 14, column (B))	<b>13</b>	<b>2,065,036.</b>		
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	<b>415,661.</b>		
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>			
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	Total expenses (add lines 13, 14, 15, and 16)	<b>17</b>	<b>2,480,697.</b>		
<b>Net Assets</b>					
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>18,548.</b>		
<b>19</b>	Net assets or fund balances at beginning of year (from line 13, column (A))	<b>19</b>	<b>406,304.</b>		
<b>20</b>	Other changes in net assets or fund balances (attach explanation) <b>STMT 4</b>	<b>20</b>	<b>2,244,009.</b>		
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>2,668,861.</b>		



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*JH*

**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. (See Specific Instructions on page 20.)

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 (attach schedule)				
	(cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc				
26	Other salaries and wages	1,583,603.	1,378,512.	205,091.	
27	Pension plan contributions				
28	Other employee benefits	39,367.	16,825.	22,542.	
29	Payroll taxes	158,165.	142,306.	15,859.	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees	4,740.		4,740.	
33	Supplies	21,744.	7,416.	14,328.	
34	Telephone	29,908.	2,733.	27,175.	
35	Postage and shipping	21,189.	15,670.	5,519.	
36	Occupancy	74,260.	49,932.	24,328.	
37	Equipment rental and maintenance	119,098.	107,077.	12,021.	
38	Printing and publications	60,108.	58,872.	1,236.	
39	Travel	29,730.	28,186.	1,544.	
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	36,415.	26,981.	9,434.	
43	Other expenses (itemize) a <u>STMT 5</u>	302,370.	230,526.	71,844.	
	b _____				
	c _____				
	d _____				
	e _____				
44	<b>Total functional expenses</b> (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15</i>	2,480,697.	2,065,036.	415,661.	

**Reporting of Joint Costs** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  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 \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose? <u>SEE STATEMENT 6</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts, but optional for others)
a <u>SYMPHONY ORCHESTRA PERFORMANCES FOR THE GENERAL PUBLIC FOR THE CULTURAL AND INTELLECTUAL BENEFIT OF THE COMMUNITY AT LARGE</u> (Grants and allocations \$ _____)	2,065,036.
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f <b>Total of Program Service Expenses</b> (should equal line 44 column (B), Program services)	2,065,036.

**Part IV Balance Sheets** (See Specific Instructions on page 23)

Note		(A)		(B)	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year	
Assets	45 Cash - non-interest-bearing	-5,592.	45	89,552.	
	46 Savings and temporary cash investments	608,750.	46	1,003,866.	
	47a Accounts receivable	47a 72,047.			
	b Less allowance for doubtful accounts	47b	33,987.	47c	72,047.
	48a Pledges receivable	48a 135,313.			
	b Less allowance for doubtful accounts	48b	114,652.	48c	135,313.
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges SEE STATEMENT 7.		64,470.	53	198,161.
	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
	Liabilities	55a Investments - land, buildings, and equipment basis	55a		
b Less accumulated depreciation (attach schedule)		55b		55c	
56 Investments - other (attach schedule) SEE STATEMENT 8				56	2,187,951.
57a Land, buildings, and equipment basis		57a 363,316.			
b Less accumulated depreciation (attach schedule)		57b 262,710.	135,345.	57c	100,606.
58 Other assets (describe SEE STATEMENT 9)			348,271.	58	366,030.
59 Total assets (add lines 45 through 58) (must equal line 74)			1,299,883.	59	4,153,526.
60 Accounts payable and accrued expenses			23,218.	60	43,812.
61 Grants payable				61	
62 Deferred revenue				62	
Net Assets or Fund Balances	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)			64b	
	65 Other liabilities (describe SEE STATEMENT 10)		870,361.	65	1,440,853.
	66 Total liabilities (add lines 60 through 65)		893,579.	66	1,484,665.
	67 Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		406,304.	67	1,187,803.
68 Unrestricted			68		
69 Temporarily restricted			69	1,481,058.	
70 Permanently restricted					
71 Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
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 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		406,304.	73	2,668,861.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)		1,299,883.	74	4,153,526.	

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.



**Part VI Other Information (See Specific Instructions on page 26)**

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were there any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78 a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78 b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80 a		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81 a	NONE	
b	Did the organization file Form 1120-POL for this year?	81 b		X
82 a	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?	82 a	X	
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 for reporting in Part III)	82 b	169,994	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	N/A	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	N/A	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	N/A	
85	501(c)(4), (5) or (6) organizations a Were substantially all dues nondeductible by members?	85 a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	85 b	N/A	
c	Dues, assessments, and similar amounts from members	85 c	N/A	
d	Section 162(e) lobbying and political expenditures	85 d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85 g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N/A	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86 a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86 b	N/A	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87 a	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87 b	N/A	
88	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	88		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> NONE, section 4912 <input type="checkbox"/> NONE, section 4955 <input type="checkbox"/> NONE			
b	501(c)(3) and 501(c)(4) orgs 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	89 b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			NONE
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			NONE
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> OKLAHOMA			
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst)	90 b		
91	The books are in care of <input type="checkbox"/> OKLAHOMA PHILHARMONIC SOCIETY Telephone no <input type="checkbox"/> (405) 232-7575 Located at <input type="checkbox"/> 428 W. CALIFORNIA, SUITE 210, OKC, OK ZIP code <input type="checkbox"/> 73102			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 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	92		NONE

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)**

Enter gross amounts unless otherwise indicated	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	
93 Program service revenue					
a <u>ORCHESTRA PERFORMA</u>	<u>71130</u>	<u>51,714</u>			<u>1,048,808.</u>
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			<u>14</u>	<u>47,035.</u>	
96 Dividends and 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 personal property . . . . .					
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 <u>MISCELLANEOUS</u>					<u>6,501.</u>
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		<u>51,714.</u>		<u>47,035.</u>	<u>1,055,309.</u>
105 Total (add line 104, columns (B), (D), and (E))					<u>1,154,058.</u>

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 Specific Instructions on page 31)**

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)
93-A	<u>SYMPHONY PERFORANCES ALLOW THE GENERAL PUBLIC TO ATTEND AND ENJOY MUSIC OF ALL TYPES IN A CULTURAL ATMOSPHERE.</u>
103B	<u>POSTER SALES ALLOW MORE PEOPLE TO BECOME AWARE OF AND ATTEND PERFORMANCES.</u>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)**

(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
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)**

- (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)

I am including accompanying schedules and statements and to the best of my knowledge and belief (other than officer) is based on all information of which preparer has any knowledge

10/14/02 Date  Edward Walker, Exec. Dir. Type or print name and title

**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 Section 4947(a)(1) Nonexempt Charitable Trust

**2000**

Department of the Treasury  
Internal Revenue Service

▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

**OKLAHOMA PHILHARMONIC SOCIETY, INC.**

Employer identification number

**73-1328565**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the 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 & deferred compensation	(e) Expense account and other allowances
JOEL A. LEVINE 7611 CLAYTON DRIVE OKLAHOMA CITY, OK 73132	MUSIC DIRECTOR 40	103,114	NONE	NONE
RONALD E. WALKER 2020 N.W. 22ND OKLAHOMA CITY, OK 73106	EXEC DIRECTOR 40	81,302	NONE	NONE
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Total number of other employees paid over \$50,000 ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 1 of the 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		
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-----		
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-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	NONE	

**Part III** Statements About Activities

	Yes	No
<p>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 ▶ \$ <u>N/A</u></p> <p>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</p>	1	X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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</p>		
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? If the answer to any question is "Yes," attach a detailed statement explaining the transactions	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions)		

**Part IV** Reason for Non-Private Foundation Status (See pages 2 through 5 of the 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, page 5)
- 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) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the 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 page 5 of the 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,145,652.	1,354,310.	995,457.	993,537.	4,488,956.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc. purpose	1,230,196.	1,526,344.	1,571,280.	1,689,602.	6,017,422.
18 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	31,430.	14,924.	18,034.	31,569.	95,957.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	STMT 12 2,703.	2,095.	1,567.	5,648.	12,013.
23 Total of lines 15 through 22	2,409,981.	2,897,673.	2,586,338.	2,720,356.	10614348.
24 Line 23 minus line 17	1,179,785.	1,371,329.	1,015,058.	1,030,754.	4,596,926.
25 Enter 1% of line 23	24,100.	28,977.	25,863.	27,204.	
26 Organizations described in lines 10 or 11	a Enter 2% of amount in column (e), line 24 NOT APPLICABLE				▶ 26a
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts					▶ 26b
c Total support for section 509(a)(1) test Enter line 24, column (e)					▶ 26c
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					▶ 26d
e Public support (line 26c minus line 26d total)					▶ 26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					▶ 26f %
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person, attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from each 'disqualified person Enter the sum of such amounts for each year SEE STATEMENT 14				
(1999) 118,657. (1998) 265,143. (1997) 75,767. (1996) 128,525.					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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 11, as well as individuals ) 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					
(1999) _____ (1998) _____ (1997) _____ (1996) _____					
c Add Amounts from column (e) for lines 15 4,488,956. 16 _____ 17 6,017,422. 20 _____ 21 _____					▶ 27c 10506378.
d Add Line 27a total 588,092. and line 27b total _____					▶ 27d 588,092.
e Public support (line 27c total minus line 27d total)					▶ 27e 9,918,286.
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)	▶ 27f 10614348.				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					▶ 27g 93.4423 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					▶ 27h 0.9040 %
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999 attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not include these grants in line 15 (See page 5 of the instructions)					

**Part V Private School Questionnaire** (See page 5 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

NOT APPLICABLE

		Yes	No
29	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?		
30	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?		
31	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.) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	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.) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
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.		
35	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		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768)

**NOT APPLICABLE**

- Check here  **a** if the organization belongs to an affiliated group
- Check here  **b** if you checked "a" above and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is -                      The lobbying nontaxable amount is -		
Not over \$500,000                                      20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000                      \$100,000 plus 15% of the excess over \$500,000	<b>41</b>	
Over \$1,000,000 but not over \$1,500,000                      \$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000                      \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000                                      \$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 9 of the instructions

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶					
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h)

	Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**Schedule B**  
**(Form 990 or 990-EZ)**

**Schedule of Contributors**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

**2000**

Name of organization

Employer identification number

**OKLAHOMA PHILHARMONIC SOCIETY, INC.**

**73-1328565**

Organization type (check only one) - Section  501(c)(3) (enter number)  527 or  4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations -**

Check this box if the organization had no charitable contributors who contributed more than \$1 000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc. purpose

**Note: This form is generally not open to public inspection except for section 527 organizations.**

**General Instructions**

**Purpose of Form**

Schedule B (Form 990 or 990-EZ) is used by organizations required to file **Form 990**, Return of Organization Exempt From Income Tax, or **Form 990-EZ**, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

**Who Must File Schedule B (Form 990 or 990-EZ)**

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

**Caution** Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

**Public Inspection**

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

**Contributors Required To Be Listed on Part I**

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

**General Rule.** Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who, during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

**Section 501(c)(3) organizations.** For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

**Example** A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

**Section 501(c)(7), (8), or (10) organizations.** For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General Rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) -

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

### Specific Instructions

**Note** You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

**Part I** In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

**Part II** In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

**Part III** Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

**OKLAHOMA PHILHARMONIC SOCIETY, INC**

**73-1328565**

**Part I** Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		<u>5,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>2</u>		<u>15,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>3</u>		<u>6,837.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>4</u>		<u>79,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>5</u>		<u>5,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>6</u>		<u>20,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )

Name of organization

Employer identification number

**OKLAHOMA PHILHARMONIC SOCIETY, INC**

**73-1328565**

**Part I Contributors**

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>		<u>15,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>8</u>		<u>6,267.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>9</u>		<u>10,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>10</u>		<u>7,500.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>11</u>		<u>5,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>12</u>		<u>7,500.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )

Name of organization

Employer identification number

**OKLAHOMA PHILHARMONIC SOCIETY, INC.**

**73-1328565**

**Part I** Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>13</u>		<u>5,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>14</u>		<u>12,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>15</u>		<u>15,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>16</u>		<u>13,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>17</u>		<u>5,500</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>18</u>		<u>7,500.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )

FORM 990, PART I - LIST OF CONTRIBUTORS  
=====

(NOT OPEN TO PUBLIC INSPECTION)

INDIRECT  
PUBLIC  
SUPPORT  
-----

DIRECT  
PUBLIC  
SUPPORT  
-----

NAME AND ADDRESS  
-----

DATE  
-----

497,819.

250,151.

91,035.

28,518.

150,000.

140,000.

5,000.

103,664.

FORM 990, PART I - LIST OF CONTRIBUTORS  
=====

(NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS -----	DATE ---	DIRECT PUBLIC SUPPORT -----	INDIRECT PUBLIC SUPPORT -----
		79,000.	
TOTAL CONTRIBUTION AMOUNTS		576,819.	768,368.
		=====	=====

OKLAHOMA PHILHARMONIC SOCIETY, INC  
#73-1328565

A STATEMENT ATTACHED TO AND MADE A PART OF  
THE INCOME TAX RETURN FOR THE YEAR ENDED 6-30-2001

SUBSTANTIAL CONTRIBUTORS	6/30/1996	6/30/1997	6/30/1998	6/30/1999	6/30/2000	TOTAL
	10,000	20,000	10,000	15,000	15,000	70,000
	12,000	12,500	10,000	17,500	15,000	67,000
	7,500	7,500	0	13,000	26,000	54,000
	7,500	7,500	5,000	75,000	0	95,000
	9,400	13,600	11,000	10,648	0	44,648
	15,000	15,000	0	18,500	20,000	68,500
	1,700	1,200	0	50,000	0	52,900
	0	20,000	0	20,000	0	40,000
	63,100	97,300	36,000	219,648	76,000	492,048

**OFFICERS/DIRECTORS/TRUSTEES**

PATRICK ALEXANDER	3,000	850	3,367	5,000	1,000	13,217
DAVID R. ALMOND	300	850	0	0	0	1,150
ANN SIMMONS ALSPAUGH	1,000	1,200	0	0	0	2,200
NANCY APGAR	1,050	0	1,000	1,050	0	3,100
JUDY AUSTIN	0	0	0	0	0	0
CLARENCE BAGWELL	1,000	0	0	0	0	1,000
ED BARTH	0	0	0	0	0	0
MORRIS BLUMENTHAL	100	100	1,050	520	250	2,020
LARRY A. BOOKMAN	700	100	1,000	1,000	1,000	3,800
PRISCILLA BRAUN	0	0	0	1,225	0	1,225
BRUCE BUNCE	0	0	0	0	100	100
WILLIAM CLEARY	1,000	850	1,000	1,000	1,000	4,850
ROBERT CLEMENTS	0	0	0	1,300	500	1,800
LUKE CORBETT	0	0	0	0	0	0
BARBARA CRABTREE	500	850	0	0	0	1,350
T. A. DEARMON	0	0	0	0	0	0
RICHARD DUGAN	1,100	1,000	1,000	1,000	1,000	5,100
MARGE DUNCAN	0	0	1,000	0	0	1,000
CHARLES ELLIS	0	0	0	0	0	0
JOHN HAMILTON	0	250	0	0	0	250
ZEE HARRIS	100	100	150	0	0	350
JANE HARLOW	1,050	3,425	1,000	5,000	5,650	16,125
V. BURNS HARGIS	0	0	0	0	0	0
JEAN HARTSUCK	0	0	1,000	1,000	1,000	3,000
RAYMOND H. HEFNER, JR.	1,000	0	1,000	0	0	2,000
MICHAEL E. JOSEPH	0	0	250	500	500	1,250
MARK KANTER	0	0	500	0	0	500
CATHY KEATING	0	0	0	0	0	0
HARRISON LEVY JR.	1,000	1,000	0	0	0	2,000
DUKE LIGON	0	0	0	0	1,000	1,000
DAVID LOPEZ	250	0	0	0	0	250
MIKE MCAULIFFE	100	50	100	100	100	450
BERVIS MCBRIDE	0	0	0	200	350	550
PENNY & JOHN MCCALED	250	0	500	1,000	1,000	2,750
TOM MCDANIEL	0	0	0	1,000	2,000	3,000
JOHN P. MCMILLIN	0	0	1,000	1,000	1,000	3,000
JOHN NICHOLS	2,000	1,000	1,000	1,350	0	5,350
RON NORICK	1,000	0	1,000	0	0	2,000
HUGH O'HARA	0	0	0	1,000	1,000	2,000
MORRIS PERMENTER	350	0	250	500	1,250	2,350
ALICE PIPPIN	3,500	4,000	3,500	4,000	4,000	19,000
RAY ROTTS	2,600	7,500	10,000	10,050	10,657	40,807
H.E. "GENE" RAINBOLT	0	0	0	1,000	1,000	2,000
MARK REILY	0	0	0	0	0	0
BERTA FAYE REX	0	0	0	300	300	600
SUSAN ROBINSON	0	0	0	0	0	0
GRACE RYAN	0	0	0	0	0	0
PATRICK J. RYAN	600	2,000	1,000	1,000	2,500	7,100
AMALIA SILVERSTEIN	300	1,000	1,000	1,000	1,000	4,300
JOE L. SINGER	1,500	2,000	1,100	1,100	1,000	6,700
JANET TALLIAFERRO	750	1,750	5,000	1,000	0	8,500
HELEN VONFELDT	0	0	0	0	0	0
MARVIN WEISS	1,100	1,100	1,000	1,000	1,000	5,200
CHARLES E. WIGGIN	0	250	0	300	500	1,050
MARTHA WILLIAMS	0	0	0	0	1,000	1,000
TOTAL DIRECTORS CONTRIBUTIONS	27,200	31,225	39,767	45,495	42,657	186,344
TOTAL DISQUALIFYING CONTRIBUTIONS	90,300	128,525	75,767	265,143	118,657	678,392

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

OKL143  
01

OMB No 1545-1709

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)

**Note** 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)

**Note:** 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

<b>Type or print</b>	<b>Name of Exempt Organization</b>	<b>Employer identification number</b>
	OKLAHOMA PHILHARMONIC SOCIETY, INC.	73-1328565
<small>File by the due date for filing your return. See instructions.</small>	<b>Number, street and room or suite no. If a P O box, see instructions</b>	
	428 W. CALIFORNIA, No. 210	
	<b>City, town or post office, state, and ZIP code. For a foreign address, see instructions</b>	
	OKLAHOMA CITY, OK 73102	

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 (sec 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 |

- 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-month, for 990-T corporation) extension of time until February 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for  calendar year \_\_\_\_\_ or  tax year beginning JUL 1, 2000, and ending JUN 30, 2001

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 \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

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 \$ N/A

### 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.

**ARTHUR ANDERSEN LLP**

Signature BY Julie K. Hardwell Title CPA Date NOV 05 2001

LHA For Paperwork Reduction Act Notice, see instruction

Form 8868 (12-2000)

Internal Revenue Service  
Received

NOV 05 2001

District Director  
Kansas-Oklahoma District #73-019

FORM 990, PART I - INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS

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DESCRIPTION	AMOUNT
-----	-----
INTEREST INCOME	47,035.
TOTAL	----- 47,035. =====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION -----	AMOUNT -----
CUMULATIVE EFFECT OF CHANGE IN ACCT PRNC DIFFERENCE BETWEEN AMOUNTS DISTRIBUTED AND ACTUAL EARNINGS ON BENEFICIAL INTEREST IN ASSETS HELD BY FOUNDATIONS	2,414,994.  -170,985.
TOTAL	<u>2,244,009.</u>

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
BAD DEBTS	2,495.		2,495.
INSURANCE	29,609.		29,609.
SEASON CAMPAIGN	31,627.	31,627.	
TELEMARKETING	23,694.	23,694.	
ADVERTISING	51,495.	51,495.	
BANK FEES	23,354.		23,354.
MUSIC	38,534.	38,534.	
MEMBERSHIP DRIVE	6,152.	6,152.	
CONDUCTOR'S CIRCLE	10,142.	10,142.	
RECEPTIONS	5,625.	5,625.	
DUES/SUBSCRIPTIONS	8,978.	1,678.	7,300.
DONATIONS	50.		50.
BOX OFFICE EXPENSES	12,650.	12,650.	
AFM-EPF	35,032.	35,032.	
EDUCATION	560.	560.	
BOX OFFICE RELOCATION	651.	651.	
MISCELLANEOUS EXPENSE	21,722.	12,686.	9,036.
TOTALS	302,370.	230,526.	71,844.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

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PROVIDING ORCHESTRA PERFORMANCES FOR THE PUBLIC

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

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DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	64,470.	198,161.
TOTALS	<u>64,470.</u>	<u>198,161.</u>

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION	ENDING BOOK VALUE
-----	-----
BENEFICIAL INTEREST IN ASSETS HELD BY FOUNDATIONS	2,187,951.
TOTALS	----- 2,187,951. =====

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
INVESTMENTS	348,271.	366,030.
TOTALS	<u>348,271.</u>	<u>366,030.</u>

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
ENDOWMENT FUNDS PAYABLE	56,847.	
ADVANCE TICKET SALES AND FEES	590,715.	1,009,375.
DEFERRED SPONSORSHIPS	222,799.	431,478.
	-----	-----
TOTALS	870,361.	1,440,853.
	=====	=====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION
JOEL A. LEVINE 7611 CLAYTON DRIVE OKLAHOMA CITY, OK 73132	MUSIC DIRECTOR 40	103,114.
RONALD E. WALKER 2020 N.W. 22ND OKLAHOMA CITY, OK 73106	EXEC. DIRECTOR 40	81,302.
GRAND TOTALS		184,416.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	1999	1998	1997	1996	TOTAL
OTHER INCOME	2,703.	2,095.	1,567.	5,648.	12,013.
TOTALS	2,703.	2,095.	1,567.	5,648.	12,013.

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www.okcphilharmonic.org

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Updated February 26, 2001