

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

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

For the 2005 calendar year, or tax year beginning 7/01/05, and ending 6/30/06

Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: OKLAHOMA PHILHARMONIC SOCIETY, INC. D Employer identification no. 73-1328565 E Telephone number. F Accounting method: [X] Accrual [] Other (specify)

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

Organization type (check only one): [X] 501(c)(3) (insert no) [] 4947(a)(1) or [] 527. H(a) Is this a group return for affiliates? [] Yes [X] No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? [] Yes [] No. H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [] No.

K Check here [] if the organization's gross receipts are normally not more than \$25,000. I Group Exemption Number. M Check [] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 7,604,450

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

Table with 12 columns: Line number, Description, Sub-column (1a, 1b, 1c, 2, 3, 4, 5, 6a, 6b, 6c, 7, 8a, 8b, 8c, 8d, 9a, 9b, 9c, 10a, 10b, 10c, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21), Amount. Includes Revenue (Total 7,604,450) and Expenses (Total 3,936,295) sections.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. DAA

Handwritten: G15-18

Handwritten: JUNE

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 the instructions.)

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 \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25				
26 Other salaries and wages	26	1,669,894	1,057,570	427,505	184,819
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	21,736		21,736	
32 Legal fees	32				
33 Supplies	33	21,015	5,469	14,093	1,453
34 Telephone	34	22,915	2,229	20,686	
35 Postage and shipping	35	37,400	3,820	29,851	3,729
36 Occupancy	36	150,162	101,049	42,794	6,319
37 Equipment rental and maintenance	37	182,536	182,536		
38 Printing and publications	38	11,344		2,951	8,393
39 Travel	39	19,471	18,533	938	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	61,441	54,455	6,986	
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 2	43a	1,738,381	1,051,588	399,702	287,091
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	3,936,295	2,477,249	967,242	491,804

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 \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

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?

► **PROVIDING ORCHESTRA PERFORMANCES FOR THE PUBLIC**

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) & (4) orgs., & 4947(a)(1) trusts, but optional for others.)

a SYMPHONY ORCHESTRA PERFORMANCES FOR THE GENERAL PUBLIC FOR CULTURAL AND INTELLECTUAL BENEFIT OF THE COMMUNITY AT LARGE

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ►

2,477,249

b

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ►

c

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ►

d

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ►

e Other program services (attach schedule)

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ►

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

► **2,477,249**

Part IV Balance Sheets (See the 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		45	401,615	45	1,206,370
	46	Savings and temporary cash investments		46	917,776	46	579,484
	47a	47a	Accounts receivable		487,297		
	b	47b	Less: allowance for doubtful accounts			47c	487,297
					370,353		
	48a	48a	Pledges receivable		1,872,615		
	b	48b	Less: allowance for doubtful accounts			48c	1,872,615
					712,217		
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a	51a	Other notes and loans receivable (attach schedule)				
	b	51b	Less: allowance for doubtful accounts			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			142,712	53	139,530
	54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54	
55a	55a	Investments-land, buildings, and equipment: basis					
b	55b	Less: accumulated depreciation (attach schedule)			55c		
56	Investments-other (attach schedule)			2,231,348	56	2,272,579	
57a	57a	Land, buildings, and equipment basis		809,185			
b	57b	Less: accumulated depreciation (attach schedule) SEE STATEMENT 4			57c	245,906	
				121,419			
58	Other assets (describe <input type="checkbox"/> SEE STATEMENT 5)			330,000	58	2,176,018	
59	Total assets (must equal line 74) Add lines 45 through 58			5,227,440	59	8,979,799	
Liabilities	60	Accounts payable and accrued expenses			38,921	60	44,448
	61	Grants payable				61	
	62	Deferred revenue				62	
	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 <input type="checkbox"/> SEE STATEMENT 6)			1,097,147	65	1,038,147
66	Total liabilities. Add lines 60 through 65			1,136,068	66	1,082,595	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted			739,431	67	741,547
	68	Temporarily restricted			1,744,033	68	5,310,451
	69	Permanently restricted			1,607,908	69	1,845,206
	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, column (B) must equal line 21)			4,091,372	73	7,897,204
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73			5,227,440	74	8,979,799

Part VI Other Information (continued)

		Yes	No
82a 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?	82a	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 in Part III)	82b		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	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	85b	N/A	
c Dues, assessments, and similar amounts from members	85c		
d Section 162(e) lobbying and political expenditures	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h 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?	85h	N/A	
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a		
b Gross receipts, included on line 12, for public use of club facilities	86b		
87 501(c)(12) orgs. Enter a Gross income from members or shareholders	87a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
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
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b 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	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958 ▶			0
d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶			0
90a List the states with which a copy of this return is filed ▶ OK			
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b		125
91a The books are in care of ▶ OKLAHOMA PHILHARMONIC SOC 428 W. CALIFORNIA, SUITE 210 Located at ▶ OKLAHOMA CITY, OK	Telephone no ▶	405-232-7575	
	ZIP + 4 ▶	73102	
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 ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the United States?	91b	Yes	No
			X
c If "Yes," enter the name of the foreign country ▶	91c		X
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		

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec 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 PERFORMANCE REVENUE					1,679,763
b EDUCATION PROGRAM REVENUE					4,015
c PROGRAM ADVERTISING	711300	69,100			
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			14	34,215	
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					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		69,100		34,215	1,683,778
105 Total (add line 104, columns (B), (D), and (E))					1,787,093

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	SYMPHONY PERFORMANCES ALLOW THE GENERAL PUBLIC TO ATTEND AND ENJOY MUSIC OF ALL TYPES IN A CULTURAL ATMOSPHERE.

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: *Eddie Walker* Date: **3/6/07**

Type or print name and title: **EDDIE WALKER, EXECUTIVE DIRECTOR**

Paid Preparer's Use Only

Preparer's signature: *Mel [Signature]* Date: **3/5/07** Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **COLE & REED, P.C. 531 COUCH DRIVE SUITE 200 OKLAHOMA CITY, OK 73102-2251**

Preparer's SSN or PTIN (See Gen Instr W): **P00177237** EIN: **73-1312422** Phone no: **405-239-7961**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

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

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) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 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		
Total number of others receiving over \$50,000 for professional services ▶		

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 page 2 of the instructions.)

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

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

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See page 2 of the 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 ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) 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.		X
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.)		
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)? SEE PART V, FORM 990	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 pages 3 through 6 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.)
- 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 page 6 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 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,498,407	1,420,842	1,890,528	1,478,093	6,287,870
16 Membership fees received					0
17 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	1,843,951	1,820,866	1,605,985	1,681,394	6,952,196
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	23,300	13,210	19,234	28,387	84,131
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.				5,053	5,053
23 Total of lines 15 through 22	3,365,658	3,254,918	3,515,747	3,192,927	13,329,250
24 Line 23 minus line 17	1,521,707	1,434,052	1,909,762	1,511,533	6,377,054
25 Enter 1% of line 23	33,657	32,549	35,157	31,929	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	▶	26a	0
	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.	▶	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," 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)	103,887	(2003)	87,500	(2002)	56,975	(2001)	77,308
	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)	0	(2003)	0	(2002)	0	(2001)	0
	c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 <u>6,287,870</u> 20 _____ 21 _____	▶	27c	13,240,066					
	d Add Line 27a total <u>325,670</u> and line 27b total _____	▶	27d	325,670					
	e Public support (line 27c total minus line 27d total)	▶	27e	12,914,396					
	f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶	27f	13,329,250						
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	27g	96.8876%					
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶	27h	0.6312%					

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 page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
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)	32d		
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
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	34b		
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	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" 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
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table-		
	If the amount on line 40 is-		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is-		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

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 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) **N/A**

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 through c 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 through c h.)

Yes	No	Amount

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

Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
OTH AMTS INCLUDED ON FINANCIAL STMTS NOT ON RETURN	\$ <u>137,677</u>
TOTAL	\$ <u><u>137,677</u></u>

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
PROGRAM ADVERTISING				
OTHER EXPENSES	104,390		104,390	
EXPENSES				
BAD DEBT	7,215		7,215	
BANK CHARGES	30,393		30,393	
BOX OFFICE	83,832	83,832		
CONSULTING FEES	258,798	257	1,196	257,345
CONTRACT LABOR	3,233		3,233	
DONOR BENEFITS	21,568		21,568	
DUES & SUBSCRIPTIONS	9,271	988	7,946	337
EQUIPMENT MAINTENANCE	3,251		455	2,796
GUEST ARTISTS	504,832	504,832		
INSURANCE	40,763		40,763	
LIBRARY EXPENSE	17,220	17,220		
LICENSES	21,905	21,905		
MEETINGS	21,902	2,510	10,812	8,580
MEMBERSHIP DRIVES	3,100			3,100
MUSIC EXPENSE	18,285	18,285		
NEWSLETTERS	3,889		3,889	
OTHER EXPENSES	95,423	67,041	13,449	14,933
PROGRAM PRINTING	61,668		61,668	
SALES TAX EXPENSE	110,364	110,364		
SEASON CAMPAIGN	61,365		61,365	
TECHNICAL & BACKSTAGE	196,176	196,176		
TELEMARKETING	25,042		25,042	
USHERS & SECURITY	26,178	26,178		
RECEPTIONS	6,318		6,318	
DONATIONS EXPENSE	2,000	2,000		
TOTAL	<u>\$ 1,738,381</u>	<u>\$ 1,051,588</u>	<u>\$ 399,702</u>	<u>\$ 287,091</u>

Statement 3 - Form 990, Part IV, Line 56 - Other Investments

Description	Beginning of Year	End of Year	Basis of Valuation
BENEFICIAL INTEREST IN ASSETS HELD BY FOUNDATIONS (SFAS 136)	\$ 2,231,348	\$ 2,272,579	
TOTAL	<u>\$ 2,231,348</u>	<u>\$ 2,272,579</u>	

Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
FURNITURE AND EQUIPMENT	\$ 623,053	\$ 501,634	\$ 809,185	\$ 563,279
TOTAL	<u>\$ 623,053</u>	<u>\$ 501,634</u>	<u>\$ 809,185</u>	<u>\$ 563,279</u>

Statement 5 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
ENDOWMENT PLEDGES RECEIVABLE	\$ 330,000	\$ 2,176,018
TOTAL	<u>\$ 330,000</u>	<u>\$ 2,176,018</u>

Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
ADVANCE TICKET SALES AND FEES	\$ 949,417	\$ 922,347
DEFERRED SPONSORSHIPS	47,730	15,800
ADVANCE PAYABLE	100,000	100,000
TOTAL	<u>\$ 1,097,147</u>	<u>\$ 1,038,147</u>

Statement 7 - Form 990, Part IV-A - Other Revenue Included on Financial Statements

<u>Description</u>	<u>Amount</u>
CHANGE IN VALUE OF BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS (SFAS 136).	\$ 137,677
TOTAL	\$ <u>137,677</u>

Statement 8 - Form 990, Part IV-A - Other Revenue Included on Return

<u>Description</u>	<u>Amount</u>
ENDOWMENT DRIVE EXPENSES	\$ 334,283
TOTAL	\$ <u>334,283</u>

Statement 9 - Form 990, Part IV-B - Other Expenses Included on Return

<u>Description</u>	<u>Amount</u>
ENDOWMENT DRIVE EXPENSES	\$ 334,283
TOTAL	\$ <u>334,283</u>

Federal Statements

Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name	City, State, Zip	Address	Title	Average Hours	Compensation	Benefits	Expenses
JOEL A LEVINE	OKLAHOMA CITY OK 73120	7611 CLAYTON DR	MUSIC DIRECT	40	114,000	0	0
RONALD E WALKER	OKLAHOMA CITY OK 73120	2020 NW 22ND	EXECUTIVE DI	40	102,300	0	0
DOUGLAS J STUSSI	EDMOND OK 73003	404 WOODHOLLOW TRIAIL	PRESIDENT	0	0	0	0
PATRICK B ALEXANDER	NICHOLS HILLS OK 73116	1515 GLENWOOD AVE	DIRECTOR	0	0	0	0
BOB G BUNCE	OKLAHOMA CITY OK 73120	12501 ARROWHEAD TERRACE	DIRECTOR	0	0	0	0
WILLIAM B CLEARY	NICHOLS HILLS OK 73120	1607 DORCHESTER DRIVE	DIRECTOR	0	0	0	0
JOSEPH M FLECKINGER	OKLAHOMA CITY OK 73120	3129 PINE RIDGE ROAD	TREASURER	0	0	0	0
JANE B HARLOW	NICHOLS HILLS OK 73116	6500 N HILCREST AVE	DIRECTOR	0	0	0	0
MARK R KANTER	EDMOND OK 73013	13909 WELLSBURG CT	DIRECTOR	0	0	0	0
JOHN W NICHOLS	NICHOLS HILLS OK 73120	7300 NICHOLS RD	DIRECTOR	0	0	0	0
MARY NICHOLS	NICHOLS HILLS OK 73120	7300 NICHOLS RD	DIRECTOR	0	0	0	0
PAMELA H SHDEED	NICHOLS HILLS OK 73120	1500 BUTTRAM ROAD	SECRETARY	0	0	0	0
JEANNETTE SIAS	EDMOND OK 73013	3900 S BRYANT	DIRECTOR	0	0	0	0
DONNA VOGEL	OKLAHOMA CITY OK 73116	1114 SHERWOOD LANE C-1	DIRECTOR	0	0	0	0
LIL ROSS	NICHOLS HILLS OK 73116	6923 AVONDALE COURT	DIRECTOR	0	0	0	0
MARTHA BURGER	OKLAHOMA CITY OK 73116	2608 W COUNTRY CLUB DR	PRES ELECT	0	0	0	0
STEVEN C. AGEE	OKLAHOMA CITY OK 73102	500 W. MAIN ST, STE 507	DIRECTOR	0	0	0	0
DR. CAROLE HALL HARDEMAN	OKLAHOMA CITY OK 73120	4425 RANKIN RD	DIRECTOR	0	0	0	0

Federal Statements

Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name	City, State, Zip	Address	Title	Average Hours	Compensation	Benefits	Expenses
ALBERT J. LINDSEY	OKLAHOMA CITY OK 73136	P.O. BOX 17498	DIRECTOR	0	0	0	0
KENNETH W. MCKINNEY	OKLAHOMA CITY OK 73116	6709 NW GRAND BLVD.	VICE PRES	0	0	0	0
KATIE PRICE	OKLAHOMA CITY OK 73102	428 W. CALIFORNIA, STE 210	DIRECTOR	0	0	0	0
ROBERT CLEMENTS	OKLAHOMA CITY OK 73116	1410 CANTERBURY PLACE	DIRECTOR	0	0	0	0
DEBORAH FLEMING	EDMOND OK 73013	2524 ARBOR CHASE	DIRECTOR	0	0	0	0
ROSS HANSEN	YUKON OK 73099	9937 BIRKENHEAD CT	DIRECTOR	0	0	0	0
PENNY MCCAULEB	OKLAHOMA CITY OK 73116	1704 PENNINGTON WAY	DIRECTOR	0	0	0	0
ANNA MCMILLAN	NICHOLS HILLS OK 73120	1501 GUILFORD LN	DIRECTOR	0	0	0	0
CHRIS REEN	EDMOND OK 73003	3609 HUNTERS CREEK RD	DIRECTOR	0	0	0	0
LOIS SALMERON	OKLAHOMA CITY OK 73120	3608 QUAIL CREEK RD	DIRECTOR	0	0	0	0
GLENNA TANENBAUM	OKLAHOMA CITY OK 73103	617 N.W.14TH ST	DIRECTOR	0	0	0	0
PHYLLIS BRAWLEY	OKLAHOMA CITY OK 73116	3433 BRUSH CREEK ROAD	DIRECTOR	0	0	0	0
JAMES DIXSON	EDMOND OK 73003	18801 SADDLE RIVER DRIVE	DIRECTOR	0	0	0	0
SUE FRANCIS	EDMOND OK 73013	15400 RED COACH RD	DIRECTOR	0	0	0	0
STACY FORD GARDNER	OKLAHOMA CITY OK 73116	6709 N COUNTRY CLUB DR	DIRECTOR	0	0	0	0
MORRIS HATLEY	OKLAHOMA CITY OK 73120	3317 QUAIL CREEK ROAD	DIRECTOR	0	0	0	0
JOHN STINER	OKLAHOMA CITY OK 73106	1021 N.W. 17H STREET	DIRECTOR	0	0	0	0
MOLLY CRAWLEY	NORMAN OK 73069	525 MERKLE DR	DIRECTOR	0	0	0	0

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

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

● The books are in the care of ▶ **OKLAHOMA PHILHARMONIC SOC**

Telephone No ▶ **405-232-7575** 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 **2/15/07**, 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 **7/01/05**, and ending **6/30/06**

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 \$ _____

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 \$ _____

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

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.

Name of Exempt Organization: OKLAHOMA PHILHARMONIC SOCIETY, INC.
Employer identification number: 73-1328565
Number, street, and room or suite no: 428 W. CALIFORNIA 210
City, town or post office, state, and ZIP code: OKLAHOMA CITY OK 73102

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

- Form 990 (checked), Form 990-T (sec 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

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

The books are in the care of OKLAHOMA PHILHARMONIC SOC

Telephone No 405-232-7575 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 is for

I request an additional 3-month extension of time until 5/15/07
For calendar year, or other tax year beginning 7/01/05, and ending 6/30/06
If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

State in detail why you need the extension
ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE 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 \$
8b 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 \$
8c 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 Mark Title CPA Date 1/30/07

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 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

Name: COLE & REED, P.C.
Number and street (include suite, room, or apt. no.) or a P.O. box number: 531 COUCH DRIVE SUITE 200
City or town, province or state, and country (including postal or ZIP code): OKLAHOMA CITY OK 73102-2251