

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)

2006

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

A For the 2006 calendar year, or tax year beginning 7/01, 2006, and ending 6/30, 2007

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C TULSA OPERA, INC. 1610 SOUTH BOULDER TULSA, OK 74119. D Employer Identification Number 73-0643311. E Telephone number 918-582-4035. F Accounting method: Cash, Accrual (checked), Other (specify)

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

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? No (checked). H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? No. H (d) Is this a separate return filed by an organization covered by a group ruling? No (checked).

G Web site: N/A

J Organization type (check only one): 501(c) 3 (checked), (insert no), 4947(a)(1), 527

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 3,456,722.

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	25a	0.	0.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26			
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	42,063.	42,063.	
43 Other expenses not covered above (itemize): a SEE STATEMENT 4	43a	3,492,992.	1,959,766.	904,115.
b -----	43b			
c -----	43c			
d -----	43d			
e -----	43e			
f -----	43f			
g -----	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	3,535,055.	1,959,766.	671,174.

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

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

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 5</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>OPERAS INCLUDED THE LITTLE PRINCE, CARMEN AND PORGY AND BESS.</u> ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,959,766.
b ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	1,959,766.

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	164,587.	45	37,808.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable			
	b Less allowance for doubtful accounts		47c	
	48a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable	218,684.	49	353,771.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	204,107.	53	65,542.
	54a Investments – publicly-traded securities		54a	3,560.
	b Investments – other securities (attach sch)		54b	
55a Investments – land, buildings, & equipment basis				
b Less accumulated depreciation (attach schedule)		55c		
56 Investments – other (attach schedule)		56		
57a Land, buildings, and equipment basis	689,036.			
b Less accumulated depreciation (attach schedule) STATEMENT 6	387,765.	275,128.	57c	301,271.
58 Other assets, including program-related investments (describe ▶ _____)			58	
59 Total assets (must equal line 74). Add lines 45 through 58	862,506.	59	761,952.	
LIABILITIES	60 Accounts payable and accrued expenses	63,732.	60	120,431.
	61 Grants payable		61	
	62 Deferred revenue	357,667.	62	355,187.
	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 7 _____)	335,000.	65	600,000.
66 Total liabilities. Add lines 60 through 65	756,399.	66	1,075,618.	
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	-208,027.	67	-573,274.
	68 Temporarily restricted	312,026.	68	257,500.
	69 Permanently restricted	2,108.	69	2,108.
	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)	106,107.	73	-313,666.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	862,506.	74	761,952.

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

a	Total revenue, gains, and other support per audited financial statements		a	3,362,655.
b	Amounts included on line a but not on Part I, line 12			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____	b4		
	SEE STM 8			247,373.
	Add lines b1 through b4		b	247,373.
c	Subtract line b from line a		c	3,115,282.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	3,115,282.

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

a	Total expenses and losses per audited financial statements		a	3,287,792.
b	Amounts included on line a but not on Part I, line 17			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____	b4		
	SEE STMT 9			-247,263.
	Add lines b1 through b4		b	-247,263.
c	Subtract line b from line a		c	3,535,055.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	3,535,055.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT ATTACHED		0.	0.	0.

Part VI Other Information (continued)

	Yes	No
91 c		X

c At any time during the calendar year, did the organization maintain an office outside of the United States?

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

N/A

and enter the amount of tax-exempt interest received or accrued during the tax year

92 N/A

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

Note: 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 TICKET SALES					742,438.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	494.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate.					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-11,966.
101 Net income or (loss) from special events					357,780.
102 Gross profit or (loss) from sales of inventory			3	134.	
103 Other revenue: a					
b			3	45,986.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				46,614.	1,088,252.
105 Total (add line 104, columns (B), (D), and (E))					1,134,866.

Note: Line 105 plus line 1e, 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)
N/A	

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)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

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.

Please Sign Here

Signature of officer: H. G. Will Date: 5/15/08

Type or print name and title: HENRY G. WILL, PRESIDENT

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 5/13/08 Check if self-employed: Preparer's SSN or PTIN (See General Instruction W): P00000954

Firm's name (or yours if self-employed), address, and ZIP + 4: MORSE & CO.
6950 S. UTICA AVENUE
TULSA, OK 74136-3903 EIN: 20-4091940 Phone no: (918) 749-1040

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplementary Information — (See separate instructions.)

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

OMB No 1545-0047

2006

Name of the organization: **TULSA OPERA, INC.** Employer identification number: **73-0643311**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 11		63,021.	0.	0.
Total number of other employees paid over \$50,000 ▶	0			

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

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

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

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

Part III Statements About Activities (See instructions.)

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ N/A
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

	Yes	No
1		X

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

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

SEE STATEMENT 12

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?

SEE FORM 990, PART V

2c	X	
----	---	--

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

2d	X	
----	---	--

e Transfer of any part of its income or assets?

2e		X
----	--	---

3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments)

3a		X
----	--	---

b Did the organization have a section 403(b) annuity plan for its employees?

3b	X	
----	---	--

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement

3c		X
----	--	---

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d		X
----	--	---

4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g If 'No,' complete lines 4f and 4g

4a		X
----	--	---

b Did the organization make any taxable distributions under section 4966?

4b	N/A	
----	-----	--

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c	N/A	
----	-----	--

d Enter the total number of donor advised funds owned at the end of the tax year ▶ N/A

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ N/A

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0.

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

I certify that 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.)
- 11 a 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.)
- 11 b 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,303,086.	981,495.	853,255.	882,302.	4,020,138.
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	633,795.	903,129.	800,951.	766,711.	3,104,586.
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	314.	377.	1,386.	2,741.	4,818.
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. SEE STMT 13	260,716.	216,997.	196,783.	249,547.	924,043.
23 Total of lines 15 through 22	2,197,911.	2,101,998.	1,852,375.	1,901,301.	8,053,585.
24 Line 23 minus line 17	1,564,116.	1,198,869.	1,051,424.	1,134,590.	4,948,999.
25 Enter 1% of line 23	21,979.	21,020.	18,524.	19,013.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	98,980.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	927,783.
c Total support for section 509(a)(1) test. Enter line 24, column (e)	26c	4,948,999.
d Add Amounts from column (e) for lines 18 <u>4,818.</u> 19 <u>924,043.</u> 22 <u>927,783.</u>	26d	1,856,644.
e Public support (line 26c minus line 26d total)	26e	3,092,355.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	62.48 %

27 Organizations described on line 12: N/A		
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year (2005) _____ (2004) _____ (2003) _____ (2002) _____		
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. (2005) _____ (2004) _____ (2003) _____ (2002) _____		
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add Line 27a total _____ and line 27b total _____	27d	
e Public support (line 27c total minus line 27d total)	27e	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

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

N/A

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?

	Yes	No
29		

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?

30		
----	--	--

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?

31		
----	--	--

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?

32d		
-----	--	--

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?

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?

33h		
-----	--	--

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?

34a		
-----	--	--

b Has the organization's right to such aid ever been revoked or suspended?

34b		
-----	--	--

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

35		
----	--	--

Part VI-A Lobbying Expenditures by Electing Public Charities (See 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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred)			
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 -- 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 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	41	
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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non-taxable 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 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.

Yes	No	Amount

- 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.)

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

TULSA OPERA, INC.

73-0643311

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

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 81,443.
 COST OR OTHER BASIS: 81,835.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -392.

OTHER ASSETS

DESCRIPTION: FIXED ASSETS
 DATE ACQUIRED: VARIOUS
 HOW ACQUIRED: PURCHASE
 DATE SOLD: VARIOUS
 TO WHOM SOLD:
 GROSS SALES PRICE: 0.
 COST OR OTHER BASIS: 11,574.

GAIN (LOSS) -11,574.

TOTAL GAIN (LOSS) OTHER ASSETS \$ -11,574.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -11,966.

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

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
OPERA BALL	350,823.	0.	350,823.	139,243.	211,580.
OTHER	125,810.	0.	125,810.	20,358.	105,452.
ANTIQUA SHOW	105,169.	0.	105,169.	77,628.	27,541.
SYMPHONY SET	23,350.	0.	23,350.	10,143.	13,207.
TOTAL	<u>\$ 605,152.</u>	<u>\$ 0.</u>	<u>\$ 605,152.</u>	<u>\$ 247,372.</u>	<u>\$ 357,780.</u>

STATEMENT 3
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

MERCHANDISE INCOME	\$ 793.
GROSS SALES	\$ 793.
LESS RETURNS & ALLOWANCES	0.
NET SALES	\$ 793.
LESS COST OF GOODS SOLD	659.
GROSS PROFIT FROM SALES OF INVENTORY	<u>\$ 134.</u>

TULSA OPERA, INC.

73-0643311

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

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
ARTIST EXPENSE	585,443.	585,443.		
ORCHESTRA EXPENSE	230,334.	230,334.		
TECH, STAGE MGMT & BKSTG PERS	433,948.	433,948.		
COSTUMES, SCENERY, & OTHER	361,941.	361,941.		
PERSONNEL EXPENSES	973,111.	321,881.	317,655.	333,575.
ADMINISTRATIVE EXPENSES	286,641.		286,641.	
PLANT EXPENSES	51,034.	26,219.	24,815.	
MARKETING EXPENSES	515,327.			515,327.
FUND DEVELOPMENT	55,213.			55,213.
TOTAL	\$ 3,492,992.	\$ 1,959,766.	\$ 629,111.	\$ 904,115.

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

TULSA OPERA, INC. OPERATES IN THE STATE OF OKLAHOMA FOR THE PRIMARY PURPOSE OF FURTHERING THE APPRECIATION OF MUSIC, PARTICULARLY OPERA, FOR THE GENERAL PUBLIC. TULSA OPERA, INC. PERFORMS SELECT OPERA THROUGHOUT THE YEAR FOR THE PUBLIC. IN ADDITION TO THESE PRODUCTIONS, TULSA OPERA CONDUCTS VARIOUS EDUCATIONAL PROGRAMS.

STATEMENT 6
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 256,480.	\$ 168,930.	\$ 87,550.
BUILDINGS	279,052.	178,609.	100,443.
IMPROVEMENTS	46,667.	40,226.	6,441.
LAND	106,837.		106,837.
TOTAL	\$ 689,036.	\$ 387,765.	\$ 301,271.

STATEMENT 7
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

LINE OF CREDIT		\$ 600,000.
TOTAL		\$ 600,000.

TULSA OPERA, INC.

73-0643311

**STATEMENT 8
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS**

FUNDRAISING EXPENSES

TOTAL \$ 247,373.
\$ 247,373.

**STATEMENT 9
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS**

FUNDRAISING EXPENSES

TOTAL \$ -247,263.
\$ -247,263.

**STATEMENT 10
FORM 990, PART VI, LINE 80B
RELATED ORGANIZATIONS**

NAME OF ORGANIZATION

EXEMPT

NONEXEMPT

TULSA OPERA ENDWMNT TRST 1 ID-73-1214668
TULSA OPERA ENDWMNT TRST 2 ID-73-6212218

X
X

**STATEMENT 11
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES**

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUT. EBP & DC	EXPENSE ACCOUNT
NOAH SPIEGEL 1567 SOUTHWEST BOULEVARD #2FF TULSA, OK 74107	DIR. OF PROD. 40	63,021.	0.	0.
TOTAL		\$ 63,021.	\$ 0.	\$ 0.

**STATEMENT 12
SCHEDULE A, PART III, LINE 2
TRANSACTIONS WITH TRUSTEES, DIRECTORS, ETC.**

2C MANY MEMBERS OF THE TULSA OPERA BOARD ARE CONTRIBUTORS TO THE ORGANIZATION AND VOLUNTEER THEIR SERVICES TO ASSIST THE ORGANIZATION.

2D THE ORGANIZATION COMPENSATES ITS EMPLOYEES. TO THE EXTENT THAT ANY BOARD MEMBER IS A MEMBER OF THE TULSA OPERA CHORUS, HE OR SHE RECEIVES THE SAME NOMINAL COMPENSATION AS OTHER CHORUS MEMBERS FOR PERFORMANCES IN THE OPERAS.

TULSA OPERA, INC.

73-0643311

STATEMENT 13
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

<u>DESCRIPTION</u>	<u>(A) 2005</u>	<u>(B) 2004</u>	<u>(C) 2003</u>	<u>(D) 2002</u>	<u>(E) TOTAL</u>
OTHER INCOME	\$ 260,716.	\$ 216,997.	\$ 196,783.	\$ 249,547.	\$ 924,043.
TOTAL	<u>\$ 260,716.</u>	<u>\$ 216,997.</u>	<u>\$ 196,783.</u>	<u>\$ 249,547.</u>	<u>\$ 924,043.</u>

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

										CONTRIBUTIONS TO BENEFIT PLAN	
				TITLE	COMPENSATION						
Ms Caroline	Abbot	2311 N Elwood Ave	Tulsa	OK 74106 Director	0.00						0.00
Ms Carole	Ashcraft	1754 E 30th Street	Tulsa	OK 74114 Director	0.00						0.00
Mrs Mary	Athens	5 West 22nd Street	Tulsa	OK 74114 Director	0.00						0.00
Mr Steven	Balman	1 West 3rd St, Ste 1700	Tulsa	OK 74103 Director	0.00						0.00
Mrs Kristen	Bender	1810 E 32nd Place	Tulsa	OK 74105 Director	0.00						0.00
Mrs Barbara	Bird	4610 So Zunis	Tulsa	OK 74105 Director	0.00						0.00
Mr Rolif	Blorn	6418 S Sandusky	Tulsa	OK 74136 Director	0.00						0.00
Mrs Patre	Bowman	3104 S Columbia Circle	Tulsa	OK 74105 Director	0.00						0.00
Mrs Gina	Covington	2151 S Norfolk Terrace	Tulsa	OK 74114 Director	0.00						0.00
Dr Carol	Crawford	1610 S Boulder Ave	Tulsa	OK 74119 General Director	115,599.12					19,999.92	
Mr John	Doak	9910 E 97th Street	Tulsa	OK 74133 Director	0.00						0.00
Mr Scott	Filstrup	6159 S New Haven	Tulsa	OK 74136 Director	0.00						0.00
Mr John	Fischer	6163 S Marion	Tulsa	OK 74136 Director	0.00						0.00
Mrs Vaughndeau	Fuller	1956 E 41 street	Tulsa	OK 74105 Director	0.00						0.00
Ms Elizabeth	Geer	4323 S Quincy Place	Tulsa	OK 74105 Director	0.00						0.00
Mrs LouAnn	Gibson	6611 E 78th Court	Tulsa	OK 74133 Director	0.00						0.00
Dr Andrew	Gottelrer	5121 E 106th Street	Tulsa	OK 74137 Director	0.00						0.00
Mr Stephen	Greubel	9903 E 97th Street	Tulsa	OK 74133 Director	0.00						0.00
Ms Mary	Haddican	3234 S Zunis	Tulsa	OK 74105 Director	0.00						0.00
Mr Donald	Hamilton	6804 So 74th E Ave	Tulsa	OK 74133 Director	0.00						0.00
Mrs Alvina	Hart	2308 S Cincinnati Ave	Tulsa	OK 74114 Director	0.00						0.00
Mrs Peggy	Helmerich	2121 S Yorktown #12	Tulsa	OK 74114 Director	0.00						0.00
Mr Frank	Henke IV	450 W 7th #1902	Tulsa	OK 74119 Director	0.00						0.00
Dr Soohyun	Jin	3916 E 99th Place	Tulsa	OK 74137 Director	0.00						0.00
Ms Marc	Johnson	6747 Timberlance Road	Tulsa	OK 74138 Director	0.00						0.00
Mr Amo	Kahn	3771 E 47 Street	Tulsa	OK 74135 Director	0.00						0.00
Mr John	Keveney	611 W 15 Street, F2	Tulsa	OK 74127 Director	0.00						0.00
Ms Beth	Khoundara	10419 E 96th Place	Tulsa	OK 74055 Director	0.00						0.00
Mrs Margaret	Kobos	2604 So St Louis Ave	Tulsa	OK 74114 Director	0.00						0.00
Ms Corrine	Lewis	2300 Riverside 8F	Tulsa	OK 74105 Director	0.00						0.00

Mr Mike	Lodes	1270 E 25th Street	Tulsa	OK	74114 Director	0.00
Mr Mariano	Nargi	4810 E 112th Street	Tulsa	OK	74137 Director	0.00
Mrs Lucy	Rooney	2133 E 60th Place	Tulsa	OK	74105 Director	0.00
Ms Katherine	Saunders	1002 E 20th Street	Tulsa	OK	74120 Director	0.00
Mrs Mary	Shaw	401 So Forst Ridge Blvd	Broken Arrow	OK	74014 Director	0.00
Ms Sandy	Stava	9328 So Indianapolis	Tulsa	OK	74137 Director	0.00
Mr Bruce	Stoesser	3107 E 58th Street	Tulsa	OK	74105 Director	0.00
Ms Marilyn	Strange	9822 S Knoxville	Tulsa	OK	74137 Director	0.00
Mr Randi	Wightman	2125 E 32nd Place	Tulsa	OK	74105 Director	0.00
Mr Henry	Will	2246 Terwillegger Blvd	Tulsa	OK	74114 Director	0.00