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.

Department of the Treasury Internal Revenue Service

_				<u> </u>	to reporting rea		- Indopositor
<u>A</u>	For the 2	009 ca	lendar y	year, or tax year beginning $07/01/09$, and ending $06/30/1$	0		
В	Check if appl		Please	C Name of organization		D Emp	loyer identification number
	Address char	nne 🛮	use IRS	TULSA SYMPHONY ORCHESTRA, INC			
\Box		-	label or	Doing Business As		20-	-3798077
ᆜ	Name change	е	print or type.	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		phone number
	Initial return		See	111 EAST 1ST-TULSA UNION DEPOT BLDG	Koongsuite	E reiet	onone namoei
	Termination		Specific			-	1 701 601
금			Instruc-	City or town, state or country, and ZIP + 4		G Gross red	ceipts\$ 1,721,691
닏	Amended ret		tions.	TULSA OK 74103			
	Application p	ending		e and address of principal officer:		H(a) Is this	s a group return for
				NDA FRAZIER, PRESIDENT		affilia	tes? Yes X No
			22	44 TERWILLEGER BLVD		H(b) Are a	ded? Yes No
			TU	LSA OK 74114		If "No	, attach a list. (see instructions)
1	Tax-exemp	ot status	s: X	501(c) (3) ◄ (insert no.) 4947(a)(1) or 527			
J	Website:	► W		ULSASYMPHONY.ORG		H(c) Grou	p exemption number
ĸ	Type of orga				ear of formation: 2		M State of legal domicile: OK
	art I		mma				
\$2800C							
a	L	ony de	יסטויספי	THE ORGANIZATIONS THIS SHOP THE MILETERY ADDRESTS OF COMMIT	NIT IT V	• • • • • • • • •	
걸		.0.3	OFFO	he organization's mission or most significant activities: RT AND DEVELOP THE MUSICAL ARTS IN OUR COMMU	11111		
Ţ.	· · ·						
Governance				,			.,.,,
တိ	2 Che			if the organization discontinued its operations or disposed of more than			
ంర	3 Nur	nber o	f voting	members of the governing body (Part VI, line 1a)		. 3	37
Activities	4 Nur	nber o	f indep	endent voting members of the governing body (Part VI, line 1b)		. 4	37
₹				employees (Part V, line 2a)			143
둉	6 Tota	al num	ber of	olunteers (estimate if necessary)		6	20
•	7a Tota	al gros	s unrel	ated business revenue from Part VIII, column (C), line 12		7a	0
				siness taxable income from Form 990-T, line 34			0
	2 1101	u, ii Oic	itou bu	and the text of th	Prior Yea		Current Year
a)	8 Cor	ntributio	ons and	d grants (Part VIII, line 1h)	1,087	7,501	1,088,538
Revenue				revenue (Part VIII, line 2g)	586	5,349	546,615
Ş				ne (Part VIII, column (A), lines 3, 4, and 7d)		L,951	1,491
8	14 Oth	or tove	nue /E	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,927	63,995
	1			and lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,742		1,700,639
				ar amounts paid (Part IX, column (A), lines 1–3)		120	1,700,033
	13 Gia	ing an	_ : _ : _ : _ :				
	1	ens p	ald to c	or for members (Part IX, column (A), line 4)	200		207 225
Ses	15 Sala	aries, c	other co	ompensation, employee benefits (Part IX, column (A), lines 5–10)	323	3,555	297 , 335
Expenses	16a Pro	fessior	nal fund	Impensation, employee benefits (Part IX, column (A), lines 5–10) Iraising fees (Part IX, column (A), line 11e) expenses (Part IX, column (D), line 25) ▶ 109,208			
χ̈	b Tota	al fund	raising	expenses (Part IX, column (D), line 25) \triangleright			
Ш	17 Oth	er exp	enses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,192	2,104]	1,223,830
				Add lines 13–17 (must equal Part IX, column (A), line 25)		659	1,521,165
	19 Rev	enue I	ess ex	penses. Subtract line 18 from line 12		7,069	<u> 179,474</u>
Net Assets or Fund Balances				_	Beginning of Cur		End of Year
sset	20 Tota	al asse	ts (Par	t X, line 16)		,886	<u>671,992</u>
ĀĀ	21 Tota	al liabil	ities (P	art X, line 26)		2,417	<u> 185,049</u>
뿔	22 Net	assets	or fun	d balances. Subtract line 21 from line 20	307	,469	486,943
P	art (I	Sig	natur	e Block			
		Unde	r penalt	ies of perjury, I declare that I have examined this return, including accompanying schedu	les and statemer	its, and to th	ne best of my knowledge
		and b	oelief, it i	s true, correct, and complete. Declaration of preparer (other than officer) is based on all	information of wh	ich prepare	r has any knowledge.
Sig	ın	N.				- 1	
He		7 3	Signatur	e of officer		Date	
		ĺ k `	Jigilatai	o of officer		Duic	
) 7	Type or i	print name and title			
			ypc or j				Preparer's identifying number
Pai	id	Prepa		Date	Check i	if \Box	(see instructions)
	1	signa	ture	02/22	1/11 employ	ed 🕨 📙	P01015862
	eparer's	Firm's	s name	or yours CURZON, CUMBEY & KUNKEL		EIN ▶	73-1528194
US	e Only		-employ	GI yours		Phone	
			ess, and				918-491-4036
Mav	the IRS d	liscuss	this re	turn with the preparer shown above? (see instructions)		•	
				rwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)
DĂĂ				-/			2 3 4 (2000)

Forr	n 990 (2009) TULSA SYMPHONY ORCHESTRA, INC 20-3798077 Page	<u>e 2</u>
P	art III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission:	
7	O SUPPORT AND DEVELOP THE MUSICAL ARTS IN OUR COMMUNITY.	
	· · · · · · · · · · · · · · · · · · ·	
	······································	
2	Did the organization undertake any significant program services during the year which were not listed on	
_	the prior Form 990 or 990-EZ?	Vo.
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
,		do
	services? Yes X N	10
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	/O	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

	·	
	2	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	*	
	· · · · · · · · · · · · · · · · · · ·	
	······································	
	·	
	· · · · · · · · · · · · · · · · · · ·	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
	(Codd) //=xpoiled +	′
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	t	
	•••••••••••••••••••••••••••••••••••••••	
		_
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ 828,420 including grants of \$) (Revenue \$)	_
4-	Total program service expenses • 928 420	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	١.		177
	candidates for public office? If "Yes," complete Schedule C, Part I	3	-	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	١,		_v
_	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_	1	l
c	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	ļ	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"		1	l
	complete Schodule D. Bart I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		1
٠		8		X
9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	٣	 	
•	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	Х	
42A	Schedule D, Parts XI, XII, and XIII.	12	Λ	
124	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.			
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Y
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	- "		* 7
~	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	[Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	Ī		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		I	
	If "Yes," complete Schedule G, Part III	19		Χ
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	20		Χ
		Form	990	(2009)

200000	art IV Checklist of Required Schedules (continued)		-	age 7
	Checklist of Required Schedules (Continued)	Т	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		163	"
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C				
	to defence any toy exempt hands?	24c		
d		24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990 E72 If "Vos." complete Schodule I. Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			<u> </u>
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27	1	Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	escessor)	Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule I Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
_	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	D. H.	31		X
32	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		\neg †	
٠.	Ill, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		1	
-	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		-	
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		$\overline{}$	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	$_{\rm X}$	
		Form		20091

	art v Statements Regarding Other IRS Filings and Tax Compliance					_					
10	Enter the number reported in Poy 2 of Form 1006, Appual Summers and Transmitted of		•		Yes	No					
Ia	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable	10	11		lim						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b	0								
c	Did the organization comply with backup withholding rules for reportable payments to vendors and										
Ū	goming (gombling) winnings to prince winners?	героп	able	1c	101201828	X					
2a		[]			Line	1 22					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	143								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re			2b	X	7 3115211					
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (s		• • • • • • • • • • • • • • • • • • • •	20	1						
	instructions)	00									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business grown and the organization have the organization of the organization have the organization of the organization of the organization have the organization of the organization	ered by	,								
	this return?	_		За		Х					
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O											
4a	*****			<u>3b</u>							
	over, a financial account in a foreign country (such as a bank account, securities account, or other		-	- }							
	account)?			4a		X					
b	If "Yes," enter the name of the foreign country: ▶										
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign										
	and Financial Accounts.										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	•		5a	********	Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans		?	5b		Х					
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Re										
	Prohibited Tax Shelter Transaction?		_	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the									
	organization solicit any contributions that were not tax deductible?			6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r								
	gifts were not tax deductible?			6b							
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	r good	s		1						
	and services provided to the payor?			7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			. 7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was									
	required to file Form 8282?			7c		X					
d	· · · · · · · · · · · · · · · · · · ·	7d									
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	perso	nal		L						
_	benefit contract?			7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	•		. 7f		X					
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			. 7g		Χ					
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098	-C as				17					
0	required?			_7h		_X					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization.	-									
		_				V					
9	organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		• • • • • • • • • • • • • • • • • • • •	8		X					
э a				0-		X					
b	Did the organization make a distribution to a donor, donor advisor, or related person?		• • • • • • • • • • • • • • • • • • • •	9a 9b		Х					
0	Section 501(c)(7) organizations. Enter:	• • • • • •	• • • • • • • • • • • • • • • • • • • •	. 30		Λ					
а	Initiation fees and capital contributions included on Part VIII, line 12										
b		10b									
1	Section 501(c)(12) organizations. Enter:	1001	-								
a	Grand income from mambare or charabelders	11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	· · · · · · · · · · · · · · · · · · ·	11b									
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For		1?	12a	120717	2222222					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	***************								
				· · · · · · · · · · · · · · · · · · ·							

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 37			
b	Enter the number of voting members that are independent 1b 37			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	. 6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		1	
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	ļ
b	Each committee with authority to act on behalf of the governing body?	. 8b	Χ	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		Х
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		4	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			$\overline{}$
	rise to conflicts?	12b	Χ	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Χ	
13	Does the organization have a written whistleblower policy?	- 12	Х	
14	Does the organization have a written document retention and destruction policy?	1 44 1	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	'		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	********	Χ
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
-	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	. 16b	110499291	.003500017
Sec	tion C. Disclosure		<u> </u>	
17	Light the states with which a copy of this Form 000 is required to be filed.			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
10	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
19	· · · · · · · · · · · · · · · · · · ·			
20	policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the			
20	organization: ► BRENDA MOODY — EXEC. OFFICE ADM 111 E. 1ST STREET			
mr.		18-58	/i _ ⊃	6/5
	OR /4103 9.	-0-50	<u>1)</u>	<u>070</u>

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.											
(A) Name and Title	(B) Average	(C) Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
RONALD PREDL	40.00	Х		Х				77,000	0	0	
TIM MCFADDEN SECRETARY	40.00	Х		Х				66,800	0	0	
CAROLINE ABBOTT DIRECTOR	5.00	Х						0	0	0	
CAROL ADELSON DIRECTOR	5.00	Х						0	0	0	
KEN BUSBY DIRECTOR	5.00	Х						0	0	0	
KARI CALDWELL DIRECTOR	5.00	Х						_0	0	0	
DAN CALL DIRECTOR	5.00	Х						0	0	0	
MARC FACCI DIRECTOR	5.00	Х						0	0	0	
MATT FOSTE DIRECTOR	5.00	Х						0	0	0	
LINDA FRAZIER PRESIDENT	5.00	Х		Χ				0	0	0	
ANDREW GOTTEHRER DIRECTOR	5.00	Х						0	0	<u> </u>	
MARK HALTERMAN DIRECTOR	5.00	Х						0	0	0	
JEFF HASSELL VICE PRES	5.00	Х		Χ				0	0.	0	
KATHY HENRY DIRECTOR	5.00	Х						0	0	0	
DAVID HUREWITZ DIRECTOR	5.00	Χ						0	0	0	
DAVID HYSLOP DIRECTOR	5.00	Х		_				0	_0,	0	
ERV JANSSEN M.D. VICE PRES	5.00	Χ		Χ				0	0	0 Form 990 (2009)	
										. S.I.I. 999 (2000)	

Form **990** (2009)

Form 990 (2009) TULSA SYMPHONY ORCHESTRA, INC Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) (F) (C) Name and Title Average Position (check all that apply Reportable Reportable Estimated hours per compensation compensation amount of or director Officer Institutional trustee Key employee Former other compensation from the week from from related organizations (W-2/1099-MISC) the hest compensater ployee organization (W-2/1099-MISC) organization and related organizations CHAD JOHNSON 5.00 DIRECTOR 0 0 0 SKIP JOHNSON 5.00 DIRECTOR 0 0 0 DAVID KEGLOVITS DIRECTOR 5.00 0 0 0 KATHY LAFORTUNE DIRECTOR 5.00 0 0 0 ALLISON LAUINGER 5.00 O DIRECTOR n 0 MALEY JUDGE JOHN DAVID DIRECTOR 5.00 0 0 0 ERIKA MASSEY 5.00 0 0 DIRECTOR 0 MARTHA MATTES DIRECTOR 5.00 0 0 0 MICHEL NELSON 5.00 0 0 0 VICE PRES MICHAEL NICHOLSON 5.00 Χ 0 0 0 DIRECTOR ANNA NORBERG 0 VICE PRES 5.00 X 0 0 CHRIS ROOKER 5.00 X TREASURER 0 DONALD RYAN DIRECTOR 5.00 0 143,800 1b Total Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization > 0 Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated 3 employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from 3 X the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 X Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of services Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0

Part VIII Statement of Revenue												
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514				
grants		1a Federated campaigns 1a 1b 1b										
gifts	d	Fundraising events Related organizations	1c									
Program Service Revenue Contributions,	e f	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above	1e	088,538								
Contrib	and similar amounts not included above 1f 1,000 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f				1,088,538							
ue	 ''	Total: Add intes 14 - 11		Buen Code		401000000000000000000000000000000000000						
ven	2a	PERFORMANCE PROGRAM	REVENUE	Busii. Cou	546,615							
e Re	b											
ξ	С											
n Se	d			-								
grar	e	All other programs contine rever										
Pro	'a	All other program service rever Total. Add lines 2a–2f			546.615							
	3	Investment income (including of			010,010		010000000000000000000000000000000000000					
		other similar amounts)		▶	1,491	1,491						
	4	Income from investment of tax-		proceed◆								
	5	Royalties						1				
		(i) Real	(11)	Personal								
	6a b	Gross Rents Less: rental exps.										
	C	Rental inc. or (loss)										
	_d	Net rental income or (loss)		<u>}</u>	***************************************	TARAMATAN ARTAN ARTA						
	7a	Gross amount from sales of assets (i) Securities	(ii) Other								
	_	other than inventory										
	b	Less: cost or other										
		Gain or (loss)										
		Net gain or (loss)		▶			**************************************	**************************************				
يو		Gross income from fundraising ever										
Revenue		(not including \$										
Re		of contributions reported on line 1c).	,	05 047								
		See Part IV, line 18	. a	85,047 21,052								
Othe		Less: direct expenses Net income or (loss) from fundr	alsing events		63 , 995	63,995						
		Gross income from gaming activities		,,,,,,	33,333		13					
		See Part IV, line 19				100000	in in the					
	b	Less: direct expenses										
		Net income or (loss) from gamin	ng a <u>ctivities .</u>)								
	10a	Gross sales of inventory, less			11,000							
	1.	returns and allowances	. a									
		Less: cost of goods sold Net income or (loss) from sales	of inventory									
	-	Miscellaneous Revenue	of inventory	Busn. Code								
	11a				was and the state of the state							
	b											
	C	***************************************										
	d	All other revenue										
	e 42				1,700,639	612,101	0					
-	12	Total Revenue. See instruction	19	<u>, </u>	±,,00,033	014,101						

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).												
	o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses								
1		···	1 1	<u> </u>									
-	organizations in the U.S. See Part IV, line 21												
2	Grants and other assistance to individuals in												
	the U.S. See Part IV, line 22												
3	Grants and other assistance to governments,												
_	organizations, and individuals outside the												
	U.S. See Part IV, lines 15 and 16												
4	Benefits paid to or for members		,										
5	Compensation of current officers, directors,				100000000000000000000000000000000000000								
Ū	trustees, and key employees	143,800	143,800										
6	Compensation not included above, to disqualified	113,000	1137000	-									
Ū	persons (as defined under section 4958(f)(1)) and												
	persons described in section 4958(c)(3)(B)												
7	Other salaries and wages	126,300	60,624	44,205	21,471								
8	Pension plan contributions (include section 401(k)	120,300	00,024	<u> </u>	<u> </u>								
o	and section 403(b) employer contributions)												
9	Other employee benefits												
10	Payroll taxes	27,235	18,520	8,715									
11	Payroll taxes Fees for services (non-employees):	21,233	10,320	0,713									
a a		9,620		9,620									
	Management	9,020		9,020									
D	Legal	3,380		3,380									
d	Accounting	3,300		3,300									
u	Lobbying Professional fundraising services. See Part IV, line 1	7											
f	Investment management fees	1	al al										
			· · · -		<u> </u>								
g 12	Other Advertising and promotion	55,751	· ·· ·		55,751								
13		9,447		9,358	89								
14	Office expenses Information technology	2,207		2,207	0.0								
15	Povaltice	2,201		2,201									
16	Royalties	48,421		48,421									
17	Occupancy Travel	5,284	5,284	10,121									
18	Payments of travel or entertainment expenses		3,201										
10	for any federal, state, or local public officials	'											
19	Conferences, conventions, and meetings	4,570	914	457	3,199								
20	· · · F	1,010	71.1	107	<u> </u>								
21	Interest Payments to affiliates												
22	Depreciation, depletion, and amortization	7,076		7,076									
23	Insurance	18,244	10,946	7,298									
		20,211	±0 , 0±0	, , 200									
24	Other expenses. Itemize expenses not												
	covered above. (Expenses grouped together												
	and labeled miscellaneous may not exceed												
	5% of total expenses shown on line 25 below)											
а	CONTRACT LABOR	830,817	424,906	405,911									
b	EDUCATION EXPENSE	112,029	112,029	,									
С	TAXES - SALES TAX	32,119	19,271	9,315	3,533								
d	PRINTING & REPRODUCTION	25,954	10,382	2,595	12,977								
. е				_,									
	All other expenses	58,911	21,744	24,979	12,188								
25	Total functional expenses. Add lines 1 through 24		828,420	583,537	109,208								
	Joint costs. Check here ▶ if following		,										
	SOP 98-2. Complete this line only if the												
	organization reported in column (B) joint costs from a combined educational campaign and	İ											
	fundraising solicitation												
DAA		-			Form 990 (2009)								

49225	33 20 6 / 20 5	Polono Chost	11/17	, 11VC Z.U	1-3/96011		Page II
	art_	X Balance Sheet			/A)		/p\
					(A) Beginning of year		(B) End of year
_	1	Cash—non-interest hearing			218,974	1	448,641
	2	Cash—non-interest bearing Savings and temporary cash investments	• • • • •		100,394		103,459
	3	Diadage and grants resolvable, not	• • • • •		100,334	3	103,433
	4	Pledges and grants receivable, net	41,277				
	5	Accounts receivable, net Receivables from current and former officers, directors	noe kou				
	"	employees, and highest compensated employees. Cor		=			
		Cahadula I		5			
	6	Receivables from other disqualified persons (as define					
		4958(f)(1)) and persons described in section 4958(c)(3					
	ŀ	Part II of Schedule L	6	1 3 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
Assets	7	Notes and loans receivable, net		7			
SS	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or	ſ				
	ľ	other basis. Complete Part VI of Schedule D	10a	140,191			
	b	Less: accumulated depreciation	10b	22,848	29 , 022	10c	117,343
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11		12			
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		219	15	2,549	
	16	<u>Total assets. Add lines 1 through 15 (must equal line 3</u>	34)		389,886	16	671,992
	17	Accounts payable and accrued expenses		17,228	17	6,745	
	18	Grants payable				18	
	19	Deferred revenue			65,189	<u> 19</u>	178,304
40	20	Tax-exempt bond liabilities				20	
<u>.</u>	21	Escrow or custodial account liability. Complete Part IV	of Sch	edule D		21	
Liabilities	22	Payables to current and former officers, directors, truste		-			
<u>a</u>		employees, highest compensated employees, and disq	ualifie	d			
	l	persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated thir				23	
	24	Unsecured notes and loans payable to unrelated third p	arties			24	
	25	Other liabilities. Complete Part X of Schedule D			00 417	25	105 040
8	26	Total liabilities. Add lines 17 through 25			82,417	26	185,049
ances		complete lines 27 through 29, and lines 33 and 34.	anu				
_	27	11			134,078	27	381,037
ĕ	28	Temporarily restricted net assets			173,391	28	105,906
þ	29				170,001	29	103,300
.5∣	LJ	Organizations that do not follow SFAS 117, check h	ere l	 T		23	
Ž		and complete lines 30 through 34.	C1 C 1_	J			
S	30	Capital stock or trust principal, or current funds		ĺ	***************************************	30	
šet	31	Paid-in or capital surplus, or land, building, or equipmen	 It fund			31	
\$5	32	Retained earnings, endowment, accumulated income, of	r othe	r funds		32	—
Net Assets or Fund Ba	33	Total net assets or fund balances	51110		307,469	33	486,943
Ne	34	Total liabilities and net assets/fund balances			389,886	34	671,992
—		. C.C., Smite o one not accontinue balance o , , , , , , , , , ,			203,000	<u></u>	0,1,002

Form **990** (2009)

Forn	n 990 (2009) TULSA SYMPHONY ORCHESTRA, INC 20-3798077		Pa	ge 12						
Pa	art XI Financial Statements and Reporting									
			Yes	No						
1	Accounting method used to prepare the Form 990:									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in									
Schedule O.										
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Χ						
b Were the organization's financial statements audited by an independent accountant?										
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of									
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	ĺ						
	If the organization changed either its oversight process or selection process during the tax year, explain in									
	Schedule O.									
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were									
	issued on a consolidated basis, separate basis, or both:									
	Separate basis X Consolidated basis Both consolidated and separate basis									
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1								
	the Single Audit Act and OMB Circular A-133?	3a		X						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the									
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b								
		Form	990	(2009)						

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2009

Department of the Treasury Internal Revenue Service

Name of the organization

TULSA SYMPHONY ORCHESTRA, INC

Employer identification number
20-3798077

P	art	l Reas	son for Public Chari	ty Status (All organization	ons mu	st com	plete t	his pa	rt.) Se	e ins	tructi	ons.		
The	orga	anization is no	ot a private foundation beca	use it is: (For lines 1 through 1	1, check	only one	box.)						-	
1		A church, co	onvention of churches, or a	ssociation of churches describe	ed in sect	ion 170(b)(1)(A)	(i).						
2	П	A school de	scribed in section 170(b)(I)(A)(ii). (Attach Schedule E.)		•		•						
3	П			vice organization described in:	section 1	70(b)(1)(A)(iii).							
4	Ħ	-		ted in conjunction with a hospit				0(b)(1)(A)(iii). E	Enter th	e host	oital's n	ame.	
	ш	city, and sta		-										
5				it of a college or university own	ed or one	rated by	a gover	nmental	unit de	 scribec	 I in			
_	ш		0(b)(1)(A)(iv). (Complete Pa				a govo.	· ····································		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
6	П			governmental unit described in	nsection	170(b)(1	\/ \ \\\\\							
7	H		-	-				or from	the ger	neral ni	ıhlic			
•	Ш	_	n organization that normally receives a substantial part of its support from a governmental unit or from the general public escribed in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	\Box			170(b)(1)(A)(vi). (Complete P	art II \									
9	X					nm contril	hutions	membe	rshin fe	es and	d aross	:		
ŭ	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 exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its													
				and unrelated business taxable										
			•	30, 1975, See section 509(a)(•		tan, no	200	100000				
10	\Box		_	d exclusively to test for public s				(4).						
11	H	_	•	d exclusively for the benefit of,	-				arrv ou	t the				
•	ш	-		orted organizations described in	•				-		tion			
				the type of supporting organiz										
		а Туре	F-1	c Type III-Function			d		e III–O					
е	П		<u> </u>	rganization is not controlled dir			y one o							
	ш			rs and other than one or more p							ction			
			section 509(a)(2).											
f		If the organiz	zation received a written de	termination from the IRS that it	is a Type	e I, Type	II, or Ty	pe III su	pporting	g				
		organization	, check this box											
g		Since Augus	st 17, 2006, has the organiz	ation accepted any gift or cont	ribution fr	om any o	f the							
		following pe	rsons?											
				controls, either alone or togethe									Yes	No
		and (iii)	below, the governing body	of the supported organization?								11g(i)	igsqcup	ļ
		(ii) A family	member of a person descr	ibed in (i) above?								11g(ii)	<u> </u>	
		(iii) A 35% d	controlled entity of a person	described in (i) or (ii) above?								11g(iii		İ
h		Provide the	following information about	the supported organization(s).										
1 (i)		of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		ls the	((vii) Am		f
	orga	anization		(described on lines 1–9 above or IRC section		sted in your document?		of your	organizat (i) organi	zed in the		supp	ort	
				(see instructions))				port?	 	S.?				
					Yes	No	Yes	No	Yes	No				
						1								
				-										
						}								
					 	 	<u> </u>	<u> </u>	 					
					1									
		· -			1									
					1									
T-4-1	ı				j.									

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

Schedule A (Form 990 or 990-EZ) 2009

Sch	edule A (Form 990 or 990-EZ) 2009 TU	JSA SYMPH	ONY ORCHE	STRA, IN		<u>-3798077 </u>	Page 2
P	Support Schedule for (Complete only if you cl					and 170(b)(1)(<i>l</i>	\)(vi)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	,					
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			######################################			
11	- ,						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	_					. □
500	organization, check this box and stop he tion C. Computation of Public S	re	ntage	<u></u>			
				(f))		14	%
14 45	Public support percentage for 2009 (line 6	o, column (I) aivide	ea by line 11, colu na 14	mn (1))	• • • • • • • • • • • • • • • • • • • •	15	
15 16a	Public support percentage from 2008 Sch 33 1/3 % support test—2009. If the orga	nization did not ob	upok the boy on lin		is 22 1/2 % or mo	ro, chack this boy	
Ioa							▶ □
h	and stop here. The organization qualifies 33 1/3 % support test—2008. If the orga						
b	box and stop here. The organization qua			ration			▶ □
17a	10%-facts-and-circumstances test—20				16a or 16h and I		
1/4	more, and if the organization meets the "f	_					
	organization meets the "facts-and-circums						▶ □
b	10%-facts-and-circumstances test—20						► ⊔
.,	more, and if the organization meets the "f						. .
	organization meets the "facts-and-circums					ation	▶ □
18	Private foundation. If the organization di						▶
	- Trace roundation in the organization di	G HOL GHOOK & DOX	C. mio 10, 10d, 1				

Schedule A (Form 990 or 990-EZ) 2009

-	ridd iiriob ra drid rb							
8	Public support (Subtract line 7c from line 6.)						6,619,739	
Sec	tion B. Total Support							
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9	Amounts from line 6	377,495	1,150,033	1,631,234	1,740,777	1,720,200	6,619,739	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	619	2,753	330	1,951	1,491	7,144	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	619	2,753	330	1,951	1,491	7,144	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	204					204	
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)	378,318	1,152,786	1,631,564	1,742,728	1,721,691	6,627,087	
14	First five years. If the Form 990 is for the							
	organization, check this box and stop he	re		<u></u>			▶ 📙	
Sec	tion C. Computation of Public S	Support Perce	entage					
15	Public support percentage for 2009 (line	B, column (f) divide	ed by line 13, colu	mn (f))		15	99.89%	
16	Public support percentage from 2008 Sch						99.88%	
Sec	tion D. Computation of Investm	ent Income P	ercentage					
	Investment income percentage for 2009 (line 10c, column (f) divided by line 1	3, column (f))		17	.1078 <u>%</u>	
18	Investment income percentage from 2008					1 40 1	1152 <u>%</u> _	
19a	33 1/3 % support tests—2009. If the org	anization did not d						
	17 is not more than 33 1/3 %, check this I	box and stop here	. The organization	n qualifies as a pu	blicly supported o	rganization	▶ 🗓	
b	33 1/3 % support tests—2008. If the org	anization did not c	heck a box on line	e 14 or line 19a, a	nd line 16 is more	than 33 1/3 %, and	i	
	line 18 is not more than 33 1/3 %, check to	this box and stop l	here. The organiz	ation qualifies as a	a publicly supporte	ed organization	▶ □	
20	Private foundation. If the organization di							
DAA	·				Sch	edule A (Form 990	or 990-EZ) 200	
						•	•	

Schedule A	(Form 990 or 99	0-EZ) 2009 TU	LSA SYMPH	IONY ORC	CHESTRA,	, INC	20-379807	7 Page 4
Part IV	Part II, lin	entar informa e 17a or 17b;	; and Part III, I	e this part i ine 12. Pro	ιο provide ι vide any ot	ne explanation her additional	ns required by Painformation. See	instructions.
DART			THER INCO					
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Nam	ne of the organization		Employer identification number
т	ULSA SYMPHONY ORCHESTRA, INC		20-3798077
	art I Organizations Maintaining Donor Advised the organization answered "Yes" to Form 9:	l Funds or Other Similar Fund 90, Part IV, line 6.	s or Accounts. Complete if
_		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	g that the assets held in donor advised	
	funds are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization Inform all grantees, donors, and donor adviso	rs in writing that grant funds can be	
	used only for charitable purposes and not for the benefit of the dor	· · · · · · · · · · · · · · · · · · ·	
	purpose conferring impermissible private benefit?		Yes No
P:	art II Conservation Easements. Complete if the	<u>organization answered "Yes" to</u>	Form 990, Part IV, line 7.
1			
	Preservation of land for public use (e.g., recreation or pleasure		
	Protection of natural habitat	Preservation of certified histor	ric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contribution in the form of a	conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
a	***************************************		
b			2b
C			
d	· · ·		
3	Number of conservation easements modified, transferred, released	a, extinguished, or terminated by the orga	anization during
	the taxable year >	Ata landad N	
4	Number of states where property subject to conservation easemen		
5	Does the organization have a written policy regarding the periodic		Yes No
	violations, and enforcement of the conservation easements it holds		
6	Staff and volunteer hours devoted to monitoring, inspecting, and er	morcing conservation easements during	ille year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	ing conservation easements during the	year.
,	S	ing conservation easements during the y	real
8	Does each conservation easement reported on line 2(d) above sati	isfy the requirements of section	
Ü	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIV, describe how the organization reports conservation ea		
3	balance sheet, and include, if applicable, the text of the footnote to		
	the organization's accounting for conservation easements.		
Pa	art III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
escator.	Complete if the organization answered "Yes	s" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not to re	port in its revenue statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public exhib		
	provide, in Part XIV, the text of the footnote to its financial statement	nts that describes these items.	
b	If the organization elected, as permitted under SFAS 116, to report		neet works of art,
	historical treasures, or other similar assets held for public exhibition	n, education, or research in furtherance o	of public service,
	provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		• \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasures	s, or other similar assets for financial gain	n, provide the
	following amounts required to be reported under SFAS 116 relating		
а	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		• \$
b	Assets included in Form 990, Part X		• \$

Sch	edule D (Form 990) 2009 TULSA SYM	PHONY ORCHE	ESTRA, INC		20-37	98077	Page 2
P	art III Organizations Maintaining	g Collections of	Art, Historical	Treasu	res, or Ot	her Simila	r Assets (continued)
3	Using the organization's acquisition, accessi collection items (check all that apply):	on, and other records,	check any of the fo	llowing th	at are a sign	ificant use of	its
а	Public exhibition	d 🗌 Loa	n or exchange prog	rams			
b			ier				
c	用。	о <u> </u>	···				_
4	Provide a description of the organization's co	ellections and explain h	now they further the	organiza	tion's exemp	t purpose in	
5	During the year, did the organization solicit o	r receive donations of	art, historical treasu	res, or ot	her similar		Yes No
Pa	assets to be sold to raise funds rather than to	angements. Con	plete if the organization	anizatio	on answei	ed "Yes" t	o Form 990, Part
	IV, line 9, or reported an ar						
1a	Is the organization an agent, trustee, custodi						
	included on Form 990, Part X?		· · · · · · · · · · · · · · · · · · ·				Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the follo	wing table:				
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	-
е	Distributions during the year					1e	
f	Ending balance					1f	
	Did the organization include an amount on Fo	orm 990 Part X line 2	17				Yes No
-u	If "Yes," explain the arrangement in Part XIV.	2111 000, 1 dit 21, iii 0 2	**	• • • • • • • •			[] 165 [] NO
	irt V Endowment Funds. Comp		n answered "V	es" to F	orm 990	Part IV lin	ne 10
	Endownient i unus. Comp	(a) Current year	(b) Prior year				s back (e) Four years back
4.	Danimina of transhalana	· · · · · ·	·····				S Dack (e) Four years back
ıa	Beginning of year balance						
a	Contributions						
С	Net investment earnings, gains,						
	and losses						
d	Grants or scholarships			_			
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
	End of year balance						
2	Provide the estimated percentage of the year	end balance held as:					
а	Board designated or quasi-endowment ▶	%					
b	Permanent endowment ▶ %						
	Term endowment ▶%						
	Are there endowment funds not in the posses	sion of the organization	n that are held and	administe	ered for the		
	organization by:	olon or the organization	and and more and		7,00,10, 1,10		Yes No
	•						
	(i) unrelated organizations						30(ii)
L	(ii) related organizations	listed se required on 6	Cabadula DO			• • • • • • • • • • • • • • • • • • • •	3a(ii)
4	n res to sa(ii), are the related organizations	iisted as required on a	ochedule Kr			• • • • • • • • • • • • • • • • • • • •	[3b]
	Describe in Part XIV the intended uses of the	organization's endowr	ment funds.	000 0	lart V line	10	
га	rt VI Investments—Land, Buildi						
	Description of investment	(a) Cost or other basis	1 ' '		` '	umulated	(d) Book value
		(investment)	basis (othe	ər)		ciation	
1a	Land						
b	Buildings						
C	Leasehold improvements						
d	Equipment		140	,191		22,848	117,343
е	Other						<u> </u>
	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X	, column (B), line 10	(c).)		.	117,343

Schedule D (Form 990) 2009 TULSA SYMPHONY ORCHE		20-3798077	Page 3
Part VII Investments—Other Securities. See Form 9			
(a) Description of security or category	(b) Book value	(c) Method o	
(including name of security)		Cost or end-of-year	ar market value
Financial derivatives			
Closely-held equity interests			
Other			
	_		
		·	<u>-</u> .
		<u> </u>	
T (1 (0) (1) (1) (1) (2)	+		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	000 D-4 V B 40		
Part VIII Investments—Program Related. See Form			
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
	<u> </u>	Cost of end-di-yea	ir market value
	1		
	+		
	-		
	 	<u> </u>	-
	+		
	1		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15			
(a) Description		j	(b) Book value
(4) = 500 (1) (4)			(b) book faids
· · · ·			
· · ·			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		•	
Part X Other Liabilities. See Form 990, Part X, line	25.		
1. (a) Description of liability	(b) Amount		
Federal income taxes			
	-		
	· · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			
, , , , , , , , , , , , , , , , , , , ,			

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sche	<u>dule D (Form 990) 2009 TULSA SYMPHONY ORCHESTRA, IN</u>	<u>1C</u>	<u> 20-3798077</u>		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990			emen	its
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	1,700,639
2	Total expenses (Form 990, Part IX, column (A), line 25)		Γ	2	1,521,165
3	Excess or (deficit) for the year. Subtract line 2 from line 1		Г	3	179,474
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments		[7	
8	Other (Describe in Part XIV.)			8	
9	Total adjustments (net). Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an	d 9		10	179,474
Pε	Reconciliation of Revenue per Audited Financial State	ments Wi	th Revenue per F	Returi	n
1	Total revenue, gains, and other support per audited financial statements			1	1,721,691
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	21,052		
	Add lines 2a through 2d			2e	21,052
3	Subtract line 2e from line 1			3	1,700,639
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
	Add lines 4a and 4b			c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,700,639
	TXIII Reconciliation of Expenses per Audited Financial State				
1	Total expenses and losses per audited financial statements			1	1,542,217
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIV.)	2d	21,052		
e	Add lines 2a through 2d			e l	21,052
3	Subtract line 2e from line 1			3	1,521,165
4	Amounts included on Form 990, Part IX, line 25, but not on line1:	T			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV.)	4b			
	A 1 C 4 L-		4	·C	
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,521,165
	t XIV Supplemental Information				1,021,100
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a and	1 1: Part IV lines 1h		
	o; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,				
	irt to provide any additional information.	, iiiies zu and	1 4b. Also complete		
	•	s – Отт	JPD		
P <u>F</u>	<u>RT_XI, LINE 8 - RECONCILIATION OF CHANGES</u>	2011	16.12		
$D_{\underline{I}}$	RECT EXPENSES FROM FUND RAISING EVENTS			<u> </u>	<u>21,052</u>
<u>П</u>	RECT EXPENSES FROM FUND RAISING EVENTS			² — —	21,052
	DELVENUE AMOUNTE INCILIE				
<u> </u>	<u>RT_XII, LINE_2D - REVENUE_AMOUNTS_INCLUDE</u>	יה דו <i>ו</i> ד	: T	01	· u 다 다
ĎΊ	RECT EXPENSES FROM FUND RAISING EVENTS		5	}_ _	21,052
					
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Sc	hedu Part	ıle l •XI	D (F	orm	990 Uni	2) 20 a le i	009 me	T nta	UL Un	SA for	S	YM tion	IPH n (c	ION ont	IY inu	OF ed)	RCF	1ES	STE	RA,	_]	NC			2	0-3	79	80	<u>77</u>					Pag	ge 5
-	P <u>A</u> I	RT	<u>_X</u>	IJ	Ι,	_]	ΙIJ	Ν <u>E</u>	<u>2</u> :	D_		Е <u>Х</u>	PE.	NS:	E_	<u>A</u> M	<u>O</u> U	<u>N</u> T	<u>'S</u>	ĪΝ	<u>C</u> L	<u>UDI</u>	ΞD_	IN	I _F:	<u>[NĀ</u>	N <u>C</u>	Ι <u>Α</u> Ι	և <u>Տ</u>	=	<u>O</u>]	<u>'H</u> E	<u>R</u> _	- –	_
_	DIF	<u>RE</u>	C <u>T</u>	E	XI	<u>1</u> 3°	1 <u>S</u> I	Ξ <u>S</u>	<u>F</u>	R <u>O</u> :	M_ :	F <u>U</u>	ND	<u>R</u>	AΙ	<u>S</u> I	<u>N</u> G	_E	<u>V</u> E	<u>И</u> Т	<u>s</u> .			_	_		- –	_	_5	-	_		21	<u>. 05</u> :	<u>2</u>
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Name of the organization TULSA SYMPHONY OR	CHECUDY	TNIC	٠,		20-37980	ification number ハフワ
E 1 1 1 4 (2.11) O	e if the organiz	ation	an:	swered "Yes" to		
Form 990-EZ filers are not requir	ed to complete	this	par	t	orm ood, r are r	, into 17,
1 Indicate whether the organization raised funds through	gh any of the follow	ing a	ctivitie	es. Check all that appl	y.	
a Mail solicitations	e Solicitation	of no	on-go	vernment grants		
b Internet and email solicitations	f Solicitation	n of go	vern	ment grants		
c Phone solicitations	g Special fu	ndrais	ing e	vents		
d In-person solicitations						
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or enti	t with any individua ty in connection wi	ıl (incl th pro	uding fessio	officers, directors, tru onal fundraising servic	stees es?	Yes No
b If "Yes," list the ten highest paid individuals or entities to be compensated at least \$5,000 by the organization		uant 1	o agr	eements under which	the fundraiser is	
(i) Name of individual or entity (fundraiser)	(ii) Activity	raise custo	d fund- r have ody or rol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
					•	
		┢				
		İ				
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		;				
						1
						<u> </u>
Total 3 List all states in which the organization is registered o registration or licensing.			or ha	as been notified it is e	xempt from	<u></u>
	• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •		

_		le G (Form 990 or 990-EZ	2) 2009 TULSA SYMP	HONY ORCHI	ESTRA,	INC 20	-3798077 Page 2 art IV, line 18, or reported
F	art	II Fundraising	Events. Complete if the o 5,000 on F <u>orm 99</u> 0-EZ, li	rganization ans	wered "Ye	s" to Form 990, P	art IV, line 18, or reported
	Ι	more man φ	(a) Event #1	(b) Ever		(c) Other events	51 than \$5,000.
			(,			(-,	(d) Total events
			VIVALDI SOCIETY	<u> </u>		NONE	(add col. (a) through
ā		•	(event type)	(event ty	pe)	(total number)	col. (c))
Revenue	١.	_	0 - 0 4 7				05 047
æ	1 2	Gross receipts Less: Charitable	85,047	+			85,047
	_	contributions					
	3	Gross revenue (line 1					
		minus line 2)	85 , 047				85,047
				İ			
	4	Cash prizes					
	5	Noncash prizes					
	,	Noncash prizes			· · · · - · · · · · · · · · · · · · · ·		
ses	6	Rent/facility costs					
Sens							
Ä	7	Food and beverages					
Direct Expenses		_ , , .					
Ճ	8	Entertainment					
	9	Other direct expenses	21,052				21,052
						•	
	10	Direct expense summar	y. Add lines 4 through 9 in colum	n (d)			21,052) 63,995
-	11 art	Net income summary. C	ombine line 3, column (d), and line opposite the organization a	ne 10	to Form 0	00 Dort IV line 10	63,995
МЛ	arıı	than \$15,000	on Form 990-EZ, line 6a.	inswered res	to rom 9:	90, Part IV, line 18	e, or reported more
0)		11di 4 10 30 3	•	(b) Pull tabs	instant	(-) (2)	(d) Total gaming (Add
Revenue		<u>_</u>	(a) Bingo	bingo/progress	ive bingo	(c) Other gaming	col. (a) through col. (c))
Rev							
	1	Gross revenue					
s	2	Cash prizes					
nse	-	Cash phaces			-		
xbe	3	Noncash prizes					
ect Expenses							
Öİ	4	Rent/facility costs					
	5	Other direct expenses		•			
	<u> </u>	Other direct expenses	Yes %	Yes	%	Yes	%
	6	Volunteer labor	No	No		No	
	7	Direct expense summary	y. Add lines 2 through 5 in column	ո (d)			P ()
	8	Net gaming income sum	mary. Combine line 1, column d,	and line 7			•
	<u> </u>	, 101 gar, g <u></u>					Yes No
9	Ent	ter the state(s) in which th	e organization operates gaming	activities:			
а	ls t	he organization licensed t	to operate gaming activities in ea	ch of these states?			9a
b	If "N	No," Explain:					
100		ro any of the organization	's gaming licenses revoked, sus		d during the t		
10a b		re any of the organization Yes," Explain:	ra gaming ildenses revoked, susp	Jenueu Or terminate	ច ចាមអាម្ម អាម ដ	an year :	IVd
	'	. 23)					
11 12	Doe	es the organization operat	te gaming activities with nonmem beneficiary or trustee of a trust o	bers?			

Sch	edule G (Form 990 or 990-EZ) 2009 TULSA SYMPHONY ORCHESTRA, INC	20-379	8077	P	age 3
				Yes	No
13	Indicate the percentage of gaming activity operated in:				
а	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	Provide the name and address of the person who prepares the organization's gaming/special events boo	oks			
	and records:				
	Name		.		
	Address >				
			11111111		
15a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?		. 15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the			
	amount of gaming revenue retained by the third party▶ \$				
C	If "Yes," enter name and address of the third party:				
	Name				
	Address ▶				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
_	retain the state gaming license?		. 17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or sp	ent			
	in the organization's own exempt activities during the tax year▶ \$	Cabadula C /Far			

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

OMB No. 1545-0047
2009

Department of the Treasury Internal Revenue Service

Name of the Organization

.

Employer Identification number

TULSA SYMPHONY ORCHESTRA, INC 20-3798077

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees										
(A) Name and Title	(B) Average hours	Pos	ition	(ched	C) :k all	that a	ylga	(D) Reportable	(E) Reportable	(F) Estimated
wane and mile	perweek	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BRUCE SCHULZE DIRECTOR	5.00	Х						0	0	0
JOAN SEAY DIRECTOR	5.00	Х						0	0	0
WILLIAM SHAMBAUGH DIRECTOR	5.00	Х						0	0	0
JOE ST. JOHN DIRECTOR	5.00	Х						0	0	0
ADRIENNE WATT DIRECTOR	5.00	Х						0	0	0
ALBERT WEBSTER DIRECTOR	5.00	Х						0	.0	0
JOSEPHINE WINTER DIRECTOR	5.00	Х						0	0	0
										<u> </u>
										1
									· 	
										_

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

TULSA SYMPHONY ORCHESTRA, INC 120-3798077
FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS
OUTREACH CONCERTS IN AREA SCHOOLS, RETIREMENT CENTERS,
HOSPITAL, AND OTHER COMMUNITY VENUES. OF SPECIAL NOTE IS
BRAVO BRASS PERFORMANCE/COACHING TO STUDENTS AT OAKS
MISSION SCHOOL IN DELAWARE COUNTY. 90% OF THAT SCHOOL'S
STUDENTS ARE NATIVE AMERICAN. PLANS ARE UNDERWAY TO
RE-ESTABLISH SYMPHONY AT SUNSET (PARTNERSHIP WITH TULSA
SOUTHSIDE ROTARY CLUB). COACHING/MENTORING FOR STUDENT
MUSICIANS AT BARTHELMES CONSERVATORY, AND TULSA YOUTH
SYMPHONY GUILD. RE-ESTABLISHMENT OF SYMPHONY SET FOR HIGH
SCHOOL JUNIORS AND SENIORS.
FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
FORM 990 IS REVIEWED BY APPOINTED MEMBERS OF THE BOARD OF DIRECTORS PRIOF
TO FILING.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
AN INTERESTED PERSON HAS THE DUTY TO DISCLOSE ANY ACTUAL OR POSSIBLE
CONFLICT OF INTEREST TO THE GOVERNING BOARD, AS PROVIDED IN THE COMPANY'S
CONFLICTS OF INTEREST POLICY. THE BOARD REGULARLY AND CONSISTENTLY
MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY ON A PERIODIC BASIS
DISCLOSED IN THE POLICY.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
COMPENSATION OF DIRECTORS AND TOP OFFICIALS IS DISCLOSED IN THE COMPANY'S

Schedule O (Form 990) 2009	Page 2
Name of the organization TULSA SYMPHONY ORCHESTRA, INC	Employer Identification number 20-3798077
CONFLICTS OF INTEREST POLICY.	
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR COMPENSATION PROCESS FOR OFFICERS IS DISCLOSED IN THE OF INTEREST POLICY.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISC	LOSURE EXPLANATION

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Attachment Seguence No. 67

Nam	e(s) shown on return	CAMDITONIA	אסטונייטייט א דא	TC.			ing number 3798077
			ORCHESTRA, IN	10		120-3	130011
	ness or activity to which this form relate						
ALCOHOLD SECTION	NDIRECT DEPRECIA		anastu IInday Caat	an 170			
			operty Under Sect		var samanist	- D	
_			erty, complete Part				1 250 000
1	Maximum amount. See the instru						1 250,000
2	Total cost of section 179 propert	y placed in service (see instructions)			⊨	2
3	Threshold cost of section 179 pr	operty before reduct	ion in limitation (see inst	ructions)			800,000
4	Reduction in limitation. Subtract	line 3 from line 2. If a	zero or less, enter -0-			·····	4
5	Dollar limitation for tax year. Subtract						5
6	(a) Description	on of property	(b) Co	st (business u	se only) (c) E	lected cost	
					 		
7	Listed property. Enter the amour				7		_
8	Total elected cost of section 179						8
9	Tentative deduction. Enter the sr						9
10	Carryover of disallowed deduction						10
11	Business income limitation. Ente						11
12	Section 179 expense deduction.						12
13	Carryover of disallowed deduction			<u></u>	13		
****	e: Do not use Part II or Part III belo			· 41 /D	4 5 1	l' 4 l	() (O ()
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			and Other Deprec			iistea pro	perty.) (See Instr.)
14	Special depreciation allowance for					İ	
	during the tax year (see instruction						<u>14</u> C
15	Property subject to section 168(f)(1) election					15
16	Other depreciation (including AC						16 C
H	art III MACRS Deprecia	ition (Do not inc	clude listed propert	/.) (See in	istructions.)		
			Section A				<u></u>
17	MACRS deductions for assets plant					· · · · · · · · · · · · · · · · · · ·	<u>17 6,920</u>
<u>18</u>	If you are electing to group any assets					L. L. Lorent	
-	Section 6—As	(b) Month and year	vice During 2009 Tax Y		· · · · · · · · · · · · · · · · · · ·	eciation sy	/stein
	(a) Classification of property	placed in	(business/investment use	(d) Recovery	(e) Convention	(f) Metho	d (g) Depreciation deduction
		service	only-see instructions)	period	 		
<u>19a</u>	3-year property		5 077) 5 A	NANA	СТ	150
<u>b</u>	5-year property		5,072		MM	SL_	150
_ <u>c</u>	7-year property	-1.::	325	7.0	MM	SL	8
	10-year property	-		+			
	15-year property			 			
<u>_f</u>				05::::	 	011	-
<u>g</u>	25-year property			25 yrs.		S/L	
h	Residential rental property	<u> </u>		27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	·
i	Nonresidential real			39 yrs.	MM	S/L	
	property	-4- Disease in Osmai	D 0000 T V-		MM	S/L	<u> </u>
		ets Placed in Servi	ce During 2009 Tax Ye	ir Using the	Alternative Dep		oystem
	Class life			10	 	S/L	
	12-year			12 yrs.	<u> </u>	S/L	
	40-year			40 yrs.	l MM l	S/L	
	irt IV Summary (See in					 1.	n.
21	Listed property. Enter amount fro					· · · · · · · · · · · · · · · · · · ·	21
22	Total. Add amounts from line 12,	_				I .	7 070
	and on the appropriate lines of yo				ons	1 4	2 2 7,078
23	For assets shown above and place portion of the basis attributable to			10	23		
	Political di uno puolo dittibutable te						

TUL06C01 Tulsa Symphony Orchestra, Inc 20-3798077 **Federal Statements**

2/22/2011 11:18 AM

FYE: 6/30/2010

Taxable Interest on Investments

Description	 Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
INTEREST INCOME	\$ 1,491			OK	
TOTAL	\$ 1,491				

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TUL06C01 Tulsa Symphony Orchestra, Inc 20-3798077 FYE: 6/30/2010

Federal Statements

	Fund Raising	\$ 7.63.7	607.8		758	\$ 12,188
	Management & General	\$ 13,535	1,363	3,446 3,504 1,127	583 408	406 65 \$ 24,979
f - All Other Expenses	Program Service	\$ 10,192	5,453		1,857	\$ 21,744
Form 990, Part IX, Line 24f - All Other Expenses	Total Expenses	\$ 13,535 10,192 7,637	6,816 5,419	3,829 3,504 2,817	28074	\$ 58,911
	Description	BANK SERVICE CHARGES MEALS & ENTERTAINMENT TELEMARKETING EXPENSE	TELEPHONE POSTAGE & DELIVERY	EQUIPMENT RENTAL PAYROLL PROCESSING FEES DUES & SUBSCRIPTIONS	LICENSES & PERMITS PRODUCTION OTHER EXPENSE MISCELLANEOUS REPAIRS	TAXES – PROPERTY DEVELOPMENT EXPENSE TOTAL

Forms 990 / 990-EZ Return Summary

For calendar year 2009, or tax year beginning 07/01/09 , and ending 06/30/10

TITT.SA G	SYMPHONY ORCH	FSTRA TNC		0-379807	77
Net Asset / Fund Balance at Be		TIVE TIVE	,		307 , 469
Revenue					
Contributions	1	,088,538			
Program service revenue		546,615			
Investment income	·	1,491			
Capital gain / loss					
Special events:	05 045				
Gross revenue	85,047				
Direct expenses	21,052	62 005			
Net income	<u></u>	63,995			
Other income	-	63,995	1 000	62.0	
Total revenue			1,700	<u>,639</u>	
Expenses		000 400			
Program services		828,420			
Management and general		583,537			
Fundraising		109,208	4 504	1.65	
Total expenses			1,521	<u>, 165</u>	150 454
Excess / (deficit)				_	179,474
				_	
Other changes					
_	Balance at End of Year			=	486,943
_			Reco	≕ enciliation of E	
Net Asset / Fund	Revenue	Total e:	Reco xpenses per fina		xpenses
Net Asset / Fund Reconciliation of	Revenue	Total e: Less:			xpenses
Net Asset / Fund Reconciliation of otal revenue per financial statemer	Revenue	Less:			xpenses
Net Asset / Fund Reconciliation of otal revenue per financial statemer ess:	Revenue	Less: Doi	xpenses per fina	ancial statemen	xpenses
Net Asset / Fund Reconciliation of otal revenue per financial statemer ess: Unrealized gains	Revenue nts 1,721,691	Less: Doi Prid	xpenses per fina	ancial statemen	expenses tts 1,542,217
Net Asset / Fund Reconciliation of otal revenue per financial statemer ess: Unrealized gains Donated services	Revenue	Less: Doi Prid	xpenses per fina nated services or year adjustme sses	ancial statemen	expenses tts 1,542,217
Net Asset / Fund Reconciliation of otal revenue per financial statementess: Unrealized gains Donated services Recoveries Other	Revenue nts 1,721,691	Less: Doi Prid Los	xpenses per fina nated services or year adjustme sses	ancial statemen	xpenses
Net Asset / Fund Reconciliation of otal revenue per financial statementess: Unrealized gains Donated services Recoveries Other	Revenue nts 1,721,691	Less: Doi Prid Los Oth Plus:	xpenses per fina nated services or year adjustme sses	ancial statemen	expenses ts 1,542,217
Reconciliation of otal revenue per financial statements: Unrealized gains Donated services Recoveries Other us: Investment expenses Other	Revenue nts 1,721,691	Less: Doi Prid Los Oth Plus:	xpenses per fina nated services or year adjustme sses eer estment expens eer	ancial statemen ents es	Expenses ts 1,542,217
Reconciliation of otal revenue per financial statements: Unrealized gains Donated services Recoveries Other us: Investment expenses	Revenue nts 1,721,691	Less: Doi Pric Los Oth Plus: Inve	xpenses per fina nated services or year adjustme sses eer estment expens	ancial statemen ents es	Expenses ts 1,542,217
Reconciliation of otal revenue per financial statements: Unrealized gains Donated services Recoveries Other lus: Investment expenses Other	Revenue nts 1,721,691	Less: Doi Prid Los Oth Plus: Invi	xpenses per fina nated services or year adjustme ises eer estment expens er Total expense	ancial statemen ents es	Expenses ts 1,542,217
Reconciliation of otal revenue per financial statements: Unrealized gains Donated services Recoveries Other us: Investment expenses Other	Revenue nts 1,721,691 21,052	Less: Doi Prid Los Oth Plus: Invi Oth	xpenses per fina nated services or year adjustme ises eer estment expens er Total expense	ents es es s per return	Expenses ts 1,542,217
Reconciliation of otal revenue per financial statementess: Unrealized gains Donated services Recoveries Other us: Investment expenses Other Total revenue per return	Revenue nts 1,721,691 21,052 1,700,639 Beginning	Less: Doi Pric Los Oth Plus: Invi Oth Balance She Ending	xpenses per fina nated services or year adjustme ses ser estment expens er Total expense	ancial statemen ents es	Expenses ts 1,542,217
Reconciliation of otal revenue per financial statementess: Unrealized gains Donated services Recoveries Other lus: Investment expenses Other Total revenue per return Assets	Revenue nts 1,721,691 21,052 1,700,639 Beginning 389,886	Less: Doi Pric Los Oth Plus: Invo Oth Balance She Ending 671,	xpenses per final stated services or year adjustments es services estment expensiver Total expense et	ents es es s per return	Expenses ts 1,542,217
Reconciliation of otal revenue per financial statementess: Unrealized gains Donated services Recoveries Other tus: Investment expenses Other Total revenue per return Assets Liabilities	Revenue nts 1,721,691 21,052 1,700,639 Beginning 389,886 82,417	Less: Doi Pric Los Oth Plus: Invo Oth Balance She Ending 671, 185,	expenses per final specifies or year adjustments esserties estment expension Total expense et 992	ents es s per return Differences	21,052 1,521,165
Reconciliation of otal revenue per financial statementess: Unrealized gains Donated services Recoveries Other lus: Investment expenses Other Total revenue per return Assets	Revenue nts 1,721,691 21,052 1,700,639 Beginning 389,886 82,417	Less: Doi Pric Los Oth Plus: Invo Oth Balance She Ending 671,	expenses per final specifies or year adjustments esserties estment expension Total expense et 992	ents es es s per return	21,052 1,521,165
Reconciliation of otal revenue per financial statemer ess: Unrealized gains Donated services Recoveries Other lus: Investment expenses Other Total revenue per return Assets Liabilities	Revenue its 1,721,691 21,052 1,700,639 Beginning 389,886 82,417 307,469	Less: Doi Pric Los Oth Plus: Invo Oth Balance She Ending 671, 185,	expenses per final specifies or year adjustments esserties estment expension Total expense et 992	ents es s per return Differences	21,052 1,521,165
Reconciliation of otal revenue per financial statemer ess: Unrealized gains Donated services Recoveries Other lus: Investment expenses Other Total revenue per return Assets Liabilities	Revenue its 1,721,691 21,052 1,700,639 Beginning 389,886 82,417 307,469	Less: Doi Pric Los Oth Plus: Invo Oth Balance She Ending 671, 185, 486,	expenses per final specifies or year adjustments esserties estment expension Total expense et 992	ents es s per return Differences	21,052 1,521,165
Reconciliation of otal revenue per financial statemer ess: Unrealized gains Donated services Recoveries Other lus: Investment expenses Other Total revenue per return Assets Liabilities	Revenue its 1,721,691 21,052 1,700,639 Beginning 389,886 82,417 307,469 Miscellaneo	Less: Doi Pric Los Oth Plus: Invi Oth Balance She Ending 671, 185, 486,	expenses per final expenses per year adjustment expenses per year adjustment expenser per year adjustment expenser per year adjustment expenser per year adjustment expenser per year adjustment expenser per year adjustment expenser per year adjustment expenser per year adjustment expenser per year adjustment expenser per year adjustment expense per year adjustment	ents es s per return Differences	21,052 1,521,165