

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)
 ▶ 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 7/01/06, and ending 6/30/07

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
OKLAHOMA PHILHARMONIC SOCIETY, INC.

Number and street (or P O box if mail is not delivered to street address) Room/suite
428 W. CALIFORNIA 210

City or town, state or country, and ZIP + 4
OKLAHOMA CITY OK 73102

D Employer identification number
73-1328565

E Telephone number

F Accounting method Cash
 Accrual 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 are not applicable to section 527 organizations:
- H(a)** Is this a group return for affiliates? Yes No
- H(b)** If "Yes," enter number of affiliates ▶ Yes No
- H(c)** Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes No
- I** Group Exemption Number ▶
- M** Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Website: ▶ WWW.OKCPHILHARMONIC.ORG

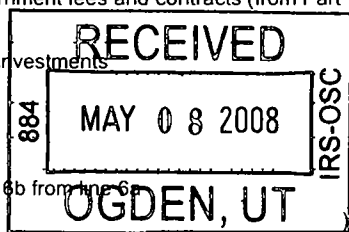
J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

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 ▶ 5,755,024

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

		1a	1b	1c	1d	1e
Revenue	1 Contributions, gifts, grants, and similar amounts received					
	Contributions to donor advised funds					
	Direct public support (not included on line 1a)		3,397,882			
	Indirect public support (not included on line 1a)			307,958		
	Government contributions (grants) (not included on line 1a)				136,000	
	Total (add lines 1a through 1d) (cash \$ <u>3,841,840</u> noncash \$ _____)					3,841,840
	Program service revenue including government fees and contracts (from Part VII, line 93)					1,863,755
	Membership dues and assessments					
	Interest on savings and temporary cash investments					49,429
	Dividends and interest from securities					
	Gross rents					
	Less rental expenses					
Net rental income or (loss) Subtract line 6b from line 6a						
7 Other investment income (describe ▶)						
8a Gross amount from sales of assets other than inventory	(A) Securities					
	(B) Other					
	8a					
	8b					
c Gain or (loss) (attach schedule)						
d Net gain or (loss) Combine line 8c, columns (A) and (B)						
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1b)					
	b Less direct expenses other than fundraising expenses					
	c Net income or (loss) from special events Subtract line 9b from line 9a					
10a Gross sales of inventory, less returns and allowances						
	b Less cost of goods sold					
	c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a					
11 Other revenue (from Part VII, line 103)						
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11						5,755,024
Expenses	13 Program services (from line 44, column (B))					2,590,721
	14 Management and general (from line 44, column (C))					1,073,292
	15 Fundraising (from line 44, column (D))					308,664
	16 Payments to affiliates (attach schedule)					
	17 Total expenses. Add lines 16 and 44, column (A)					3,972,677
18 Excess or (deficit) for the year Subtract line 17 from line 12					1,782,347	
19 Net assets or fund balances at beginning of year (from line 73, column (A))					7,897,204	
20 Other changes in net assets or fund balances (attach explanation)					421,336	
21 Net assets or fund balances at end of year Combine lines 18, 19 and 20					10,100,887	



07 20

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (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 schedule)	25a			
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)	25b			
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			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 1,807,463	1,187,094	439,087	181,282
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 27,181		24,181	3,000
32 Legal fees	32			
33 Supplies	33 17,938	4,313	12,639	986
34 Telephone	34 23,166	1,846	21,320	
35 Postage and shipping	35 39,344	3,781	32,794	2,769
36 Occupancy	36 158,017	109,918	41,609	6,490
37 Equipment rental and maintenance	37 165,763	165,763		
38 Printing and publications	38 6,129		465	5,664
39 Travel	39 16,228	15,042	1,183	3
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 60,967	53,041	7,926	
43 Other expenses not covered above (itemize)				
a SEE STATEMENT 2	43a 1,650,481	1,049,923	492,088	108,470
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 3,972,677	2,590,721	1,073,292	308,664

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) and (4) orgs., and 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 ►

2,590,721

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)

2,590,721

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)		(B)		
		Beginning of year		End of year		
Assets	45	Cash-non-interest-bearing		1,206,370	45	736,992
	46	Savings and temporary cash investments		579,484	46	1,107,332
	47a	Accounts receivable	230,573	379,746	47c	230,573
	b	Less allowance for doubtful accounts				
	48a	Pledges receivable	2,705,577	1,980,166	48c	2,705,577
	b	Less allowance for doubtful accounts				
	49	Grants receivable			49	
	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) (att 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		139,530	53	240,676
	54a	Investments—publicly-traded securities			54a	
	b	Investments—other securities (attach schedule)			54b	
	55a	Investments—land, buildings, and equipment basis				
	b	Less accumulated depreciation (attach schedule)			55c	
	56	Investments—other (attach schedule)		2,272,579	56	3,869,791
	57a	Land, buildings, and equipment basis	827,865	245,906	57c	203,619
	b	Less accumulated depreciation (attach schedule) SEE STATEMENT 4	624,246			
58	Other assets, including program-related investments (describe SEE STATEMENT 5)		2,176,018	58	2,090,154	
59	Total assets (must equal line 74) Add lines 45 through 58		8,979,799	59	11,184,714	
Liabilities	60	Accounts payable and accrued expenses		44,448	60	82,973
	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 SEE STATEMENT 6)		1,038,147	65	1,000,854
66	Total liabilities. Add lines 60 through 65		1,082,595	66	1,083,827	
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		741,547	67	746,667
	68	Temporarily restricted		5,310,451	68	6,204,341
	69	Permanently restricted		1,845,206	69	3,149,879
	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))		7,897,204	73	10,100,887	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73		8,979,799	74	11,184,714	

Part VI Other Information (continued)

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) SEE STMT 11 82b 171,368
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? N/A 84a
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 84b
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A 85a
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A 85b
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
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? N/A 85g
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? N/A 85h
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
88a 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 88a X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b 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 under sections 4912, 4955, and 4958 0
d Enter Amount of tax on line 89c, above, reimbursed by the organization 0
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X
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, 2006 (See instructions) 90b 115
91a The books are in care of OKLAHOMA PHILHARMONIC SOC Telephone no 405-232-7575
428 W. CALIFORNIA, SUITE 210
Located at OKLAHOMA CITY, OK 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)? 91b X
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

Part VI Other Information (continued)

	Yes	No
c		<input checked="" type="checkbox"/>

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 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 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 PERFORMANCE REVENUE					1,788,169
b EDUCATION PROGRAM REVENUE					12,820
c PROGRAM ADVERTISING	711300	62,766			
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	49,429	
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))		62,766		49,429	1,800,989
105 Total (add line 104, columns (B), (D), and (E))					1,913,184

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)
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)

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).

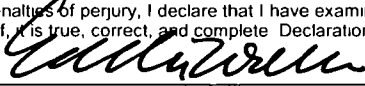

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
		X

	(A) Name, address, of each controlled entity	(B) Employer ID 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 ID 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

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 	Date	5/2/08	
	Type or print name and title Eddie Walker, Executive Director			
Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Instr X) P00177237
	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	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

2006

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 2 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 ▶		0		

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 ▶		

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) 2006

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)	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)		
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-A, FORM 990	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	
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d Enter the total number of donor advised funds owned at the end of the tax year ► _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____		
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 pages 4 through 7 of the 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)
- 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 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 Intergrated
 - Type III-Other

Provide the following information about the supported organizations. (See page 7 of the 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					

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	5,817,357	2,248,407	1,420,842	1,890,528	11,377,134
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	1,752,878	1,843,951	1,820,866	1,605,985	7,023,680
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	34,215	23,300	13,210	19,234	89,959
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.					0
23 Total of lines 15 through 22	7,604,450	4,115,658	3,254,918	3,515,747	18,490,773
24 Line 23 minus line 17	5,851,572	2,271,707	1,434,052	1,909,762	11,467,093
25 Enter 1% of line 23	76,045	41,157	32,549	35,157	

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 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	
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 _____	26d	
	22 _____ 26b _____	26e	
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	(2005)	113,607	(2004)	103,887	(2003)	87,500	(2002)	56,975
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)	0	(2004)	0	(2003)	0	(2002)	0
c Add Amounts from column (e) for lines:	15 11,377,134	16 _____	17 7,023,680	20 _____	21 _____	27c	18,400,814		
d Add Line 27a total	361,969	and line 27b total	_____	_____	_____	27d	361,969		
e Public support (line 27c total minus line 27d total)						27e	18,038,845		
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)						27f	18,490,773		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))						27g	97.5559%		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))						27h	0.4865%		

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 page 9 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?			
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 10 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 13 of the instructions)

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 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 13 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 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

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

<u>Description</u>	<u>Amount</u>
CHANGE IN VALUE OF BENEFICIAL INTEREST IN ASSETS H	\$ <u>421,336</u>
TOTAL	\$ <u><u>421,336</u></u>

Federal Statements

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
PROGRAM ADVERTISING				
OTHER EXPENSES	122,706		122,706	
EXPENSES				
BAD DEBT	19,558		19,558	
BANK CHARGES	36,996		36,996	
BOX OFFICE	92,197	92,197		
CONSULTING FEES	24,317		1,196	23,121
CONTRACT LABOR	1,746		1,746	
DONOR BENEFITS	26,501		26,501	
DUES & SUBSCRIPTIONS	8,990	640	7,814	536
EQUIPMENT MAINTENANCE	14,226		11,434	2,792
GUEST ARTISTS	487,674	487,674		
INSURANCE	45,693		45,693	
LIBRARY EXPENSE	16,084	16,084		
LICENSES	20,429	20,429		
MEETINGS	19,079	1,363	15,187	2,529
MEMBERSHIP DRIVES	251			251
MUSIC EXPENSE	16,205	16,205		
NEWSLETTERS	11,390		11,390	
OTHER EXPENSES	178,854	86,363	13,250	79,241
PROGRAM PRINTING	60,106		60,106	
SALES TAX EXPENSE	105,713	105,713		
SEASON CAMPAIGN	73,323		73,323	
TECHNICAL & BACKSTAGE	190,483	190,483		
TELEMARKETING	38,836		38,836	
USHERS & SECURITY	27,136	27,136		
RECEPTIONS	6,352		6,352	
GIFT PLANNING	5,636	5,636		
TOTAL	<u>\$ 1,650,481</u>	<u>\$ 1,049,923</u>	<u>\$ 492,088</u>	<u>\$ 108,470</u>

Federal Statements

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
BENEFICIAL INTEREST IN ASSETS HELD BY FOUNDATIONS (SFAS 136)	\$ 2,272,579	\$ 3,869,791	
TOTAL	<u>\$ 2,272,579</u>	<u>\$ 3,869,791</u>	

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

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
FURNITURE AND EQUIPMENT	\$ 809,185	\$ 563,279	\$ 827,865	\$ 624,246
TOTAL	<u>\$ 809,185</u>	<u>\$ 563,279</u>	<u>\$ 827,865</u>	<u>\$ 624,246</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ENDOWMENT PLEDGES RECEIVABLE	\$ 2,176,018	\$ 2,090,154
TOTAL	<u>\$ 2,176,018</u>	<u>\$ 2,090,154</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ADVANCE TICKET SALES AND FEES	\$ 922,347	\$ 935,495
DEFERRED SPONSORSHIPS	15,800	65,359
ADVANCE PAYABLE	100,000	
TOTAL	<u>\$ 1,038,147</u>	<u>\$ 1,000,854</u>

Federal Statements

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

Description	Amount
CHANGE IN VALUE OF BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS (SFAS 136).	\$ 421,336
TOTAL	\$ 421,336

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

Description	Amount
ENDOWMENT DRIVE EXPENSES	\$ 157,892
TOTAL	\$ 157,892

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

Description	Amount
ENDOWMENT DRIVE EXPENSES	\$ 157,892
TOTAL	\$ 157,892

Federal Statements

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

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JOEL A LEVINE 7611 CLAYTON DR OKLAHOMA CITY OK 73120	MUSIC DIRECT	0	118,000	0	0
RONALD E WALKER 2020 NW 22ND OKLAHOMA CITY OK 73120	EXECUTIVE DI	0	107,400	0	0
MOLLY CRAWLEY 525 MERKLE DRIVE NORMAN OK 73102	DIRECTOR	0	0	0	0
DOUGLAS J STUSSI 10601 N PENN AVE OKLAHOMA CITY OK 73120	DIRECTOR	0	0	0	0
PATRICK B ALEXANDER 1515 GLENWOOD AVE OKLAHOMA CITY OK 73116	DIRECTOR	0	0	0	0
BOB G BUNCE 12501 ARROWHEAD TERRACE OKLAHOMA CITY OK 73120	DIRECTOR	0	0	0	0
WILLIAM B CLEARY 1607 DORCHESTER DRIVE OKLAHOMA CITY OK 73120	DIRECTOR	0	0	0	0
JOSEPH M FLECKINGER 3129 PINE RIDGE ROAD OKLAHOMA CITY OK 73120	TREASURER	0	0	0	0
JOHN A FROST 6117 WINFIELD DRIVE OKLAHOMA CITY OK 73162	DIRECTOR	0	0	0	0
JANE B HARLOW 6500 N HILCREST AVE	DIRECTOR	0	0	0	0

Federal Statements

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

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
NICHOLS HILLS OK 73116					
MARK R KANTER 13909 WELLSBURG CT EDMOND OK 73013	DIRECTOR	0	0	0	0
JOHN W NICHOLS 7300 NICHOLS RD OKLAHOMA CITY OK 73120	DIRECTOR	0	0	0	0
MARY NICHOLS 7300 NICHOLS RD OKLAHOMA CITY OK 73120	DIRECTOR	0	0	0	0
PAMELA H SHDEED 1500 BUTTRAM ROAD OKLAHOMA CITY OK 73112	DIRECTOR	0	0	0	0
DONNA VOGEL 1721 GUILFORD LANE OKLAHOMA CITY OK 73120	DIRECTOR	0	0	0	0
LIL ROSS 6923 AVONDALE COURT OKLAHOMA CITY OK 73116	TREASURER	0	0	0	0
MARTHA BURGER 428 W. CALIFORNIA, STE 210 OKLAHOMA CITY OK 73102	PRESIDENT	0	0	0	0
STEVEN C. AGEE 428 W. CALIFORNIA, STE 210 OKLAHOMA CITY OK 73102	DIRECTOR	0	0	0	0
DR. CAROLE HALL HARDEMAN 428 W. CALIFORNIA, STE 210 OKLAHOMA CITY OK 73102	DIRECTOR	0	0	0	0

Federal Statements

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

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
ALBERT J. LINDSEY 428 W. CALIFORNIA, STE 210 OKLAHOMA CITY OK 73102	VICE PRES	0	0	0	0
KENNETH W. MCKINNEY 428 W. CALIFORNIA, STE 210 OKLAHOMA CITY OK 73102	PRES ELECT	0	0	0	0
ROBERT CLEMENTS 428 W. CALIFORNIA, STE 210 OKLAHOMA CITY OK 73102	DIRECTOR	0	0	0	0
DEBORAH FLEMING 428 W. CALIFORNIA, STE 210 OKLAHOMA CITY OK 73102	DIRECTOR	0	0	0	0
ROSS HANSEN 428 W. CALIFORNIA, STE 210 OKLAHOMA CITY OK 73102	DIRECTOR	0	0	0	0
PENNY MCCALED 428 W. CALIFORNIA, STE 210 OKLAHOMA CITY OK 73102	DIRECTOR	0	0	0	0
ANNA MCMILLAN 428 W. CALIFORNIA, STE 210 OKLAHOMA CITY OK 73102	DIRECTOR	0	0	0	0
CHRIS REEN 428 W. CALIFORNIA, STE 210 OKLAHOMA CITY OK 73102	DIRECTOR	0	0	0	0
LOIS SALMERON 428 W. CALIFORNIA, STE 210 OKLAHOMA CITY OK 73102	DIRECTOR	0	0	0	0
GLENNA TANENBAUM 428 W. CALIFORNIA, STE 210	DIRECTOR	0	0	0	0

Federal Statements

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

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
OKLAHOMA CITY OK 73102					
PHYLLIS BRAWLEY 428 W. CALIFORNIA, STE 210 OKLAHOMA CITY OK 73102	DIRECTOR	0	0	0	0
JAMES DIXSON 428 W. CALIFORNIA, STE 210 OKLAHOMA CITY OK 73102	DIRECTOR	0	0	0	0
SUE FRANCIS 428 W. CALIFORNIA, STE 210 OKLAHOMA CITY OK 73102	DIRECTOR	0	0	0	0
STACY FORD GARDNER 428 W. CALIFORNIA, STE 210 OKLAHOMA CITY OK 73102	DIRECTOR	0	0	0	0
MORRIS HATLEY 428 W. CALIFORNIA, STE 210 OKLAHOMA CITY OK 73102	DIRECTOR	0	0	0	0
JOHN STINER 428 W. CALIFORNIA, STE 210 OKLAHOMA CITY OK 73102	DIRECTOR	0	0	0	0

Statement 11 - Form 990, Part VI, Line 82b - Donated Services

Description	Amount
DONATED SERVICES AND USE OF FACILITIES	\$ <u>171,368</u>
TOTAL	\$ <u><u>171,368</u></u>

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).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization OKLAHOMA PHILHARMONIC SOCIETY, INC.	Employer identification number 73-1328565
File by the due date for filing your return See instructions	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 section 501(c) corporation required to file Form 990-T) extension of time until **2/15/08**, 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 **7/01/06**, and ending **6/30/07**

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	3a	\$
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	3b	\$
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	3c	\$

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 the books box.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

ung, for

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy

Type or print File by the extended due date for filing the 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	For IRS use only
	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-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

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

- The books are in the care of **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

4 I request an additional 3-month extension of time until **5/15/08**

5 For calendar year , or other tax year beginning **7/01/06**, and ending **6/30/07**

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

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

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

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 **M. Reed** Title **CPA** Date **2/14/08**

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

Type or print	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