

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2002

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)

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

Open to Public Inspection

A For the 2002 calendar year, or tax year period beginning **JUL 1, 2002** and ending **JUN 30, 2003**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization OKLAHOMA CITY MUSEUM OF ART, INC.		D Employer identification number 73-0528431
		Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number
		415 COUCH DRIVE		(405) 236-3100
		City or town, state or country, and ZIP + 4		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site **WWW.OKCMOA.COM**

J Organization type (check only one) 501(c)(3) (insert no) 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.

I Enter 4-digit GEN _____

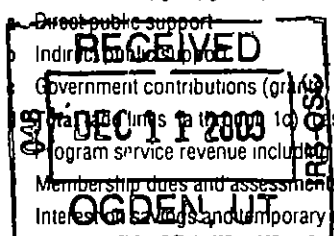
L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **6,684,839.**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received				
		Direct public support	1a	5,041,107.		
		Indirect public support	1b			
		Government contributions (grants)	1c			
		Interest on loans (including cash investments)			1d	
		2	Program service revenue including government fees and contracts (from Part VII, line 93)		309,336.	
		3	Membership dues and assessments		202,452.	
		4	Interest on loans and temporary cash investments		415,659.	
		5	Dividends and interest from securities			
		6a	Gross rents SEE STATEMENT 1	6a	59,740.	
		b	Less rental expenses	6b		
		c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	59,740.	
	7	Other investment income (describe OIL & GAS INCOME)	7	5,859.		
	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
	b	Less cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	8d					
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	213,339.		
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	213,339.		
	10a	Gross sales of inventory, less returns and allowances	10a	213,042.		
	b	Less cost of goods sold	10b	128,577.		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	84,465.		
	11	Other revenue (from Part VII, line 103)	11	224,305.		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	6,556,262.		
Expenses	13	Program services (from line 44, column (B))	13	3,571,212.		
	14	Management and general (from line 44, column (C))	14	1,826,667.		
	15	Fundraising (from line 44, column (D))	15	81,518.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	5,479,397.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,076,865.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	35,069,466.		
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	327,215.		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	36,473,546.		

Revenue FILMED DEC 23 2003



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24

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

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	175,108.	0.	175,108.	0.
26	Other salaries and wages	841,203.	679,777.	161,426.	
27	Pension plan contributions				
28	Other employee benefits	79,925.	55,069.	24,856.	
29	Payroll taxes	78,353.	52,234.	26,119.	
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)	663,881.		663,881.	
43	Other expenses not covered above (itemize)				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 5	3,640,927.	2,784,132.	775,277.	81,518.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15	5,479,397.	3,571,212.	1,826,667.	81,518.

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

What is the organization's primary exempt purpose? **SEE STATEMENT 6**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)
a <u>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</u> (Grants and allocations \$ _____)	3,558,831.
b <u>EXHIBITS: THE MUSEUM RENTS VARIOUS ART EXHIBITS FROM OTHER MUSEUMS ACROSS THE COUNTRY AND DISPLAYS THEM FOR VARYING PERIODS OF TIME</u> (Grants and allocations \$ _____)	12,381.
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,571,212.

Part IV Balance Sheets

Note 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
Assets	45 Cash - non-interest-bearing	2,716.	45	3,655.
	46 Savings and temporary cash investments	2,328,457.	46	712,045.
	47 a Accounts receivable	47a 1,732,442.		
	b Less allowance for doubtful accounts	47b	80,949.	47c 1,732,442.
	48 a Pledges receivable	48a 1,720,384.		
	b Less allowance for doubtful accounts	48b	4,749,293.	48c 1,720,384.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		84,054.	52 112,145.
	53 Prepaid expenses and deferred charges		150,383.	53 245,602.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b		55c
56 Investment - other	SEE STATEMENT 7	6,810,267.	56	10,669,628.
57 a Land, buildings, and equipment, basis	57a 22,300,849.			
b Less accumulated depreciation STMT 8	57b 889,606.	21,389,753.	57c	21,411,243.
58 Other assets (describe <input type="checkbox"/>)			58	
59 Total assets (add lines 45 through 58) (must equal line 74)		35,595,872.	59	36,607,144.
Liabilities	60 Accounts payable and accrued expenses	526,406.	60	133,598.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/>)			65
66 Total liabilities (add lines 60 through 65)		526,406.	66	133,598.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	21,916,606.	67	23,330,582.
	68 Temporarily restricted	12,366,219.	68	7,910,391.
	69 Permanently restricted	786,641.	69	5,232,573.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		35,069,466.	73	36,473,546.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		35,595,872.	74	36,607,144.

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 VII Analysis of Income-Producing Activities (See page 31 of the instructions)

	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <u>EXHIBITS/SPECIAL EVENTS</u>					274,537.
b <u>TUITIONS</u>					34,799.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					202,452.
95 Interest on savings and temporary cash investments			14	415,659.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property			16	59,740.	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			15	5,859.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					213,339.
102 Gross profit or (loss) from sales of inventory	453220	84,465.			
103 Other revenue					
a <u>MUSEUM CAFE INCOME</u>	722210	211,167.			
b <u>MISCELLANEOUS INCOME</u>					13,138.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		295,632.		481,258.	738,265.
105 Total (add line 104, columns (B), (D), and (E))					1,515,155.

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 page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 14

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

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

I am preparing this return for the company of which preparer has any knowledge

2-08-05 Carolyn Hill Exec. Dir.
Type or print name and title

Date Check if Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545 0047

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

2002

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization **OKLAHOMA CITY MUSEUM OF ART, INC.** 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
JACK MADDEN ----- OKLAHOMA CITY, OK	FAC OPER MGR 50	55,000.	0.	0.
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Total number of other employees paid over \$50,000 ▶	2	-----	-----	-----

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 -----	-----	-----
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Total number of others receiving over \$50,000 for professional services ▶	0	-----

Part III Statements About Activities (See page 2 of the instructions)	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 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 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)

(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 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	2,506,760.	1,034,400.	6,050,524.	2,853,434.	21,754,718.
16 Membership fees received	164,075.	63,500.	85,376.	63,667.	376,618.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	603,658.	313,470.	289,299.	255,768.	1,462,195.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 tax(es) from businesses acquired by the organization after June 30, 1975)	560,938.	873,322.	383,397.	128,078.	1,945,735.
19 Net income from unrelated business activities not included in line 18	12,930.				12,930.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		4,060.	917.	1,746.	6,723.
23 Total of lines 15 through 22	3,848,361.	11,598,352.	6,809,513.	3,302,693.	25,558,919.
24 Line 23 minus line 17	3,244,703.	11,284,882.	6,520,214.	3,046,925.	24,096,724.
25 Enter 1% of line 23	38,484.	115,984.	68,095.	33,027.	
26 Organizations described on lines 10 or 11	<p>a Enter 2% of amount in column (e), line 24</p> <p>b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts</p> <p>c Total support for section 509(a)(1) test: Enter line 24, column (e)</p> <p>d Add: Amounts from column (e) for lines 18 <u>1,945,735.</u> 19 <u>12,930.</u> 22 <u>6,723.</u> 26b <u>11,528,276.</u></p> <p>e Public support (line 26c minus line 26d total)</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p>26a 481,934.</p> <p>26b 115,282,76.</p> <p>26c 24,096,724.</p> <p>26d 13,493,664.</p> <p>26e 10,603,060.</p> <p>26f 44.0021%</p>
27 Organizations described on line 12	<p>a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year</p> <p>(2001) N/A (2000) (1999) (1998)</p> <p>b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year</p> <p>(2001) (2000) (1999) (1998)</p> <p>c Add: Amounts from column (e) for lines 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u></p> <p>d Add: Line 27a total <u> </u> and line 27b total <u> </u></p> <p>e Public support (line 27c total minus line 27d total)</p> <p>f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)</p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				<p>27c N/A</p> <p>27d N/A</p> <p>27e N/A</p> <p>27f N/A</p> <p>27g N/A %</p> <p>27h N/A %</p>
28 Unusual Grants	For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.				

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)		
<hr/>			
<hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d	
<hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33h	
<hr/>			
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

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

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred)		N/A													
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														
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500 000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500 000 but not over \$1 000 000</td> <td>\$100 000 plus 15% of the excess over \$500 000</td> </tr> <tr> <td>Over \$1 000 000 but not over \$1 500 000</td> <td>\$175 000 plus 10% of the excess over \$1 000 000</td> </tr> <tr> <td>Over \$1 500 000 but not over \$17 000 000</td> <td>\$225 000 plus 5% of the excess over \$1 500 000</td> </tr> <tr> <td>Over \$17 000 000</td> <td>\$1 000 000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	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	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
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				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
		0.

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

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
CAFE LEASE	1	8,716.	
FACILITY RENTAL	2	51,024.	
TOTAL TO FORM 990, PART I, LINE 6A		59,740.	

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
SPECIAL EVENTS	213,339.		213,339.		213,339.	
TO FM 990, PART I, LINE 9	213,339.		213,339.		213,339.	

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME

1. GROSS RECEIPTS	213,042	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		213,042
4. COST OF GOODS SOLD (LINE 13)	128,577	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		84,465

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS	128,577	
11. ADD LINES 6 THROUGH 10		128,577
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		128,577

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
DESCRIPTION		AMOUNT	
UNREALIZED GAINS		327,215.	
TOTAL TO FORM 990, PART I, LINE 20		327,215.	

FORM 990	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
ADMINISTRATIVE	240,053.	150,389.	89,664.		
ART ACCESSIONED	1,800,000.	1,800,000.			
BUILDING & GROUNDS CONTRACT	4,370.	4,370.			
CONTRIBUTED EXPENSE	39,852.	10,476.	29,376.		
DEVELOPMENT	112,600.	112,600.			
FUNDRAISING EVENTS	81,518.			81,518.	
INSURANCE	63,239.	46,255.	16,984.		
PERMANENT COLLECTION	16,576.	16,576.			
PROGRAMMING	469,859.	469,859.			
SECURITY CONTRACT					
LABOR	173,607.	173,607.			
UTILITIES	238,697.		238,697.		
MUSEUM CAFE EXPENSES	276,421.		276,421.		
MUSEUM STORE EXPENSES	124,135.		124,135.		
TOTAL TO FM 990, LN 43	3,640,927.	2,784,132.	775,277.	81,518.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	6
	PART III		

EXPLANATION

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

FORM 990	OTHER INVESTMENTS	STATEMENT	7
DESCRIPTION	VALUATION METHOD	AMOUNT	
BENEFICIAL INTEREST IN ASSETS HELD BY OCCF INVESTMENTS - VARIOUS	COST	1,773,295.	
INVESTMENTS WITH RESTRICTIONS - VARIOUS	COST	113,683.	
	COST	8,782,650.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		10,669,628.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	61,586.	0.	61,586.
NEW BUILDING & IMPROVEMENTS	20,491,497.	622,453.	19,869,044.
FURNITURE & FIXTURES	946,880.	126,343.	820,537.
EQUIPMENT	714,085.	136,055.	578,030.
CAFE FURNITURE & FIXTURES	40,156.	2,200.	37,956.
CAFE EQUIPMENT	46,645.	2,555.	44,090.
TOTAL TO FORM 990, PART IV, LN 57	22,300,849.	889,606.	21,411,243.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	9
DESCRIPTION			AMOUNT
MUSEUM STORE COST OF GOODS SOLD ON LINE 10B			128,577.
TOTAL TO FORM 990, PART IV-A			128,577.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	10
DESCRIPTION			AMOUNT
MUSEUM STORE COST OF GOODS SOLD ON LINE 10B			128,577.
TOTAL TO FORM 990, PART IV-B			128,577.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CAROLYN HILL 1516 N.E. 67TH STREET OKLAHOMA CITY, OK 73111	EXEC. DIRECTOR 65	110,000.	0.	0.
MARGARET DUBBERSTEIN 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	DIRECTOR OF FINANCE 55	65,108.	0.	0.
MR. ELBY J. BEAL 6617 N. HILLCREST AVE. OKLAHOMA CITY, OK 73116	TRUSTEE 0	0.	0.	0.
DR. JOHN R. BOZALIS 1604 ELMHURST OKLAHOMA CITY, OK 73120	TRUSTEE 0	0.	0.	0.
MR. WILLIAM M. CAMERON 7314 LANCET LANE OKLAHOMA CITY, OK 73120	TRUSTEE 0	0.	0.	0.
MS. TERESA L. COOPER 12817 PLUM HOLLOW DRIVE OKLAHOMA CITY, OK 73142	TRUSTEE 0	0.	0.	0.
MS. MARION DEVORE 1608 WESTMINSTER PLACE OKLAHOMA CITY, OK 73120	LIFETIME TRUSTEE 0	0.	0.	0.
MS. NANCY PAYNE ELLIS 6703 AVONDALE OKLAHOMA CITY, OK 73116	TRUSTEE 0	0.	0.	0.
MS. SHIRLEY FORD 6603 N.W. GRAND BLVD. OKLAHOMA CITY, OK 73116	TRUSTEE 0	0.	0.	0.
MS. VIRGINIA M. FOX 2709 ELMHURST AVENUE OKLAHOMA CITY, OK 73120	SECRETARY 2	0.	0.	0.
MR. DAVID T. GREENWELL 3005 S.W. 128TH STREET OKLAHOMA CITY, OK 73170-2013	TREASURER 2	0.	0.	0.

MS. KIRK HAMMONS 13009 BURNT OAK ROAD OKLAHOMA CITY, OK 73120	TRUSTEE 0	0.	0.	0.
MR. V. BURNS HARGIS 1800 DEVONSHIRE STREET OKLAHOMA CITY, OK 73116	TRUSTEE 0	0.	0.	0.
MS. JANE B. HARLOW 6500 N. HILLCREST OKLAHOMA CITY, OK 73116	TRUSTEE 0	0.	0.	0.
MS. ANGIE HESTER 6208 RIVIERA DRIVE OKLAHOMA CITY, OK 73112	LIFETIME TRUSTEE 0	0.	0.	0.
MR. FRANK D. HILL 710 N.W. 41ST OKLAHOMA CITY, OK 73118	TRUSTEE 0	0.	0.	0.
MR. K. BLAKE HOENIG 1531 CLASSEN DRIVE OKLAHOMA CITY, OK 73106	PRESIDENT 5	0.	0.	0.
DR. JOE M. HOWELL 1704 KINGSBURY OKLAHOMA CITY, OK 73116	TRUSTEE 0	0.	0.	0.
MS. LESLIE HUDSON 1525 CLASSEN DFIVE OKLAHOMA CITY, OK 73106	PRESIDENT ELECT 3	0.	0.	0.
WILLA D. JOHNSON 3300 MAHONEY DFIVE OKLAHOMA CITY, OK 73121	TRUSTEE 0	0.	0.	0.
MS. JOAN KIRKPATRICK 6208 WATERFORD BLVD. #98 OKLAHOMA CITY, OK 73118	VICE-PRESIDENT 3	0.	0.	0.
MR. JOHN E. KIFKPATRICK 6204 WATERFORD BLVD. #13 OKLAHOMA CITY, OK 73118	LIFETIME TRUSTEE 0	0.	0.	0.
MR. DUKE R. LIGON 1717 KINGSBURY LANE OKLAHOMA CITY, OK 73116	VICE-PRESIDENT 3	0.	0.	0.
MS. JUDY LOVE 6824 N.W. GRAND BLVD. OKLAHOMA CITY, OK 73116	TRUSTEE 0	0.	0.	0.

OKLAHOMA CITY MUSEUM OF ART, INC.

73-0528431

MS. PENNY MCCALED 1704 PENNINGTON WAY OKLAHOMA CITY, OK 73116	TRUSTEE 0	0.	0.	0.
MR. RALPH MCCALMONT 3348 ROCK HOLLOW ROAD OKLAHOMA CITY, OK 73120	TRUSTEE 0	0.	0.	0.
MS. KATIE MCCLENDON 6902 AVONDALE OKLAHOMA CITY, OK 73116	TRUSTEE 0	0.	0.	0.
MR. JAMES C. MEADE 1511 W. WILSHIRE BLVD. OKLAHOMA CITY, OK 73116	LIFETIME TRUSTEE 0	0.	0.	0.
MR. CHARLES E. NELSON P.O. BOX 25848 OKLAHOMA CITY, OK 73125	TRUSTEE 0	0.	0.	0.
MR. CHARLES NESBITT 1703 N. HUDSON OKLAHOMA CITY, OK 73103	LIFETIME TRUSTEE 0	0.	0.	0.
DR. MAURICE NICKELL 201 BURLINGAME DRIVE OKLAHOMA CITY, OK 73110	TRUSTEE 0	0.	0.	0.
MS. SUSAN PARKER 2525 W. WILSHIRE BLVD. OKLAHOMA CITY, OK 73116	TRUSTEE 0	0.	0.	0.
MR. MORRIS PERMENTER 2903 N.W. 160TH EDMOND, OK 73013	TRUSTEE 0	0.	0.	0.
MR. JOHN P. PORTER 6608 N. WESTERN, STE 455 OKLAHOMA CITY, OK 73116	TRUSTEE 0	0.	0.	0.
MR. DAVID E. RAINBOLT 6226 N. RIVIERA OKLAHOMA CITY, OK 73112	TRUSTEE 0	0.	0.	0.
MR. IRA H. SCHLEZINGER 1706 CAMDEN WAY OKLAHOMA CITY, OK 73116	TRUSTEE 0	0.	0.	0.
MS. CAROL SCROGGINS 2412 SPANISH OAK TERRACE COLORADO SPRINGS, CO 80920-1208	TRUSTEE 0	0.	0.	0.

DR. AMALIA M. SILVERSTEIN 4805 BOCAGE LANE OKLAHOMA CITY, OK 73142	TRUSTEE 0	0.	0.	0.
DR. JORDAN TANG 1204 LEAWOOD DRIVE EDMOND, OK 73034	TRUSTEE 0	0.	0.	0.
MR. JEROME M. WESTHEIMER 1810 FOURTH AVENUE, SW ARDMORE, OK 73401	LIFETIME TRUSTEE 0	0.	0.	0.
MS. WANDA WESTHEIMER 1810 FOURTH AVENUE, SW ARDMORE, OK 73401	TRUSTEE 0	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		175,108.	0.	0.

FORM 990 STATEMENT OF ACTIVITIES NOT PREVIOUSLY REPORTED - PART VI, LINE 76 STATEMENT 12

EXPLANATION

IN FEBRUARY, 2003, THE MUSEUM PURCHASED THE CAFE LOCATED ON THE PREMISES THAT WAS PREVIOUSLY OPERATED BY AN UNAFFILIATED TENANT. THE CAFE WAS FORMED AS A LIMITED LIABILITY COMPANY WITH THE MUSEUM AS ITS SOLE MEMBER.

FORM 990 PART IX INFORMATION REGARDING TAXABLE SUBSIDIARIES STATEMENT 13

NAME, ADDRESS & ID NUMBER OF CORP OR PARTNERSHIP	PCT OWN	NATURE OF BUSINESS	TOTAL INCOME	END-OF-YEAR ASSETS
MUSEUM OF ART CAFE, INC., 415 COUCH DRIVE, OKLAHOMA CITY, OK 73102 #33-1041277	100.00%	FULL SERVICE RESTAURANT	211,167.	117,870.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 14
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	EXHIBITS/SPECIAL EVENTS REVENUE ALLOW INDIVIDUALS TO VIEW AND ENJOY AESTHETIC ITEMS IN AN ATMOSPHERE CONDUCIVE TO LEARNING AND INCREASING CULTURAL AWARENESS.
93B	TUITION FOR ART CLASSES ALLOW CHILDREN & ADULTS AN OPPORTUNITY TO LEARN DIFFERENT ART TECHNIQUES.
94	MEMBERSHIP DUES ALLOW THE MUSEUM TO INFORM MEMBERS OF UPCOMING EVENTS THAT WILL INCREASE THEIR EDUCATION AND CULTURAL AWARENESS.
101	INCOME IS EARNED FROM FUND-RAISING ACTIVITIES WHICH PROVIDE RESOURCES FOR BALLET ACTIVITIES.
103B	MISCELLANEOUS INCOME TO PROVIDE ADDITIONAL RESOURCES FOR MUSEUM ACTIVITIES.

SCHEDULE A OTHER INCOME STATEMENT 15

DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
MISC. INCOME	0.	4,060.	917.	1,746.
TOTAL TO SCHEDULE A, LINE 22	0.	4,060.	917.	1,746.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	MUSEUM											
1	LAND					61,586.			61,586.			0.
2	NEW BUILDING & IMPROVEMENTS			40.00	16	20,491,497.			20,491,497	126,297.		496,156.
3	FURNITURE & FIXTURES			5.00	16	946,880.			946,880.	34,984.		91,359.
4	EQUIPMENT			3.00	16	714,085.			714,085.	59,689.		76,366.
	* 990 PAGE 2 TOTAL - MUSEUM					22,214,048		0.	22,214,048.	220,970.	0.	663,881.
	MUSEUM CAFE											
7	CAFE FURNITURE & FIXTURES	021803	SL	5.00	16	40,156.			40,156.			2,200.
8	CAFE EQUIPMENT	021803	SL	5.00	16	46,645.			46,645.			2,555.
	* 990 PAGE 2 TOTAL - MUSEUM CAFE					86,801.		0.	86,801.	0.	0.	4,755.
	* GRAND TOTAL 990 PAGE 2 DEPR					22,300,849		0.	22,300,849	220,970.	0.	668,636.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
	OKLAHOMA CITY MUSEUM OF ART, INC.	73-0528431
	Number, street, and room or suite no. If a P O box, see instructions	
File by the due date for filing your return. See instructions	415 COUCH DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	OKLAHOMA CITY, OK 73102	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990 EZ | <input type="checkbox"/> Form 990 T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6 month, for 990-T corporation) extension of time until FEBRUARY 17, 2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year _____ or tax year beginning JUL 1, 2002 and ending JUN 30, 2003

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

3a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Beto J. Slowacki Title ▶ CFA Date ▶ 11-14-03

LHA For Paperwork Reduction Act Notice, see instruction

