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ENVELOPE - FEB 14 2013
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SCANNED MAR 06 2013

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 2012

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HELMERICH TULSA PHILHARMONIC R75784000 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 10 S DEARBORN IL1-0117 City or town, state or country, and ZIP + 4 CHICAGO, IL 60603	D Employer identification number 73-6218172	E Telephone number (866) 888-5157	F Group Exemption Number ▶
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G Accounting Method Cash Accrual Other (specify) ▶ **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

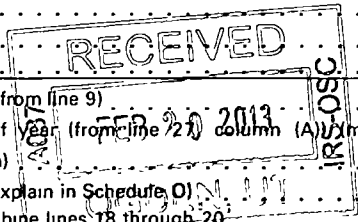
I Website: ▶
J Tax-exempt status (check only one): 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **2,644.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	2,165.
	5 a Gross amount from sale of assets other than inventory	5a	479.
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	479.
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7 a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	2,644.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	651.
	13 Professional fees and other payments to independent contractors	13	825.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	
17 Total expenses. Add lines 10 through 16	17	1,476.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,168.	
Net Assets	19 Net assets or fund balances at beginning of year (from line 20, column (A) of must agree with end-of-year figure reported on prior year's return)	19	57,145.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	58,313.



For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2011)

17

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed. Oklahoma
42a The organization's books are in care of JP MORGAN Telephone no. (866) 888-5157 Located at 10 S. DEARBORN, IL1-0177; CHICAGO, IL ZIP + 4 60603-2003
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Yes No
46 X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes No
47 X
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
48 X
 49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
49a X
 b If "Yes," was the related organization a section 527 organization? Yes No
49b X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ 0
 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ 0

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: Anthony Ward Date: 02/05/2013
 Type or print name and title: Auth. officer

Paid Preparer Use Only
 Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

HELMERICH TULSA PHILHARMONIC R75784000

Employer identification number

73-6218172

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 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 support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) SEE PART IV									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

Part II 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.)

Section A. Public Support						N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support						N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS
=====

NAME OF SUPPORTED ORGANIZATION:

TULSA PHILHARMONIC

EIN: 736039921

TYPE OF ORGANIZATION FROM PART I: 501(C)(3)

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: NO

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

TOTAL SUPPORT:

NONE
=====

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

HELMERICH TULSA PHILHARMONIC R75784000

Employer identification number

73-6218172

INVESTMENT INCOME

FORM 990-EZ, PART I, LINE 4

NON QUAL DOM DIVIDENDS 1881 CORPORATE INTEREST 6

US GOVT INTEREST 175 TAX EXEMPT INTEREST 103

TOTAL INCLUDED ON FORM 990-EZ, LINE 4 2165

TRUSTEE, 40 HOURS

PART IV

JPMORGAN CHASE BANK NA

10 S. DEARBORN, IL1-0117

CHICAGO, IL 60603-2003

COMPENSATION \$651

TAX PREPARATION FEES

PART I, LINE 13

JPMORGAN TAX PREP FEES FOR FORM 990-EZ

825.00

EXPLANATION FOR FORM 990, PAGE 2, PART III, LINE 4d

(GRANTS \$0)

Name of the organization

HELMERICH TULSA PHILHARMONIC R75784000

Employer identification number

73-6218172

FORM 990EZ, PAGE 2, PART II, LINE 22 - CASH, SAVINGS AND INVESTMENTS

=====

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
-----	-----	-----
CASH	14,757.	15,926.
TOTALS	14,757.	15,926.
	=====	=====

Name of the organization

HELMERICH TULSA PHILHARMONIC R75784000

Employer identification number

73-6218172

FORM 990EZ, PAGE 2, PART II, LINE 24 - OTHER ASSETS

=====

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
-----	-----	-----
FIXED INCOME MUTUAL FUNDS	42,388.	42,387.
TOTALS	42,388.	42,387.
	=====	=====



JPMorgan Chase Bank, N.A.
270 Park Avenue, New York, NY 10017-2014

HELMERICH TULSA PHILHARMONIC ACCT. R75784000
For the Period 6/1/12 to 6/30/12

Fiduciary Account

J.P. Morgan Team		Table of Contents	Page
Julie Smith	Banker	Account Summary	2
Bruce Currie	T & E Officer	Holdings	
Stephany Lewis	T & E Administrator	Cash & Fixed Income	4
Vicki Lynch	Client Service Team	Portfolio Activity	6
Alexandra Grnaldi	Client Service Team		
Michael Hill	Client Service Team		
Online access	www.jpmorganonline.com		

Please see disclosures located at the end of this statement package for important information relating to each J.P. Morgan account(s).



HELMERICH TULSA PHILHARMONIC ACCT. R75784000
For the Period 6/1/12 to 6/30/12

Account Summary

PRINCIPAL

Asset Allocation	Beginning Market Value	Ending Market Value	Change In Value	Estimated Annual Income	Current Allocation
Cash & Fixed Income	46,022.11	46,072.17	50.06	1,220.02	100%
Market Value	\$46,022.11	\$46,072.17	\$50.06	\$1,220.02	100%

INCOME

Cash Position	Beginning Market Value	Ending Market Value	Change In Value
Cash Balance	12,300.63	12,372.57	71.94
Accruals	98.47	96.90	(1.57)
Market Value	\$12,399.10	\$12,469.47	\$70.37

PRINCIPAL

Portfolio Activity	Current Period Value	Year-to-Date Value
Beginning Market Value	46,022.11	47,021.58
Withdrawals & Fees	(26.92)	(737.99)
Net Additions/Withdrawals	(\$26.92)	(\$737.99)
Income		
Change In Investment Value	76.98	(211.42)
Ending Market Value	\$46,072.17	\$46,072.17
Accruals	--	--
Market Value with Accruals	--	--

INCOME

Portfolio Activity	Current Period Value	Year-to-Date Value
Beginning Market Value	12,300.63	10,945.35
Withdrawals & Fees	(26.93)	(738.03)
Net Additions/Withdrawals	(\$26.93)	(\$738.03)
Income	98.87	2,165.25
Change In Investment Value	\$12,372.57	\$12,372.57
Accruals	96.90	96.90
Market Value with Accruals	\$12,469.47	\$12,469.47

J.P.Morgan



HELMEIRICH TULSA PHILHARMONIC ACCT. R75784000
 For the Period 6/1/12 to 6/30/12

Account Summary CONTINUED

Tax Summary	Current Period Value	Year-to-Date Value
Domestic Dividends/Distributions	90.35	2,056.53
Interest Income	0.40	6.30
Taxable Income	\$90.75	\$2,062.83
Tax-Exempt Income	8.12	102.42
Tax-Exempt Income	\$8.12	\$102.42

Cost Summary	Cost
Cash & Fixed Income	45,940.67
Total	\$45,940.67

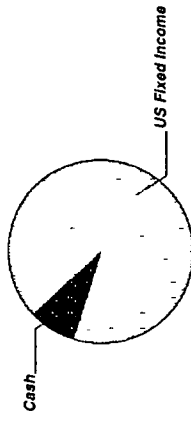
	Current Period Value	Year-to-Date Value
LT Capital Gain Distributions		479.22
Realized Gain/Loss		\$479.22
Unrealized Gain/Loss		\$131.50



HELMERICH TULSA PHILHARMONIC ACCT. R75784000
For the Period 6/1/12 to 6/30/12

Cash & Fixed Income Summary

Asset Categories	Beginning Market Value	Ending Market Value	Change In Value	Current Allocation
Cash	3,580.02	3,553.10	(26.92)	8%
US Fixed Income	42,442.09	42,519.07	76.98	92%
Total Value	\$46,022.11	\$46,072.17	\$50.06	100%



Market Value/Cost	Current Period Value
Market Value	46,072.17
Tax Cost	45,940.67
Unrealized Gain/Loss	131.50
Estimated Annual Income	1,220.02
Accrued Interest	96.90
Yield	2.64%

Cash & Fixed Income as a percentage of your portfolio - 100%

SUMMARY BY MATURITY

Cash & Fixed Income	Market Value	% of Bond Portfolio
0-6 months ¹	46,072.17	100%

¹ The years indicate the number of years until the bond is scheduled to mature based on the statement end date. Some bonds may be called, or paid in full, before their stated maturity.

SUMMARY BY TYPE

Cash & Fixed Income	Market Value	% of Bond Portfolio
Cash	3,553.10	7%
Mutual Funds	38,530.07	85%
Other	3,989.00	8%
Total Value	\$46,072.17	100%



HELMERICH TULSA PHILHARMONIC ACCT. R75784000
For the Period 6/1/12 to 6/30/12

Note ¹ This is the Annual Percentage Yield (APY) which is the rate earned if balances remain on deposit for a full year with compounding, there is no change in the interest rate and all interest is left in the account

Cash & Fixed Income Detail

	Price	Quantity	Value	Adjusted Tax Cost Original Cost	Unrealized Gain/Loss	Est Annual Income Accrued Interest	Yield
Cash							
US DOLLAR PRINCIPAL	1.00	3,553.10	3,553.10	3,553.10		1.06	0.03% ¹
US Fixed Income							
JPM TOTAL RETURN FD - SEL 4812A4-43-5	10.23	1,918.94	19,630.77	19,382.23	248.54	679.30 57.57	3.46%
JPM HIGH YIELD FD - SEL 4812C0-80-3	7.87	383.30	3,016.54	3,198.83	(182.29)	209.66 16.10	6.95%
JPM SHORT DURATION BOND FD - SEL 4812C1-33-0	10.98	471.86	5,180.97	5,006.60	174.37	78.79 5.19	1.52%
JPM TREAS & AGENCY FD - SEL 4812C1-40-5	9.71	1,102.14	10,701.79	10,899.81	(198.02)	148.78 9.92	1.39%
JPM TRI TAX AWARE REAL RTRN FD -SEL 4812A2-54-6	10.32	386.53	3,989.00	3,900.10	88.90	102.43 8.12	2.57%
Total US Fixed Income			\$42,519.07	\$42,387.57	\$131.50	\$1,218.96 \$96.90	2.87%



HELMERICH TULSA PHILHARMONIC ACCT. R75784000
For the Period 6/1/12 to 6/30/12

Portfolio Activity Summary

Transactions	PRINCIPAL		INCOME	
	Current Period Value	Year-To-Date Value*	Current Period Value	Year-To-Date Value*
Beginning Cash Balance	3,580.02	--	12,300.63	--
INFLOWS				
Income			98.87	2,165.25
Total Inflows	\$0.00	\$0.00	\$98.87	\$2,165.25
OUTFLOWS **				
Fees & Commissions	(26.92)	(737.99)	(26.93)	(738.03)
Total Outflows	(\$26.92)	(\$737.99)	(\$26.93)	(\$738.03)
TRADE ACTIVITY				
Settled Sales/Maturities/Redemptions		479.22		
Total Trade Activity	\$0.00	\$479.22	\$0.00	\$0.00
Ending Cash Balance	\$3,553.10	--	\$12,372.57	--

* Year to date information is calculated on a fiscal year basis, beginning Jul 1, 2011
** Your account's standing instructions use a HIGH COST method for relieving assets from your position

Portfolio Activity Detail

INFLOWS & OUTFLOWS

Settle Date	Type	Selection Method	Description	Quantity Cost	Per Unit Amount	PRINCIPAL Amount	INCOME Amount
6/1	Tax-Exempt Income		JPM TR I TAX AWARE REAL RTRN FD -SEL @ 0 021 PER SHARE (ID: 4812A2-54-6)	386.531	0.021		8.12

J.P.Morgan



HELMERICH TULSA PHILHARMONIC ACCT. R75784000
For the Period 6/1/12 to 6/30/12

INFLOWS & OUTFLOWS

Settle Date	Type	Selection Method	Description	Quantity Cost	Per Unit Amount	PRINCIPAL Amount	INCOME Amount
6/1	Div Domestic		JPM TOTAL RETURN FD - SEL @ 0.03 PER SHARE (ID. 4812A4-43-5)	1,918.941	0.03		57.57
6/1	Interest Income		DEPOSIT SWEEP INTEREST FOR MAY @ .03% RATE ON NET AVG COLLECTED BALANCE OF \$15,906.69 AS OF 06/01/12				0.40
6/1	Div Domestic		JPM HIGH YIELD FD - SEL @ 0.042 PER SHARE (ID 4812C0-80-3)	383.296	0.042		16.10
6/1	Div Domestic		JPM SHORT DURATION BOND FD - SEL @ 0.012 PER SHARE (ID 4812C1-33-0)	471.855	0.012		5.66
6/1	Div Domestic		JPM TREAS & AGENCY FD - SEL @ 0.01 PER SHARE (ID 4812C1-40-5)	1,102.141	0.01		11.02
6/18	Fees & Commissions		JPMORGAN CHASE TRUST FEE FOR THE PERIOD 05-17-2012 TO 06-16-2012 ON TOTAL MV \$46,120.58 INC \$26.93 PRINC \$26.92				(26.93)
6/18	Fees & Commissions		JPMORGAN CHASE TRUST FEE FOR THE PERIOD 05-17-2012 TO 06-16-2012 ON TOTAL MV \$46,120.58 INC \$26.93 PRINC \$26.92			(26.92)	
Total Inflows & Outflows						(\$26.92)	\$71.94