Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

beginning 07/01/21 , and ending 06/30/22

<u>A</u> _		O Name of accordant to	30/2	. <u>4</u>	D Emple	ver identific	cation number							
$\overline{}$		парилеше.	Name of organization D Employer Identification number CHAMBER MUSIC TULSA											
Ш	Address					44409	140							
	Name c	Change Doing business as	r	Room/suite		* * * 3]								
	Initial re	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 14560					-3802							
	Final re termina	ated												
		TULSA OK 74159			G Gross	receipts \$	521,022							
\equiv		P Name and address of principal officer.		H(a) Is this a gr	nun return fo	r subordinate	es? Yes X No							
\square	Applica	ation pending MORELLA, KYM		Infa) is this a gi	oup rotum k	i duboromus	= =							
		P.O. BOX 14560		H(b) Are all sul			Yes No							
		TULSA OK 74159		If "No.	" attach a ti	st. See instr	uctions							
$\overline{}$	Tax-ex	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	,	1										
<u>.</u>		ite: CHAMBERMUSICTULSA.ORG		H(c) Group exe	emption nur	nber 🕨								
ĸ		of organization: X Corporation Trust Association Other	LY	ear of formation: 1			e of legal domicile: OK							
	art I													
2000-0		Briefly describe the organization's mission or most significant activities:												
	'	CHAMBER MUSIC TULSA PRESENTS OUTSTANDING CHAMBER M	TISTC	CONCERTS	AND									
ည		EDUCATIONAL EXPERIENCES FOR THE APPRECIATION AND E												
Governance		***************************************		TENT OF 1										
Ver	١.	COMMUNITY.		· · · · · · · · · · · · · · · · · · ·										
Ô	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more	tnan 25	% of its net as		1 17								
త	3													
Activities	4	Number of independent voting members of the governing body (Part VI, line 1b)												
ž	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5									
퍙	6	Total number of volunteers (estimate if necessary)		6	36									
٩			unrelated business revenue from Part VIII, column (C), line 12											
		b Net unrelated business taxable income from Form 990-T, Part I, line 11			71)	0							
	╁╌	b Not unicialed business taxable meeting ment, entress 1, and		Prior Ye			Current Year							
_	8	Contributions and grants (Part VIII, line 1h)	L	35	7,75	6	233,339							
5	9			1	7,93	9	36,823							
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			2,79		218,228							
æ	1				7,60		32,632							
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			6,08		521,022							
		2 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			0,00	_	00							
	13		ts paid to or for members (Part IX, column (A), lines 1–3)											
	14													
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	}		1,17	<u> </u>	118,344							
Expenses	16	Sa Professional fundraising fees (Part IX, column (A), line 11e)					U							
9	. 1	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 33,530				_	000 545							
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			4,17		289,545							
		3 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	l		5,35		407,889							
	19	Revenue less expenses. Subtract line 18 from line 12			0,73		113,133							
ъ	8			Beginning of C	urrent Year	<u> </u>	End of Year							
Net Assets or	20	Total assets (Part X, line 16)			7,75		3,899,408							
Ass	<u> </u>	Total liabilities (Part X, line 26)			2,09		56,649							
ž,	22	Net assets or fund balances. Subtract line 21 from line 20		4,53	5,66	2	3,842,759							
	art													
	Inder	penalties of periury. I declare that I have examined this return, including accompanying schedules and	d statem	ents, and to the	best of my	knowledg	ge and belief, it is							
t	rue, co	orrect, and complete. Declaration of preparer (other than officer) is based on all information of which p	reparer	has any knowled	lge.									
_														
e:	ar	Signature of officer				ate								
	gn		XECII	TIVE DI	RECT	OR								
п	ere	Type or print name and title												
_				Date	T _C L	eck if	PTIN							
_	1													
Pa		PAUL HOOD CPA PAUL HOOD CPA		05/1	1/23 se	-	*-***2162							
	epare				Firm's EIN	*								
Us	e On)			^-	0 747 700							
		Firm's address TULSA, OK 74135-3537			Phone no.	91	8-747-7000							
M	v the	IRS discuss this return with the preparer shown above? See instructions			<u></u>	<u>.</u> . <u>.</u>	X Yes No							

	Other program services (Describe or (Expenses \$ Total program service expenses ▶	n Schedule O.) including grants of \$ 260,422) (Revenue \$
4d		including grants of \$) (Revenue \$
4d			
	*		
	• • • • • • • • • • • • • • • • • • • •		
74	5 TT		
	(Code:) (Expenses \$	including grants of	Y
4	/Code: \/Eveness 6	including grants of	\$) (Revenue \$
	• • • • • • • • • • • • • • • • • • • •		

	• • • • • • • • • • • • • • • • • • • •		
	•		
	• • • • • • • • • • • • • • • • • • • •		
	•		
N,	/A		
	/-		\$) (Revenue \$
•			
•			
5	CHOOLS.	•••••	
OI PI	N SATURDAY MORNING RESENTATION BY A S'	(S). ALSO PRESENTED A	VIDEO PRODUCTION OF AN EDUCATION 4TH GRADERS IN TULSA PUBLIC
			INCLUDED AT LEAST ONE OUTREACH SCHOOLS OR FOR A GENERAL AUDIENCE
			NIGHT CONCERTS, AND SIX SUNDAY
RI		N-PERSON CONCERTS FOR	THE 2021-2022 SEASON. THERE WERE
		260,422 including grants of	\$) (Revenue \$ 36,823
		(c)(4) organizations are required to report tny, for each program service reported.	he amount of grants and allocations to others,
			ee largest program services, as measured by
	If "Yes," describe these changes on \$	Schedule O.	
	services?		Yes X N
		g, or make significant changes in how it co	nducts, any program
	prior Form 990 or 990-62? If "Yes," describe these new services		Yes A N
		gnificant program services during the year	୮. ହ.,
•	• • • • • • • • • • • • • • • • • • • •		
	DUCATIONAL EXPERIED	TOP FOR THE AFFRECIA	IION AND ENCOTREME OF THE
			CHAMBER MUSIC CONCERTS AND TION AND ENJOYMENT OF THE
	Briefly describe the organization's mis		
4 .			line in this Part III
	t III Statement of Progra		

Form 990 (2021) CHAMBER MUSIC TULSA
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			1
	complete Schedule A	1	X	├─
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	١.		
	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, or have a section 501(h)	١.		v
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		v
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	 	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		x
_	"Yes," complete Schedule D, Part I	-		 ^
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7	Ì	x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-	<u> </u>	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		x
	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	۰	 	
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	ļ		l
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
40	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
11	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		*********	1
a	complete Schedule D. Part VI	11a		x
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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	11c		X
d	Did the organization report an amount for other assets 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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	<u> </u>	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
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,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		x
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	\vdash	+^
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		x
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	+	+^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18	1	x
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	-"	+	+
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		x
	If "Yes," complete Schedule G, Part III	20a	1	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20b		†
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	1	1	1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domestic government on Part IX, column (A), line 17 ii 17es, complete Schedule I, Parts I and II			

P	art IV Checklist of Required Schedules (continued)		, , , , ,	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	Ì		l
	employees? If "Yes," complete Schedule J	23		X
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l
	through 24d and complete Schedule K. If "No," go to liné 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			<u> </u>
·	to defence any tay avament hands?	24c	į	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	The same and the s			
25a		25a	!	X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			l
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		x
	If "Yes," complete Schedule L, Part I	250		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			ĺ
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			₩.
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	ļ	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			i
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	ł		
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	to the standard of the standard standard of the standard of th			1
	"Yes," complete Schedule L, Part IV	28a		X
b	and the state of t	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	,,,,,		1
·	"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
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		X
24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
32		32		X
	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33		33		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	••••	T -	T
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	34	1	x
	or IV, and Part V, line 1		+	X
35a		<u>35a</u>	+	 **
b		35b	, l	ł
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		'\-	┼
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	ء ا		x
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	+	┼≏
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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 on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	1
	Statements Regarding Other IRS Filings and Tax Compliance			
******	Check if Schedule O contains a response or note to any line in this Part V			<u>_</u> _
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 15			
b	man un antico de la contrata de la Contrata de Contrat			
C	The state of the second with backup with balding rules for reportable navments to vendors and			###
	reportable gaming (gambling) winnings to prize winners?	1c		

-*3140

Pa	Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)			Yes	No
2a						
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ms?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		\Box
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					_
	a financial account in a foreign country (such as a bank account, securities account, or other financia			4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact					X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50	1	
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 as charitable contributions?			6a	1	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				i
	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	goods				
				7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7 <u>b</u>	 	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	at?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr					X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo				 	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			C? 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	ed by 1	the			
				8	× *******	
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			<u>9a</u>	+-	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1.	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	01			
11	Section 501(c)(12) organizations. Enter:	1	1			
. a	Gross income from members or shareholders	11a	<u> </u>			
, p	Gross income from other sources. (Do not net amounts due or paid to other sources		1			
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form				3	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а				13	4	
	Note: See the instructions for additional information the organization must report on Schedule O.					
þ	Enter the amount of reserves the organization is required to maintain by the states in which	140.	.1			
	the organization is licensed to issue qualified health plans	1				
C	Enter the amount of reserves on hand			14	a	x
14a	Did the organization receive any payments for indoor tanning services during the tax year?			· · · · · · · · · · · · · · · · · ·	_	† *
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	<i>.</i> 18 U .		····· 14	+	1
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			1 18		x
	excess parachute payment(s) during the year?					
	If "Yes," see instructions and file Form 4720, Schedule N.	st inne	ma?	16	·	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	it ilico				
	If "Yes," complete Form 4720, Schedule O.	n		******		·
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage is activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	••		17	,	
	If "Yes," complete Form 6069.			P-05000		

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

	·			**********	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17	_		
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, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	1?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
-	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by t	he following:			
a	The governing body?			8a	X	L
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
800	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal F	evenue C	ode.)		
<u> </u>	EIOH B. Folicies (This Occitor B requests information about pension net required by and more				Yes	No
100	Did the organization have local chapters, branches, or affiliates?			10a		X
10a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
44-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling	na the fo	rm?	11a		
11a	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	.9				
b	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	1000000000
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give r	se to co	nflicts?	12b	Х	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			12		1
C				12c	x	
	describe on Schedule O how this was done			13	X	
13	Did the organization have a written whistleblower policy?			14	X	
14	Did the organization have a written document retention and destruction policy?					
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			15a	X	*******
а	The organization's CEO, Executive Director, or top management official			15b	-	X
b	Other officers or key employees of the organization			138		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	•			16a	*******	X
	with a taxable entity during the year?			100		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			16b		*******
	organization's exempt status with respect to such arrangements?		<u></u>	1 100		ــــــــــــــــــــــــــــــــــــــ
Sec	ction C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed OK					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	section	ου I(C)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	▼ Own website					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	erest p	olicy, and			
	financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords P				
S	ORRELL, BRUCE P.O. BOX 14560	FO	0.1	.8-58		200
7	TITLSA OK 741	בכ.	71	. o – o t	, , – .	ַט כ

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 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.
- 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, if any. 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	box	k, unle	ss pe	ition more rson i	then or s both	an e)	(D) Reporteble compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) SORRELL, BRUCE EXECUTIVE DIRECTOR	40.00			x				0	0	0
(2) MORELLA, KYM	0.00			^		Н				<u>-</u>
PRESIDENT	5.00 0.00	x		x				0	0	. 0
(3) MURTHA, SCOTT						П				
	2.00								_	0
VICE-PRESIDENT	0.00	X	<u> </u>	X	_		_	0	0	
(4) SMITH, KIM	3.00	:			ŀ					
TREASURER	0.00	$ \mathbf{x} $		x				0	0	0
(5) FORREST, STEPHAL			Г							
(0,1 01:02:12 11	1.00	Ì	l							
SECRETARY	0.00	X	<u> </u>	X		_		0	0	0
(6) FARR, CLAIRE										
	2.00	$ \mathbf{x} $						0	o	0
PAST PRESIDENT (7) CORNELIUS OCHS,	0.00 CHERYL	┿	 		┢					
(/) CORNELLIOS OCHS,	2.00				i					
BOARD MEMBER	0.00	X						0	0	0
(8) FAINGOLD, NOAM										
	1.00		ļ						١ .	0
BOARD MEMBER	0.00	X	ــ	╄	<u> </u>	-	┝	0	0	0
(9) GERETY, KATHLEE	N 5.00		l	ŀ	l					
BOARD MEMBER	0.00	$ \mathbf{x} $	ł	1	1	İ	ŀ	0	l o	0
(10) GHADRY, OMAR	1 0.00	+=	\vdash	T	T	\vdash				
(10,00000)	1.00									_
BOARD MEMBER	0.00	X		<u> </u>	_	$oxed{oldsymbol{oldsymbol{oldsymbol{eta}}}}$	_	0	0	0
(11) GREGORY, SCOTT										
	1.00	X							d	0
BOARD MEMBER	0.00	A	1_				Щ	<u></u>	1	Form 990 (2021)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	еу Е	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) (B) Name and title Average hours per week (list any hours for		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) or check that the contract of the contr						(D) Reportable compensation from the organization (W-2/ 1099-MISC/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	3	Key emptoyee	Highest compensated employee	er	1099-NEC)	1099-NEC)	related organizations
(12) HANEY, PHIL	1.00							0	0	0
60ARD MEMBER (13) HERNANDEZ, J		X							0	
BOARD MEMBER	1.00	x						0	0	0
(14) NICKLOY, DAV	1.00									
BOARD MEMBER (15) RAUSH, NICK	0.00	X						0	0	0
BOARD MEMBER	1.00	x						0	0	0
(16) SPOO, ROBERT	1.00								_	_
BOARD MEMBER (17) SUBLETT, LIB	0.00 BY	X			_			0	0	0
BOARD MEMBER	1.00	x						0	0	0
(18) WOOD, EMILY	2.00									_
BOARD MEMBER	0.00	X	-			┝		0	0	0
				i i						
1b Subtotal	ets to Part VII,	Sect					> > >			
Total number of individuals (i reportable compensation from	ncluding but not	limite	ed to	thos	se lis	ted a	abov	ve) who received more than	\$100,000 of	Yes No
 Did the organization list any f employee on line 1a? If "Yes, For any individual listed on line 	" complete Sche	dule of re	<i>J fo</i>	r <i>suc</i> table	h ine	divid: npen:	<i>ual</i> satio	on and other compensation	from the	3 X
organization and related orga individual 5 Did any person listed on line	nizations greater	tha	n \$1	50,00	00?	if "Υ∈	s,"	complete Schedule J for su	ıch	4 X
for services rendered to the c Section B. Independent Contract	organization? If "	∕es,	con	nplet	e Sc	hedu	ile J	for such person		5 X
Complete this table for your f compensation from the organ	ive highest comp nization. Report c	ens	ated ens	inde ation	pend for t	dent he c	con	ndar year ending with or with	hin the organization's tax y	ear.
Name an	(A) d business address						\vdash	Descri	(B) ption of services	(C) Compensation
				-			+			
							-			
							+			
							+			
Total number of independent received more than \$100,000	contractors (inc	ludin n fro	g bu	t not	limi gani	ted to	then ▶	ose listed above) who	0	200
DAA										Form 990 (2021)

Form 990 (2021) CHAMBER MUSIC TULSA

Part VIII Statement of Revenue

		Check if	Sche	edule O conta	<u>ains</u> a	a respon	nse or not	e to any line in thi	<u>is Part VIII</u>	<u></u>	
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
され とり	1a	Federated camp	aigns		1a						
텵힖		Membership due			1b						
₽°,	С	Fundraising ever	nts		1c			7			
뚩긺		Related organiza			1d						
S, E		Government grants (cor			1e						
<u>S</u> S		All other contributions,	gifts, gra	nts,				[
돌림	_	and similar amounts no			1f		233,339	4			
풀이	g	Noncash contributions i lines 1a-1f			1g	s					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines					•	233,339			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Business Cod				
	2a	TICKET SALI	RS				71113		31,449		
<u>Ş</u>	b	MISCELLANE		• • • • • • • • • • • • • • • • • • • •			71113				
Program Service Revenue				• • • • • • • • • • • • • • • • • • • •						-,-	
E S	4										
₽											
۱ څ	f	All other program		ice revenue				1			
		Total. Add lines						36,823			
\dashv	3	Investment incor						1 00,020			
	•		-	_			•	100,160			100,160
1	other similar amounts) Income from investment of tax-exempt bond procee						000,000				
ļ	5 Royalties			······							
	3	Royallies		(i) Real			Personal				
	e.	Gross rents	6a	(1)11021		(,	Giodria	1			
	6a		6b					+			
	D	Less: rental expenses	6c					-			
	ت س	Rental inc. or (loss)	ستنسا	•••		L					
	d 7a	Net rental income Gross amount from sales of assets	10 OI (I	(i) Securities		7) Other				
- 1			ls				7 0 0 1 0 1	Ⅎ			
ا ہ		other than inventory	78	110,	000	 		1			
Ž	b	Less: cost or other	76								
§	_	basis and sales exps.	7b 7c	118,	068	╁┈──		+			
Other Revenue	C	Gain or (loss)				<u></u>		118,068	118,068		
훏	a 0-	Net gain or (loss Gross income from			<u></u>	T		2207000	220,000		
0	oa			-							
		(not including \$									
		of contributions rep									
		1c). See Part IV, lir			8a 8b	<u> </u>		Ⅎ			
		Less: direct expe				<u></u> ,					
		•			-vent	<u> </u>	·····				
	ya	Gross income fr	-	-	0-						
	L	activities. See P			9a 9b	 		1			
		Less: direct expenses or (I									
		Gross sales of it			riues .	T					
	Iva			_	10a						
		returns and allow			10b			Ⅎ			
		Less: cost of go Net income or (I									
\dashv		Met income of (i	U33) II	OIII Sales OF ITIVE	, itory		Business Coo	le			
Snc	11a	700 TANE	OPCT	ibnbgg				32,632	32,632		
ine in	b		• • • • • • •								
Miscellaneous Revenue	,						<u> </u>				
Se	4	All other revenu									
2		Total. Add lines						32,632	2		
		Total revenue.						521,022		0	100,160

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). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses expenses ceneral expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 22,953 91,812 22,953 45,906 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 19,509 9,755 4,877 4,877 Other employee benefits 9 3,511 1,756 7,023 Payroll taxes Fees for services (nonemployees): 904 904 Management Legal 8,700 8,700 c Accounting e Professional fundraising services. See Part IV, line 17 34,860 34,860 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 68 22,537 22,605 12 Advertising and promotion 1,227 1,192 5,576 7,995 Office expenses 13 Information technology 14 15 Royalties Occupancy 16 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 84 82 166 Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 2,548 2,548 23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 115,900 115,900 ARTISTS' FEES 26,019 26,019 CONTRACT LABOR 24,731 24,731 HOSPITALITY C 1,152 18,699 17,547 FACILITY RENTAL 8,859 2,600 14,959 26,418 e All other expenses 113,93733,530 260,422 407,889 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ following SOP 98-2 (ASC 958-720) Form 990 (2021) DAA

Page 11

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X. (B) (A) Beginning of year End of year <u>8,5</u>31 9,037 1 Cash—non-interest-bearing Savings and temporary cash investments 2 Pledges and grants receivable, net 21,323 22,697 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 12,851 7,359 Prepaid expenses and deferred charges _______ 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 10c 3,860,315 4,595,054 11 Investments—publicly traded securities ______ 11 12 Investments—other securities. See Part IV, line 11 12 13 13 Investments—program-related. See Part IV, line 11 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 4,637,759 3,899,408 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 38,623 17 Accounts payable and accrued expenses 17 18 18 Grants payable 1,714 29,612 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 61,760 22,000 of Schedule D 102,097 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 4,535,662 3,842,759 27 Net assets without donor restrictions 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 3,842,759 4,535,662 32 Total net assets or fund balances 3,899,408 4,637,759 Total liabilities and net assets/fund balances

Form 990 (2021)

Form	990 (2021) CHAMBER MUSIC TULSA *	*-***3140		Page 12
*********	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Pa	rt XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	5	21,022
2	Total expenses (must equal Part IX, column (A), line 25)			07,889
3	Revenue less expenses. Subtract line 2 from line 1	3	1	13,133
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,5	35,662
5	Net unrealized gains (losses) on investments	5	-8	06,036
6	Donated services and use of facilities	6		
7	Investment expenses			
8	Prior period adjustments			·
9	Other changes in net assets or fund balances (explain on Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part)			
	32, column (B))		3,8	42,759
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Pa	nrt XII		
1	Accounting method used to prepare the Form 990: Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other	Other		Yes No
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent ac	countant?	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were	compiled or		
	reviewed on a separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate	basis		
b	Were the organization's financial statements audited by an independent accountant?			X
	If "Yes," check a box below to indicate whether the financial statements for the year were	audited on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsit	oility for oversight of		
,	the audit, review, or compilation of its financial statements and selection of an independent	ent accountant?		
	If the organization changed either its oversight process or selection process during the ta Schedule O.	ıx year, explain on		
3a	As a result of a federal award, was the organization required to undergo an audit or audit	s as set forth in the	_	
	Single Audit Act and OMB Circular A-133?		3a	
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 on Schedule O and describe any steps taken to unc	lergo such audits	<u> </u> 3b	
			F	om 990 (2021

SCHEDULE A (Form 990)

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service
Name of the organization

Part I

Department of the Treasury

CHAMBER MUSIC TULSA

Employer identification number ** - ** * 3140

The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 12, c	heck only	one box.)						
1		A church, con	vention of churches, or asso	ociation of churches described in	n section	170(b)(1)(A)(i).						
2		A school desc	cribed in section 170(b)(1)(/	A)(ii). (Attach Schedule E (Form	990).)								
3	Ш	•	•	e organization described in sec									
4		A medical res	earch organization operated	in conjunction with a hospital d	lescribed	in sectio	n 170(b)(1)(A)(iii). Enter the h	ospital's name,					
		city, and state): 										
5		An organization	on operated for the benefit o	f a college or university owned	or operate	ed by a go	overnmental unit described in						
	_	section 170(l	b)(1)(A)(iv). (Complete Part	II.)									
6		A federal, sta	te, or local government or go	overnmental unit described in se	ection 17	0(b)(1)(A)(v).						
7			on that normally receives a section 170(b)(1)(A)(vi). (Co	substantial part of its support fro omplete Part II.)	m a gove	rnmental	unit or from the general public						
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	II.)								
9	П	An agricultura	al research organization des	cribed in section 170(b)(1)(A)(i	x) operate	ed in conj	unction with a land-grant colleg	je					
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:											
10	X		on that normally receives (1)	more than 33 1/3% of its suppo	ort from c	ontributio	ns, membership fees, and gros	SS					
		receipts from	activities related to its exem	pt functions, subject to certain e	exception	s; and (2)	no more than 331/3% of its						
		support from	gross investment income an	d unrelated business taxable in	come (les	s section	511 tax) from businesses						
), 1975. See section 509(a)(2).									
11				exclusively to test for public safe				_					
12	\sqcup	An organization	on organized and operated e	exclusively for the benefit of, to	perform th	ne functio	ns of, or to carry out the purpo	ses of					
		one or more p	oublicly supported organizati	ons described in section 509(a)(1) or se	ction 50%	(a)(2), See section 509(a)(3).	Cneck					
				cribes the type of supporting or				24					
	а	Type I. A	supporting organization ope	erated, supervised, or controlled ver to regularly appoint or elect a	Dy Its Su	pported o	rganization(s), typically by givil rectors or trustees of the	ig .					
				omplete Part IV, Sections A ar		Of the di	ectors of trustees of the						
	h			pervised or controlled in connec		its sunno	ted organization(s), by having						
	D	control or	management of the suppor	ting organization vested in the s	ame pers	ons that	control or manage the supporte	ed					
				Part IV, Sections A and C.			•						
	С	Type III f	unctionally integrated. A s	upporting organization operated tructions). You must complete	l in conne Part IV.	ction with Sections	i, and functionally integrated w A, D, and E.	ith,					
	d			. A supporting organization ope				n(s)					
		that is no	t functionally integrated. The	organization generally must sa	itisfy a dis	tribution	requirement and an attentivene	ess					
		requireme	ent (see instructions). You n	nust complete Part IV, Section	ns A and	D, and P	art V.						
	е	Check thi	is box if the organization rec	eived a written determination fron- n-functionally integrated support	om the IR	S that it is							
	f		nber of supported organizati					<u> </u>					
	g	Provide the fo	ollowing information about th	e supported organization(s).									
	i) Nan	ne of supported	(ii) EiN	(iii) Type of organization	(iv) is the d	organization	(v) Amount of monetary	(vi) Amount of					
	or	ganization		(described on lines 1–10		ur governing ment?	support (see instructions)	other support (see instructions)					
				above (see instructions))	Yes	No	(illad actions)	in ou design to					
(A)													
(~)					l								
(B)													
(-,					ļ								
(C))												
(D))												
(E)	ı												
(E)	'												
Tota	al												

Schedule A (Form 990) 2021
Part II Support Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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	4143.0					
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)						
e	Public support. Subtract line 5 from line 4						
6 Sec	tion B. Total Support	<u> </u>					
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	(4) 25.11	\.,','==		· · · · ·		
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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First 5 years. If the Form 990 is for the or	rganization's first,	second, third, four	h, or fifth tax year	as a section 501(c	:)(3)	
	organization, check this box and stop her	re				<u> </u>	.
Sec	tion C. Computation of Public S	upport Percen	tage				
14	Public support percentage for 2021 (line 6	6, column (f) divide	d by line 11, colun	nn (f))		14	<u>%</u>
15	Public support percentage from 2020 Sch	edule A, Part II, lir	ne 14			15	<u>%</u>
16a	Public support percentage from 2020 Sch 33 1/3% support test—2021. If the organ	nization did not che	eck the box on line	13, and line 14 is	33 1/3% or more,	check this	
	box and stop here. The organization qua	lifies as a publicly	supported organiza	ation			▶ □
b	33 1/3% support test—2020. If the organ				15 is 33 1/3% or m	nore, check	
	this box and stop here. The organization	qualifies as a pub	licly supported org	anization			▶ □
17a	10%-facts-and-circumstances test—20	21. If the organizat	tion did not check	a box on line 13, 1	6a, or 16b, and lin	e 14 is	1
	10% or more, and if the organization mee	ts the facts-and-ci	rcumstances test,	check this box an	d stop here. Expla	in in	
	Part VI how the organization meets the fa	cts-and-circumsta	nces test. The org	anization qualifies	as a publicly supp	orted	
	organization						▶ ∟
b	10%-facts-and-circumstances test—20	20. If the organiza	tion did not check	a box on line 13, 1	i6a, 16b, or 17a, a	nd line	
	15 is 10% or more, and if the organization	n meets the facts-a	and-circumstances	test, check this b	ox and stop here.	⊨xpiain	
	in Part VI how the organization meets the						
	organization						▶ ∟
18	Private foundation. If the organization d						▶ □
	instructions						

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality arraor are	0 10010 11010 11	ion, piedeo ec			
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	308,925	242,110	214,887	357,756	233,339	1,357,017
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	74,811	73,189	73,148	45,539	69,455	336,142
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	383,736	315,299	288,035	403,295	302,794	1,693,159
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	20,050	20,000	37,185		37,929	115,164
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	20,050	20,000	37,185		37,929	115,164
8	Public support. (Subtract line 7c from line 6.)						1,577,995
Sec	tion B. Total Support					·	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	383,736	315,299	288,035	403,295	302,794	1,693,159
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	77,522	89,191	89,459	79,013	100,160	435,345
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	77,522	89,191	89,459	79,013	100,160	435,345
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	756	1,539	1,406	2,753		6,454
13	Total support. (Add lines 9, 10c, 11, and 12.)	462,014	406,029	378,900	485,061	402,954	2,134,958
14	First 5 years. If the Form 990 is for the or organization, check this box and stop her	-	econd, third, fourth				
Sec	tion C. Computation of Public S					11	
15	Public support percentage for 2021 (line 8					1 44 1	73.91%
16	Public support percentage from 2020 Sch				<u></u>	 16	69.75%
	tion D. Computation of Investme			L column (f)		17	20%
17	Investment income percentage for 2021 (40	19 %
18	Investment income percentage from 2020 33 1/3% support tests—2021. If the organization	ochequie A, Mart III	eck the hox on line	14, and line 15 is	more than 33 1/3		
19a	17 is not more than 33 1/3%, check this b	oox and stop here	The organization of	ualifies as a publi	cly supported orga	nization	▶ 🗓
b	33 1/3% support tests—2020. If the orga	anization did not che	eck a box on line 1	4 or line 19a, and	line 16 is more tha	an 33 1/3%, and	
	line 18 is not more than 33 1/3%, check to	his box and stop he	ere. The organizat	ion qualifies as a p	oublicly supported	organization	
20	Private foundation. If the organization d	id not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	ions	

Part IV Suppor

Supporting Organizations
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete

Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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9a 9b		
9a 9b 9c		

Par	Supporting Organizations (continued)	· · · · · · · · · · · · · · · · · · ·	
-		Yes No	D Section
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	11a	
	A family member of a person described on line 11a above?	11b	
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,		
	provide detail in Part VI.	11c	
Secti	on B. Type I Supporting Organizations		
-		Yes No	0
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		***
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	255000
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	2	
Secti	on C. Type II Supporting Organizations	· · · · · · · · · · · · · · · · · · ·	
		Yes N	0 *****
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		***
	the supported organization(s).	1	
Sect	on D. All Type III Supporting Organizations	T T	
		Yes N	0
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		****
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		*****
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have		
	a significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		******
	supported organizations played in this regard.	3	
Sect	ion E. Type III Functionally Integrated Supporting Organizations	ne)	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction		
a	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructions).	
C		Yes N	No
2	Activities Test. Answer lines 2a and 2b below.		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,		
	those supported organizations and explain now these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		
		2a	
4-	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's		
b	involvement, one or more of the organization's supported organization(s) would have been engaged in? If		
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would		
	have engaged in these activities but for the organization's involvement.	2b	
_	Parent of Supported Organizations. Answer lines 3a and 3b below.		
3	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	
h	and activities of each		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	
	or no supported digarizations in 100, december in the transfer programme in the transfer program	Cabadula A /Form 990)	202

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Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	<u>aniza</u>	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v. 20, 1	1970 (explain in Part VI). S	See
	instructions. All other Type III non-functionally integrated supporting organizations mus	t comp	olete Sections A through E	
Secti	on A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection	İ		
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
_	(explain in detail in Part VI):			
2		2		
3		3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
•	emergency temporary reduction (see instructions).	6_		
7	Check here if the current year is the organization's first as a non-functionally integrated	Туре	III supporting organization	
•	(see instructions).			
				Schedule A (Form 990) 2021

Schedu	ele A (Form 990) 2021 CHAMBER MUSIC	C TULSA	**-***3	140 Page 7
Par	Type III Non-Functionally Integrated 50	9(a)(3) Supporting Organiza	tions (continued)	
Sect	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required-p	rovide details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required-explain in Part VI). See		·	
	instructions.			
3_	Excess distributions carryover, if any, to 2021			
	From 2016			
<u>b</u>	From 2017			
c	From 2018			
d	From 2019			
	From 2020			
f	Total of lines 3a through 3e			
9	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7:			
	Applied to underdistributions of prior years			
<u>t</u>	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
				Schodulo A (Form 990) 202

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B, lines 1 and 2; Part IV, Section 3a, and 3b; Part V, line 1; Part V	nes 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, /, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, this part for any additional information. (See instructions.)
PART III, LINE 12 - OTHER	
MISCELLANEOUS	\$ 6,454
	······································
	······································

SCHEDULE D (Form 990)

Denartment of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements
► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

-*3140 CHAMBER MUSIC TULSA Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year _____ Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on 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, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Pai	till Organizations Maintaining C	Collections of	Art, His	storical Tr	easures,	or Othe	r Simi	lar As	sets (continu	ıed)	
3	Using the organization's acquisition, accession, collection items (check all that apply):	and other records	s, check a	any of the foll	owing that m	ake signifi	icant us	e of its				
а	Public exhibition			xchange prog								
b	Scholarly research	e 🗌 (Other									
C	Preservation for future generations											
4	Provide a description of the organization's colle	ctions and explain	how the	y further the o	organization's	s exempt p	ourpose	in Part				
	XIII.		,									
	During the year, did the organization solicit or reassets to be sold to raise funds rather than to b									Ye	s _	No
	t IV Escrow and Custodial Arran	gements.										
	Complete if the organization a 990, Part X, line 21.						orted a	an am	ount o	n Form	ı 	
1a	Is the organization an agent, trustee, custodian	or other intermed	iary for co	ontributions o	r other asset	s not					_	,
	included on Form 990, Part X?									∐ Ye	s	No
b	If "Yes," explain the arrangement in Part XIII an	d complete the fol	llowing ta	ble:								
										Amoun	<u> </u>	
C	Beginning balance							1c				
d	Additions during the year							1d				—
е	Distributions during the year							1e				—
f	Ending balance							1f		$\overline{}$		
	Did the organization include an amount on Form									∐ Ye	-	No
	If "Yes," explain the arrangement in Part XIII. C	heck here if the ex	xplanatio	n has been pr	ovided on Pa	art XIII					<u></u>	L
Pa	nt V Endowment Funds.											
	Complete if the organization a								 1	4.1.		1.
		(a) Current year	(b)	Prior year	(c) Two yea	ars back	(d) Th	ree years	back	(e) Fou	r years t	Dack
	Beginning of year balance											
þ	Contributions											
	Net investment earnings, gains, and losses											
d	Grants or scholarships						ļ					
8	Other expenditures for facilities and		1				İ					
	programs				<u></u>	_						
f	Administrative expenses						<u> </u>					
g	End of year balance				l		<u> </u>					
2	Provide the estimated percentage of the current	nt year end balanc	e (line 1g	, column (a))	held as:							
	Board designated or quasi-endowment ▶	%										
b	Permanent endowment ▶ %											
C	Term endowment ▶ %											
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.										
3a	Are there endowment funds not in the possess	ion of the organiza	ation that	are held and	administere	d for the						T
	organization by:									<u> </u>	Yes	No
	(i) Unrelated organizations									3a(i)	 	
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requ	ired on S	chedule R?						_3b		ļ
4	Describe in Part XIII the intended uses of the o	rganization's ende	owment f	unds.								
Pa	rt VI Land, Buildings, and Equip	ment.					_					
	Complete if the organization a	enswered "Yes	<u>" on Fo</u>	<u>rm 990, Pa</u>	art IV, line	<u>11a. Sec</u>	e Form	<u>า 990,</u>	Part X	(, line	10.	
	Description of property	(a) Cost or other	basis	(b) Cost or	other basis	(c)	Accumulat	ed		(d) Book	. value	
		(investment))	(oth	er)	l q	epreciatio	n 				
1a	Land								—			
	Buildings											
	Leasehold improvements								-			
d	Equipment											
е	Other					L						
Tota	I. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Par	rt X, colui	nn (B), line 1	0c.)	<u></u>		<u></u>	<u> </u>			

Part VII	Investments – Other Securities.	Form 000 Best IV lin	o 11h Soo Form 900 Pa	rt Y line 12
	Complete if the organization answered "Yes" on (a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)	(, 23 13	Cost or end-of-year	
(1) Financial d	erivatives			
	d equity interests			
(B)				
			 	
(F) (G)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, lir	<u>ne 11c. See Form 990, Pa</u>	rt X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
,			Cost of end-of-year	market value
(1)		<u> </u>		
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.		44 L O . E	od V. Boo 45
	Complete if the organization answered "Yes" on	Form 990, Part IV, III	ne 11d. See Form 990, Pa	(b) Book value
	(a) Description			(b) book value
(1)				
(2)				
(3)				
(4)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 15.)	.,,	<u></u>	
Part X	Other Liabilities.		44	000 D-4 V
	Complete if the organization answered "Yes" or	i Form 990, Part IV, II	ne 11e or 11f. See Form	990, Part A,
	line 25.	· · · · · · · · · · · · · · · · · · ·		(b) Book value
1.	(a) Description of liability			(5) 500.1 (4.11)
	income taxes RRED REVENUE-CONCERT UNDERWRITE			22,000
	RRED REVENUE-CONCERT CHDERWRITE			
(3)				
(4)				
(6)				
(7)				
(8)				
(9)				
Total, (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)		>	22,000
2. Liability for	r uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization'	s financial statements that repo	rts the
organization's	s liability for uncertain tax positions under FASB ASC 740. Ch	eck here if the text of the f	ootnote has been provided in P	aπ XIII

chedule D	(Form 990) 2021 CHAMBER MUSIC TULSA	*	*-***3140	Page 4
Part XI	Reconciliation of Revenue per Audited Financial States	ments With Rev	enue per Return.	, 0,50 .
	Complete if the organization answered "Yes" on Form 990,			
	revenue, gains, and other support per audited financial statements			
	ints included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
	nrealized gains (losses) on investments			
	ted services and use of facilities			
c Reco	veries of prior year grants	2c		
d Other	(Describe in Part XIII.)	2d		
e Add I	ines 2a through 2d		<u>2e</u>	
3 Subtr	act line 2e from line 1		3	
4 Amou	ints included on Form 990, Part VIII, line 12, but not on line 1:			
a inves	tment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other	(Describe in Part XIII.)	4b		
c Add I	ines 4a and 4b		4c	
5 Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u> </u>	5	
Part XI	Reconciliation of Expenses per Audited Financial State	ements With Exp	penses per Return.	
	Complete if the organization answered "Yes" on Form 990,	, Part IV, line 12a	l.	
1 Total	expenses and losses per audited financial statements			
	unts included on line 1 but not on Form 990, Part IX, line 25:			
	ted services and use of facilities	2a		
	year adjustments			
	losses			
	r (Describe in Part XIII.)			
	ines 2a through 2d		2e	
	ract line 2e from line 1			
	unts included on Form 990, Part IX, line 25, but not on line 1:			
	stment expenses not included on Form 990, Part VIII, line 7b	4a		
		l l		
	r (Describe in Part XIII.)		4c	
C Add	ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Sau VI	Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV lines 1h and 2h	Part V line 4: Part X line	
Provide the	e descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par	do any additional info	ormation	
2; Part XI,	lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional inte	mation.	
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Schedule D (Fo	rm 990) 2021	CHAMBER	MUSIC T	ULSA		**-	***3140	Page 5
Part XIII	Supplemen	CHAMBER ntal Information	on (continue	d)				
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

CHAMBER MUSIC TULSA

Employer identification number **-**3140

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990	
A COPY OF THE FORM 990 IS PROVIDED TO EACH BOARD MEMBER FOR REVIEW PRIOR TO	<u>)</u>
FILING.	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY	
BOARD MEMBERS AND STAFF ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST	
TO THE BOARD AND WILL BE REFLECTED IN THE MEETING MINUTES. IF THE BOARD	
BECOMES AWARE OF AN UNDISCLOSED CONFLICT OF INTEREST, THE BOARD WILL	
DISCUSS IT WITH THE INDIVIDUAL AND DETERMINE THE IMPACT. PROCEDURES ARE	
FOLLOWED AS TO THE CONSEQUENCES.	
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL	
COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR AND MANAGER IS	
DETERMINED BY THE BOARD OF DIRECTORS. AN ANNUAL REVIEW IS PERFORMED AND A	
COMPARATIVE SALARY ANALYSIS IS DONE.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	
AVAILABLE UPON REQUEST	
AVAILABLE UPON REQUEST	
AVAILABLE UPON REQUEST	