

Return of Organization Exempt From Income Tax

2001

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2001 calendar year, or tax year beginning 07/01, 2001, and ending 06/30/2002

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization OKLAHOMA CITY MUSEUM OF ART, F.K.A. OKLAHOMA CITY ART MUSEUM. D Employer identification number 73-0528431. E Telephone number (405) 236-3100. F Accounting method: Cash, Accrual, Other (specify).

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

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes No. H(b) If 'Yes' enter number of affiliates. H(c) Are all affiliates included? Yes No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No. I Enter 4-digit GEN. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

G Web site. J Organization type (check only one) 501(c)(3) 4947(a)(1) or 527.

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 3,848,361.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Rows include Contributions (1), Program service revenue (2-5), Other investment income (7), Special events (9), and Total revenue (12). Expenses include Program services (13), Management (14), Fundraising (15), and Total expenses (17). Net Assets include Excess or deficit (18) and Net assets at beginning/end of year (19, 21).

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For Paperwork Reduction Act Notice, see the separate instructions

15

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	184,808.		184,808.	
26	Other salaries and wages	810,804.	754,562.	56,242.	
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies				
34	Telephone				
35	Postage and shipping				
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	195,023.		195,023.	
43	Other expenses not covered above (itemize) <b>STMT 7</b>	2,064,644.	1,676,769.	311,305.	76,570.
b					
c					
d					
e					
44	<b>Total functional expenses</b> (add lines 22 through 43) <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15.</i>	3,255,279.	2,431,331.	747,378.	76,570.

**Joint Costs Check**  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)**

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a <b>STMT 8</b> ----- ----- ----- (Grants and allocations \$ _____)	2,424,748
b <b>EXHIBITS THE MUSEUM RENTS VARIOUS ART EXHIBITS FROM OTHER MUSEUMS ACROSS THE COUNTRY &amp; DISPLAYS THEM FOR VARYING PERIODS OF TIME</b> ----- ----- (Grants and allocations \$ _____)	6,583
c ----- ----- (Grants and allocations \$ _____)	
d ----- ----- (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	2,431,331

**Part IV Balance Sheets** (See Specific Instructions on page 24 )

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			(A) Beginning of year		(B) End of year
<b>Assets</b>	45	Cash - non-interest-bearing . . . . .	44,701	45	2,716
	46	Savings and temporary cash investments . . . . .	1,741,456	46	2,328,457
	47a	Accounts receivable . . . . .	80,949		
	b	Less allowance for doubtful accounts . . . . .		47c	80,949
	48a	Pledges receivable . . . . .	4,749,293		
	b	Less allowance for doubtful accounts . . . . .		48c	4,749,293
	49	Grants receivable . . . . .		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50	
	51a	Other notes and loans receivable (attach schedule) . . . . .			
	b	Less allowance for doubtful accounts . . . . .		51c	
	52	Inventories for sale or use . . . . .	2,581	52	84,054
	53	Prepaid expenses and deferred charges . . . . .	116,495	53	150,383
	54	Investments - securities (attach schedule) . . . . .	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a	Investments - land, buildings, and equipment basis . . . . .	6,810,267		
	b	Less accumulated depreciation (attach schedule) . . . . .		55c	6,810,267
56	Investments - other (attach schedule) . . . . .		56		
57a	Land, buildings, and equipment: basis . . . . .	21,614,153			
b	Less accumulated depreciation (attach schedule) . . . . .	224,400	57c	21,389,753	
58	Other assets (describe ▶ )		58		
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	35,756,404	59	35,595,872	
<b>Liabilities</b>	60	Accounts payable and accrued expenses . . . . .	925,945	60	526,406
	61	Grants payable . . . . .		61	
	62	Deferred revenue . . . . .		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
	64a	Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
	b	Mortgages and other notes payable (attach schedule) . . . . .		64b	
	65	Other liabilities (describe ▶ )		65	
66	<b>Total liabilities</b> (add lines 60 through 65) . . . . .	925,945	66	526,406	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted . . . . .	7,908,979	67	21,916,606
	68	Temporarily restricted . . . . .	26,309,839	68	12,366,219
	69	Permanently restricted . . . . .	611,641	69	786,641
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds . . . . .		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
	72	Retained earnings, endowment, accumulated income, or other funds . . . . .		72	
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, and column (B) must equal line 21) . . . . .	34,830,459	73	35,069,466
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .	35,756,404	74	35,595,872

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



Part VI Other Information (See Specific Instructions on page 27)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
78b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? If "Yes," enter the name of the organization		X
and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditure See line 81 instructions	81a	NONE
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82a	X
82b		82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84a	X
84b		84b	N/A
85a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?	85a	N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
85c	Dues, assessments, and similar amounts from members	85c	N/A
85d	Section 162(e) lobbying and political expenditures	85d	N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86a	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) orgs. Enter a Gross income from members or shareholders	87a	N/A
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911		N/A
	section 4912		N/A
	section 4955		N/A
89b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
	Enter Amount of tax on line 89c, above, reimbursed by the organization		NONE
90a	List the states with which a copy of this return is filed		OKLAHOMA
90b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	22
91	The books are in care of	MUSEUM	Telephone no
	Located at	OKLAHOMA CITY, OK	405-840-2759
		ZIP + 4	73107
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)**

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a <b>EXHIBITS/SPEC EVEN</b>					273,146.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					164,075
95 Interest on savings and temporary cash investments			14	555,849.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			15	5,089	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			6	178,753.	
102 Gross profit or (loss) from sales of inventory					59,789
103 Other revenue a					
b <b>MUSEUM SHOP</b>	446130	12,930.			
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		12,930		739,691	497,010
105 Total (add line 104, columns (B), (D), and (E))					1,249,631

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)**

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	STMT 12

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
STMT 13	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note. If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

Please Sign: *[Signature]* Date: 13-5-03

**PRESIDENT**

Date: // Check if:  **Ralph W. Goemmel**

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

OMB No 1545-0047

**2001**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **OKLAHOMA CITY MUSEUM OF ART**  
**F. K A. OKLAHOMA CITY ART MUSEUM**

Employer identification number  
**73-0528431**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one if there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	▶ NONE			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) if there are none, enter "None ")

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

Part III Statements About Activities (See page 2 of the instructions)

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 3. Does the organization make grants for scholarships, fellowships, student loans, etc? 4. Do you have a section 403(b) annuity plan for your employees?

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

- The organization is not a private foundation because it is (Please check only ONE applicable box)
5 [ ] A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6 [ ] A school Section 170(b)(1)(A)(ii) (Also complete Part V)
7 [ ] A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8 [ ] A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9 [ ] A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
11b [ ] A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
12 [ ] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above

- 14 [ ] An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

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

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

Table with columns: Calendar year (or fiscal year beginning in), (a) 2000, (b) 1999, (c) 1998, (d) 1997, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 29 through 35 regarding racial nondiscrimination policies, financial aid, and organizational compliance.

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768) **NOT APPLICABLE**

- Check  a  if the organization belongs to an affiliated group
- Check  b  if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -	41	
	Not over \$500,000 . . . . . 20% of the amount on line 40	}	
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 . . . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 . . . . . \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			Amount
	Yes	No	
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h)			

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



FORM 990, PART I - OTHER INVESTMENT INCOME

DESCRIPTION -----	AMOUNT -----
OIL & GAS INCOME	5,089.
TOTAL	----- 5,089. =====

FORM 990, PART I - GROSS SALES LESS RETURNS AND ALLOWANCES

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DESCRIPTION  
-----

AMOUNT  
-----

MUSEUM SALES

151,759.

TOTAL

-----  
151,759.  
-----

FORM 990, PART I - COST OF GOODS SOLD

DESCRIPTION	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS ENDING INVENTORY	COST OF GOODS SOLD
-----	-----	-----	-----	-----	-----	-----
COST OF GOODS SOLD				91,970		91,970
TOTALS	-----	-----	-----	91,970	-----	91,970

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNREALIZED LOSS	217,694.
PRIOR PERIOD ADJUSTMENT	44,411.
	<u>-----</u>
TOTAL	<u>262,105.</u>

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PROGRAMMING	420,704.	420,704.		
PERMANENT COLLECTION	96,984.	96,984.		
ADMINISTRATIVE	224,733.	179,528.	45,205.	
DEVELOPMENT	180,373.	180,373.		
FUNDRAISING EVENTS	76,570.			76,570.
BUILDING AND GROUNDS CONTRACT	13,166.	13,166.		
SECURITY CONTRACT LABOR	136,669.	136,669.		
LEASEHOLD ABANDONMENT	55,256.		55,256.	
INSURANCE	54,531.		11,232.	
MOVING EXPENSE	101,415.	43,299.	101,415.	
UTILITIES	92,887.		92,887.	
CONTRIBUTED EXPENSE	40,816.	35,506.	5,310.	
CONTRIBUTED ADVERTISING	256,540.	256,540.		
ART ACCESSIONED	314,000.	314,000.		
TOTALS	2,064,644.	1,676,769.	311,305.	76,570.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION

EXPENSES

EDUCATION, LECTURES, MUSIC: PROGRAMS PRESENTED BY THE MUSEUM ON A WIDE VARIETY OF SUBJECTS INCLUDING ART CLASSES, LECTURES, MUSIC, FILMS, SPECIAL EVENTS, ACQUISITIONS, LIBRARY & SLIDES

2,424,748

TOTAL

2,431,331

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSS	217,694.
MUSEUM STORE EXP ON LINE 10B	-91,970.
MUSEUM EXPENSES INC. IN LN 11	-9,416.
	-----
TOTAL	<u>116,308.</u>

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

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DESCRIPTION -----	AMOUNT -----
ALLOCATED MUSEUM STORE EXPENSE	-9,416.
MUSEUM COGS ON LINE 10B	-91,970.
	-----
TOTAL	-101,386.
	=====

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CAROLYN HILL 1516 N.E. 67TH OKLAHOMA CITY, OK 73111	EXEC. DIRECTOR 65	119,808.	NONE	NONE
MARGARET DUBBERSTEIN 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	DIR. OF FINANCE 55	65,000.	NONE	NONE
	GRAND TOTALS	184,808.	NONE	NONE

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	EXHIBITS AND SPECIAL EVENTS REVENUE ALLOW INDIVIDUALS TO VIEW AND ENJOY AESTHETIC ITEMS IN AN ATMOSPHERE CONDUCIVE TO LEARNING AND INCREASING CULTURE.
94	MEMBERSHIP DUES ALLOW THE MUSEUM TO INFORM MEMBERS OF UPCOMING EVENTS SO THEY CAN ATTEND AND INCREASE THEIR EDUCATION AND CULTURE.
102	SAME AS LINE 93A

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
----------------------------------------------------	-------------------------------------	-------------------------------------	-----------------	------------------

N/A

TOTAL INCOME

OKLAHOMA CITY MUSEUM OF ART  
EIN 73-0528431  
2001 FORM 990  
FOR THE TAX YEAR ENDED 06/30/2002

FORM 990, PART III

ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE COLLECTION, EXHIBITION, AND PRESERVATION OF WORKS OF ART AS WELL AS THE  
EDUCATION OF THE OCMMUNITY IN SUCH MATTERS

**BOARD OF TRUSTEES  
2002-2003**

**Mr. Elby J. Beal (Elby & Tina)**  
Golf Club Partners  
6303 Waterford Blvd., Ste. 150  
Oklahoma City, OK 73118  
848-5600 Fax: 848-5627  
Home:  
6617 N. Hillcrest Ave.  
Oklahoma City, OK 73116  
840-5522

**Dr. John R. Bozalis (John & Sharon)**  
Oklahoma Allergy Clinic  
P.O. Box 26827  
Oklahoma City, OK 73126  
Office: 235-0040 x 421 Fax: 272-4029  
Home:  
1604 Elmhurst  
Oklahoma City, OK 73120  
843-7115

**Mr. William M. Cameron (Bill & Laura)**  
American Fidelity  
2000 N. Classen Blvd., 700 N  
Oklahoma City, OK 73106  
523-2000 Fax: 523-5421  
Home:  
7314 Lancet Lane  
Oklahoma City, OK 73120  
842-2060

**Ms. Teresa L. Cooper (Terri & Bert)**  
Home:  
12817 Plum Hollow Dr.  
Oklahoma City, OK 73142  
751-4587 Fax: 751-1181

**Ms. Marion DeVore (Marion & Dr. John)** *Lifetime Trustee*  
Home:  
1608 Westminster Place  
Oklahoma City, OK 73120  
842-3647 Fax: same as phone

**BOARD OF TRUSTEES**

Page No. - 2 -

**Ms. Nancy Payne Ellis (Nancy & Dr. Robert S.)**

Heritage Trust

848-8899

Home:

6703 Avondale

Oklahoma City, OK 73116

848-6559 Fax: 840-2372

**Ms. Shirley Ford (Shirley)**

Office phone: 330-9166 Fax: 330-9183

Home:

6603 NW Grand Blvd.

Oklahoma City, OK 73116

**Ms. Virginia ML Fox (Virginia & Jim) SECRETARY**

Meade Energy Corp.

777 NW Grand Blvd., Ste. 210

Oklahoma City, OK 73118

843-1544 x 220 Fax: 848-8141

Home:

2709 Elmhurst Avenue

Oklahoma City, OK 73120

848-6848

**Mr. David T. Greenwell (David & Pam) TREASURER**

Greenwell & Co., P.C.-Certified Public Accountants

P.O. Box 2360

Oklahoma City, OK 73101

234-5550 x 4 Fax: 234-5551

Home:

3005 SW 128<sup>th</sup> Street

Oklahoma City, OK 73170-2013

691-3269

**BOARD OF TRUSTEES**

Page No. - 3 -

**Ms. Kirk Hammons (Kirk & Royce)**

Metro Mark Realtors

848-8818 Fax: 843-1476

Home:

13009 Burnt Oak Road

Oklahoma City, OK 73120

936-0806 Fax: 936-9704

**Mr. V. Burns Hargis (Burns & Ann)**

Bank of Oklahoma N.A.

P.O. Box 24128

Oklahoma City, OK 73124

272-2422 Fax: 272-2456

Home:

1800 Devonshire Street

Oklahoma City, OK 73116

842-6327

**Ms. Jane B. Harlow (Jane)**

Home:

6500 N. Hillcrest

Oklahoma City, OK 73116

842-4565

**Ms. Angie Hester (Angie)***Lifetime Trustee*

Home:

6208 Riviera Drive

Oklahoma City, OK 73112

842-6615

**Mr. Frank D. Hill (Frank & Bette Jo)**

McAfee Taft

211 N. Robinson, 10<sup>th</sup> Floor

Oklahoma City, OK 73102

552-2259 Fax: 235-0439

Home:

710 NW 41<sup>st</sup>

Oklahoma City, OK 73118

525-5896

**BOARD OF TRUSTEES**

Page No. - 4 -

**Mr. K. Blake Hoenig (Blake & Lu) PRESIDENT**

P.O. Box 61265

Oklahoma City, OK 73146

235-6126 Fax: 235-6126

Home:

1531 Classen Drive

Oklahoma City, OK 73106

235-6997

**Dr. Joe M. Howell (Joe & Jayme)**

Britton Road Veterinary Clinic

751-8007 Fax: 751-0334

Home:

1704 Kingsbury

Oklahoma City, OK 73116

848-8129

**Ms. Leslie Hudson (Leslie & Clifford) PRESIDENT ELECT**

Home:

1525 Classen Drive

Oklahoma City, OK 73106

236-2016 Fax: 236-0703

**Councilwoman Willa D. Johnson (Willa & Bill)**

Municipal Building

200 N. Walker, Room 309

Oklahoma City, OK 73102

297-2569 Fax: 297-3003

Home:

3300 Mahoney Dr.

Oklahoma City, OK 73121

427-3348 Fax. same

**Ms. Joan Kirkpatrick (Joan) VICE-PRESIDENT**

Kirkpatrick Foundation

P.O. Box 268822

Oklahoma City, OK 73126

840-2882 x 122 Fax: 840-2946

Home:

6208 Waterford Blvd., #98

Oklahoma City, OK 73118

843-1220

**BOARD OF TRUSTEES**

PAGE NO. - 5 -

Statement 17c

**Mr. John E. Kirkpatrick (John)** *Lifetime Trustee*  
Kirkpatrick Oil Company (All mail to office address)  
P.O. Box 268822  
Oklahoma City, OK 73126-8822  
840-2882 Fax: 840-2946  
Home:  
6204 Waterford Blvd, #13  
Oklahoma City, OK 73118  
842-5960

**Mr. Duke R. Ligon (Duke & Linda) VICE-PRESIDENT**  
Devon Energy Corporation  
20 N. Broadway, Suite 1400  
Oklahoma City, OK 73102  
552-4604 Fax: 552-4648  
Home:  
1717 Kingsbury Lane  
Oklahoma City, OK 73116  
840-6398

**Ms. Judy Love (Judy & Tom)**  
Judy Love Specialties  
10601 N. Penn  
Oklahoma City, OK 73120  
Fax: 749-9122  
6824 NW Grand Blvd.  
Oklahoma City, OK 73116  
842-3319

**Ms. Penny McCaleb (Penny & John)**  
Home:  
1704 Pennington Way  
Oklahoma City, OK 73116  
848-3002 Fax: 767-9936 (call first)

**Mr. Ralph McCalmont (Ralph & Susan)**  
Home:  
3348 Rock Hollow Road  
Oklahoma City, OK 73120  
755-8910

**Ms. Katie McClendon (Katie & Aubrey)**  
Home:  
6902 Avondale  
Oklahoma City, OK 73116  
843-0826 Fax: 843-8482

**BOARD OF TRUSTEES**

Page No. - 6 -

**Mr. James C. Meade (Jim & Virginia)***Lifetime Trustee*

Meade Energy Corp.

777 NW Grand Blvd., Ste. 210

Oklahoma City, OK 73118

843-1544 x 214 Fax: 848-8141

Home:

1511 W. Wilshire Blvd.

Oklahoma City, OK 73116

842-2680

**Mr. Charles E. Nelson (Chuck & Lynda)**

Bank One Tower

P.O. Box 25848

Oklahoma City, OK 73125

231-6952 Fax: 231-6955

**Mr. Charles Nesbitt (Charles & Margôt)***Lifetime Trustees*125 NW 6<sup>th</sup>

Oklahoma City, OK 73102

235-5333 Fax: 236-2151

Home:

1703 N. Hudson

Oklahoma City, OK 73103

525-5535

**Dr. Maurice Nickell (Mo & Mary)**

2817 Parklawn Drive

Midwest City, OK 73110

737-7686 Fax: 741-3548

Home:

201 Burlingame Drive

Midwest City, OK 73110

732-3791

**Ms. Susan Parker (Susan)**

Home

2525 W. Wilshire Blvd.

Oklahoma City, OK 73116

842-1624 Fax: 842-3751

**BOARD OF TRUSTEES**

Page No. - 7 -

**Mr. Morris Permenter (Morris & Maxine)**

First Fidelity Bank

773-2100 Fax: 416-2666

(at bank Mon, Tues, Wed)

Home:

2903 NW 160<sup>th</sup>

Edmond, OK 73013

216-8836

**Mr. John P. Porter (John)**

6608 N Western, Ste. 455

Oklahoma City, OK 73116

840-8444 Fax: 878-0020

**Mr. David E. Rainbolt (David & Kim)**

BancFirst

P.O. Box 26788

Oklahoma City, OK 73126

270-1000 Fax: 270-1089

Home:

6226 N. Riviera

Oklahoma City, OK 73112

848-4880

**Mr. Ira H. Schlezinger (Ira & Sandy)**

INTEGRIS Health

3366 Northwest Expressway, Ste. 800

Oklahoma City, OK 73112

949-3942 Fax: 949-3477

Home:

1706 Camden Way

Oklahoma City, OK 73116

840-2779

**Ms. Carol Scroggins (Carol)**

2412 Spanish Oak Terr.

Colorado Springs, CO 80920-1208

719-266-9783

**Dr. Amalia Miranda Silverstein (Amalia & Dr. Paul)**

945-4747 Fax: 945-4748 E-mail: ecija@aol.com

Home:

4805 Bocage Lane

Oklahoma City, OK 73142

751-2631

## BOARD OF TRUSTEES

Page No. - 8 -

**Dr. Jordan Tang (Jordan & Kuen)**

Head of Protein Studies

Oklahoma Medical Research Foundation

271-7291 Fax: 271-7249

Home:

1204 Leawood Dr. (All mail to home address)

Edmond, OK 73034

341-2149

**Mr. Jerome M. Westheimer (Jerry & Wanda)***Lifetime Trustee*

P.O. Box 428

Ardmore, OK 73402

580/223-3494 Fax: 580/226-3925

Home:

1810 Fourth Avenue, SW

Ardmore, OK 73401

580/223-0991

**Ms. Wanda Westheimer (Wanda & Jerry)**

Home:

1810 Fourth Avenue, SW

Ardmore, OK 73401

580/223-0991

10/24/02

Statement 17h

**FILING FEE: \$25.00**

**FILE IN DUPLICATE**

**PRINT CLEARLY**

**FILED**

**NOV 13 2001**

**OKLAHOMA SECRETARY  
OF STATE**

**AMENDED  
CERTIFICATE OF INCORPORATION  
(NOT FOR PROFIT)**

TO OKLAHOMA SECRETARY OF STATE  
2300 N Lincoln Blvd , Room 101, State Capitol Building  
Oklahoma City, Oklahoma 73105-4897  
(405) 522-4560

The undersigned corporation, for the purpose of amending its certificate of incorporation pursuant to Title 18, Section 1077, hereby certifies

1 A The name of the corporation is

Oklahoma City Art Museum, Inc.

B As amended The name of the corporation has been changed to

Oklahoma City Museum of Art, Inc.

(Please note The new name of the corporation **MUST** contain one of the following words or abbreviations association, company, corporation, club, foundation, fund, incorporated, institute, society, union, syndicate, limited, co., corp., inc. or ltd.)

2 In the event the corporation is a church, the street address of its location is

Street Address (P.O. BOXES ARE NOT ACCEPTABLE) City Zip  
Code

3 The name of the registered agent and the street address of the registered office in the State of Oklahoma is

Joe M. Howell 3113 Pershing Street Oklahoma City Oklahoma 73107

Name of Agent Street Address City County Zip Code  
(P O BOXES ARE **NOT** ACCEPTABLE)

4 Set forth clearly any and all amendments to the Certificate of Incorporation which are desired to be made

Change of name to: Oklahoma City Museum of Art, Inc.

Change of Agent to: Nancy Payne Ellis  
3113 Pershing Blvd.  
Oklahoma City, Oklahoma 73107

**RECEIVED**

**NOV 13 2001**

**OKLAHOMA SECRETARY  
OF STATE**

**CHECK ONE OF THE FOLLOWING STATEMENTS, WHICHEVER IS APPLICABLE:**

  X   The governing body of the corporation adopted a resolution setting forth the amendment proposed and declaring its advisability

At a subsequent meeting held upon notice stating the purpose thereof and given in accordance with the provision of Title 18, Section 1067, a majority of all the members of the governing body voted in favor of the amendment

**OR**

           At a meeting of the governing body of said corporation, a resolution was duly adopted setting forth the foregoing proposed amendment(s) to the certificate of incorporation of said corporation, declaring said amendment(s) to be advisable and calling a meeting of the members for consideration thereof

Pursuant to such call and to due written notice given to each member, a meeting was held, at which meeting the necessary number of members as required by the certificate of incorporation of said corporation voted in favor of the amendment(s)

IN WITNESS WHEREOF, said corporation has caused this certificate to be signed by its President or Vice President and attested by its Secretary or Assistant Secretary, this   6th   day of   November  , ~~19~~   2001  .

Oklahoma City Art Museum, Inc.  
By   Nancy Payne Ellis   President  
  Nancy Payne Ellis    
(PLEASE PRINT NAME)

ATTEST.

Oklahoma City Art Museum, Inc.  
By   Virginia M. Fox   Secretary  
  Virginia M. Fox    
(PLEASE PRINT NAME)