

Return of Organization Exempt From Income Tax

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

2005

Open to Public Inspection

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 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

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. FKA OKLAHOMA CITY ART MUSEUM		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 **N/A**

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

I Group Exemption Number **N/A**

G Website: **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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

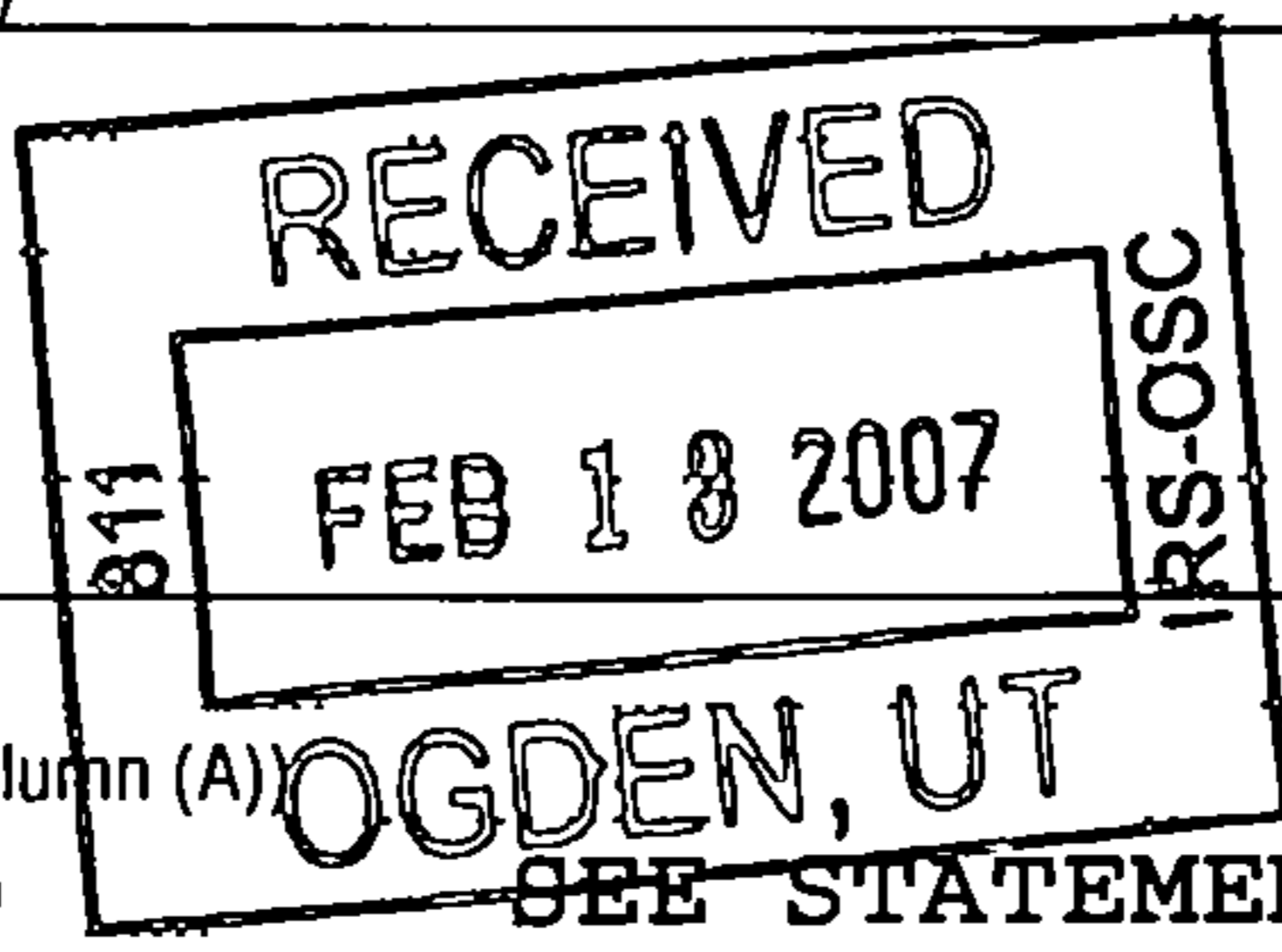
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **3,695,189.**

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

SCANNED FEB 20 2007

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	1,626,197.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ 1,605,014. noncash \$ 21,183.)	1d	1,626,197.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	398,586.	
	3 Membership dues and assessments	3	323,565.	
	4 Interest on savings and temporary cash investments	4	536,778.	
	5 Dividends and interest from securities	5		
	6 a Gross rents SEE STATEMENT 1	6a	132,365.	
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	132,365.	
7 Other investment income (describe OIL & GAS INCOME)	7	13,058.		
8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	180. 8a			
b Less: cost or other basis and sales expenses	8b			
c Gain or (loss) (attach schedule)	180. 8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 2	8d	180.		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	353,543.		
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a) SEE STATEMENT 3	9c	353,543.		
10 a Gross sales of inventory, less returns and allowances	10a	303,492.		
b Less: cost of goods sold STATEMENT 5	10b	129,329.		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STMT 4	10c	174,163.		
11 Other revenue (from Part VII, line 103)	11	7,425.		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	3,565,860.		
Expenses	13 Program services (from line 44, column (B))	13	2,212,130.	
	14 Management and general (from line 44, column (C))	14	1,515,122.	
	15 Fundraising (from line 44, column (D))	15	480,416.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 13 and 14, column (A))	17	4,207,668.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	<641,808.>	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	36,420,428.	
	20 Other changes in net assets or fund balances (attach explanation) OGDEN, UT SEE STATEMENT 6	20	342,781.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	36,121,401.	



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OKLAHOMA CITY MUSEUM OF ART, INC.
 FKA OKLAHOMA CITY ART MUSEUM

Form 990 (2005)

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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 \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>)				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc. * *	207,719.	75,820.	116,762.	15,137.
26 Other salaries and wages	1,113,221.	564,949.	395,174.	153,098.
27 Pension plan contributions				
28 Other employee benefits	105,815.	59,065.	30,347.	16,403.
29 Payroll taxes	103,546.	48,622.	41,379.	13,545.
30 Professional fundraising fees				
31 Accounting fees	22,896.	10,176.	10,176.	2,544.
32 Legal fees				
33 Supplies	53,066.	33,102.	18,413.	1,551.
34 Telephone	23,150.	10,758.	10,214.	2,178.
35 Postage and shipping	322,753.	311,782.	2,350.	8,621.
36 Occupancy	397,845.	397,845.		
37 Equipment rental and maintenance	107,071.	70,876.	26,574.	9,621.
38 Printing and publications	187,317.	135,286.	1,876.	50,155.
39 Travel	19,844.	11,077.	8,767.	
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	692,340.		692,340.	
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 7	43g	851,085.	482,772.	160,750.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	4,207,668.	2,212,130.	1,515,122.
				480,416.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

** SEE STATEMENT 8

**OKLAHOMA CITY MUSEUM OF ART, INC.
FKA OKLAHOMA CITY ART MUSEUM**

Form 990 (2005)

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Part III Statement of Program Service Accomplishments (See the instructions)

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 9	Program Service Expenses
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.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a 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. DONATED SERVICES VALUED AT \$646,140 WERE RECEIVED.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,212,130.
b EXHIBITS: THE MUSEUM RENTS VARIOUS ART EXHIBITS FROM OTHER MUSEUMS ACROSS THE COUNTRY AND DISPLAYS THEM FOR VARYING PERIODS OF TIME. NO ACTIVITY IN TAX YEAR.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	0.
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,212,130.

Form **990** (2005)

OKLAHOMA CITY MUSEUM OF ART, INC.
FKA OKLAHOMA CITY ART MUSEUM

Form 990 (2005)

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Part IV Balance Sheets (See the instructions)

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	3,706.	3,706.
	46 Savings and temporary cash investments	2,174,985.	1,064,733.
	47 a Accounts receivable	411,932.	
	47 b Less allowance for doubtful accounts		411,932.
	48 a Pledges receivable	29,275.	
	48 b Less allowance for doubtful accounts		29,275.
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	51 b Less allowance for doubtful accounts		
	52 Inventories for sale or use	196,752.	310,266.
	53 Prepaid expenses and deferred charges	179,608.	831,685.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55 a Investments - land, buildings, and equipment basis		
	55 b Less accumulated depreciation		
	56 Investments - other SEE STATEMENT 10	12,914,152.	13,923,670.
	57 a Land, buildings, and equipment basis STMT 11	22,635,085.	
	57 b Less accumulated depreciation	2,913,223.	19,721,862.
	58 Other assets (describe)		
59 Total assets (must equal line 74) Add lines 45 through 58	36,607,679.	36,297,129.	
Liabilities	60 Accounts payable and accrued expenses	187,251.	175,728.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	64 b Mortgages and other notes payable		
	65 Other liabilities (describe)		
66 Total liabilities. Add lines 60 through 65)	187,251.	175,728.	
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	23,033,420.	22,338,250.
	68 Temporarily restricted	6,697,420.	7,066,323.
	69 Permanently restricted	6,689,588.	6,716,828.
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
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)	36,420,428.	36,121,401.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	36,607,679.	36,297,129.	

Form 990 (2005)

**OKLAHOMA CITY MUSEUM OF ART, INC.
FKA OKLAHOMA CITY ART MUSEUM**

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Part VI Other Information <i>(continued)</i>		Yes	No
82 a 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?	82a	X	
b 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)	82b 646,140.		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b N/A		
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
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.			
c Dues, assessments, and similar amounts from members	85c N/A		
d Section 162(e) lobbying and political expenditures	85d N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g N/A		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h N/A		
86 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	86a N/A		
b Gross receipts, included on line 12, for public use of club facilities	86b N/A		
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a N/A		
b 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 entry disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X	
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
b 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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0.</u>			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>0.</u>			
90 a List the states with which a copy of this return is filed <u>OK</u>			
b Number of employees employed in the pay period that includes March 12, 2005	90b		50
91 a The books are in care of <u>OKLAHOMA CITY ART MUSEUM</u> Telephone no. <u>(405) 236-3100</u> Located at <u>415 COUCH DRIVE, OKLAHOMA CITY, OK</u> ZIP + 4 <u>73102</u>			
b 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 <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b		X
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c		X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 <u>N/A</u>			

Form 990 (2005)

**OKLAHOMA CITY MUSEUM OF ART, INC.
FKA OKLAHOMA CITY ART MUSEUM**

Form 990 (2005)

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Part VII Analysis of Income-Producing Activities (See 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>					325,427.
b <u>TUITIONS</u>					73,159.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					323,565.
95 Interest on savings and temporary cash investments			14	536,778.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property			16	132,365.	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			15	13,058.	
100 Gain or (loss) from sales of assets other than inventory			18	180.	
101 Net income or (loss) from special events					353,543.
102 Gross profit or (loss) from sales of inventory	453220	174,163.			
103 Other revenue					
a <u>MISCELLANEOUS INCOME</u>					5,617.
b <u>OTHER INCOME</u>					1,808.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		174,163.		682,381.	1,083,119.
105 Total (add line 104, columns (B), (D), and (E))					1,939,663.

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 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 16

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 15	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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

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

Please Sign Here

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.

Signature of officer: Carol Hill Date: 2.06.07 Type or print name and title: CAROL HILL, Exec. Director

Paid Preparer's Use Only

Preparer's signature: W. Lyndel Laskley Date: 1/26/07 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: HOGAN & SLOVACEK, A PROF. CORP.
301 NW 63RD, SUITE 290
OKLAHOMA CITY, OK 73116

EIN: _____ Phone no.: (405) 848-2020

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2005

Name of the organization **OKLAHOMA CITY MUSEUM OF ART, INC.**
FKA 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
JACK MADDEN 415 COUCH DRIVE, OKLAHOMA CITY, OK 7	FAC OPER MGR 50.00	61,368.	3,563.	0.

Total number of other employees paid over \$50,000 ▶	0			

Part II-A 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 ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other 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 i 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.		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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 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 6 of the instructions.)

OKLAHOMA CITY MUSEUM OF ART, INC.

Schedule A (Form 990 or 990-EZ) 2005 FKA OKLAHOMA CITY ART MUSEUM

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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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	2,079,658.	2,478,910.	5,041,107.	2,506,760.	12,106,435.
16 Membership fees received	304,513.	248,830.	202,452.	164,075.	919,870.
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	733,361.	701,272.	522,675.	603,658.	2,560,966.
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 taxes) from businesses acquired by the organization after June 30, 1975	565,198.	519,715.	481,258.	560,938.	2,127,109.
19 Net income from unrelated business activities not included in line 18	166,692.	121,809.	295,632.	12,930.	597,063.
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	3,708.	3,795.	SEE STATEMENT 17 13,138.		20,641.
23 Total of lines 15 through 22	3,853,130.	4,074,331.	6,556,262.	3,848,361.	18,332,084.
24 Line 23 minus line 17	3,119,769.	3,373,059.	6,033,587.	3,244,703.	15,771,118.
25 Enter 1% of line 23	38,531.	40,743.	65,563.	38,484.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 315,422.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 4,100,986.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 15,771,118.
d Add: Amounts from column (e) for lines: 18 2,127,109. 19 597,063. 22 20,641. 26b 4,100,986.					26d 6,845,799.
e Public support (line 26c minus line 26d total)					26e 8,925,319.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 56.5928%
27 Organizations described on line 12: 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: N/A					
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 11b, 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: N/A					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.					NONE

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/> <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/> <hr/> <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/> <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	

2005 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

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
1	LAND	VARIESL				61,586.			61,586.			0.
2	NEW BUILDING & IMPROVEMENTS	VARIESL		40.00	16	20,610,590.			20,610,590.	1,628,221.		510,486.
3	FURNITURE & FIXTURES	VARIESL		5.00	16	1,202,841.			1,202,841.	328,661.		123,442.
4	EQUIPMENT	VARIESL		3.00	16	760,068.		3.	760,065.	263,998.		58,412.
	* 990 PAGE 2 TOTAL -					22,635,085.		3.	22,635,082.	2,220,880.	0.	692,340.
	* GRAND TOTAL 990 PAGE 2 DEPR					22,635,085.		3.	22,635,082.	2,220,880.	0.	692,340.

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
CAFE LEASE	1	88,319.
FACILITY RENTAL	2	44,046.
TOTAL TO FORM 990, PART I, LINE 6A		132,365.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS SECURITIES	180.	0.	0.	180.
TO FORM 990, PART I, LINE 8	180.	0.	0.	180.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS	353,543.		353,543.		353,543.
TO FM 990, PART I, LINE 9	353,543.		353,543.		353,543.

FORM 990

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

STATEMENT 4

INCOME

1. GROSS RECEIPTS	303,492	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		303,492
4. COST OF GOODS SOLD (LINE 13)	129,329	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		174,163

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS	129,329	
11. ADD LINES 6 THROUGH 10		129,329
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		129,329

FORM 990 COST OF GOODS SOLD - OTHER COSTS STATEMENT 5

DESCRIPTION	AMOUNT
COST OF GOODS SOLD-OTHER COSTS	129,329.
TOTAL INCLUDED ON FORM 990, PART I, LINE 10B	129,329.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 6

DESCRIPTION	AMOUNT
UNREALIZED GAINS	342,780.
ROUNDING	1.
TOTAL TO FORM 990, PART I, LINE 20	342,781.

FORM 990 OTHER EXPENSES STATEMENT 7

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADMINISTRATIVE	188,854.	39,945.	71,471.	77,438.
CONSULTANT FEES	2,527.		2,527.	
FUNDRAISING EVENTS	98,872.			98,872.
INSURANCE	82,985.	54,876.	28,109.	
PERMANENT COLLECTION	25,400.	25,400.		
PROGRAMMING	212,202.	212,202.		
SECURITY CONTRACT				
LABOR	124,280.	124,280.		
MUSEUM STORE				
EXPENSES	44,354.		44,354.	
CURATORIAL EXPENSE	2,353.		2,353.	
FACILITY RENTAL				
EXPENSES	618.		618.	
EVENTS EXPENSE	31,253.			31,253.
BUILDING & GROUNDS				
EXPENSE	10,222.	10,222.		
PARKING	11,318.		11,318.	
CONTRACT LABOR	15,847.	15,847.		
TOTAL TO FM 990, LN 43	851,085.	482,772.	160,750.	207,563.

FORM 990	OTHER INVESTMENTS	STATEMENT 10
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DESCRIPTION	VALUATION METHOD	AMOUNT
BENEFICIAL INTEREST IN ASSETS HELD BY OCCF	COST	1,994,111.
INVESTMENTS - VARIOUS	COST	1,348,200.
INVESTMENTS WITH RESTRICTIONS - VARIOUS	COST	10,581,359.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		13,923,670.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 11
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	61,586.	0.	61,586.
NEW BUILDING & IMPROVEMENTS	20,610,590.	2,138,707.	18,471,883.
FURNITURE & FIXTURES	1,202,841.	452,103.	750,738.
EQUIPMENT	760,068.	322,413.	437,655.
TOTAL TO FORM 990, PART IV, LN 57		22,635,085.	19,721,862.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 12
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DESCRIPTION	AMOUNT	
MUSEUM STORE COST OF GOODS SOLD ON LINE 10B	129,329.	
TOTAL TO FORM 990, PART IV-A		129,329.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 13
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DESCRIPTION	AMOUNT	
MUSEUM STORE COST OF GOODS SOLD ON LINE 10B	129,329.	
TOTAL TO FORM 990, PART IV-B		129,329.

MR. DAVID T. GREENWELL 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TREASURER 2.00	0.	0.	0.
MS. SUZETTE HATFIELD 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TRUSTEE 0.00	0.	0.	0.
MR. FRANK D. HILL 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	VICE-PRESIDENT 1.00	0.	0.	0.
MR. K. BLAKE HOENIG 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TRUSTEE 0.00	0.	0.	0.
DR. JOE M. HOWELL 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TRUSTEE 0.00	0.	0.	0.
MS. LESLIE HUDSON 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	PRESIDENT 5.00	0.	0.	0.
WILLA D. JOHNSON 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TRUSTEE 0.00	0.	0.	0.
MR. JOHN E. KIRKPATRICK 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	LIFETIME TRUSTEE 0.00	0.	0.	0.
MR. DUKE R. LIGON 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	VICE-PRESIDENT 1.00	0.	0.	0.
MS. JUDY LOVE 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TRUSTEE 0.00	0.	0.	0.
MS. PENNY MCCALED 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TRUSTEE 0.00	0.	0.	0.
MR. JOHN R. MCCUNE 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TRUSTEE 0.00	0.	0.	0.
MS. KATIE MCCLENDON 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TRUSTEE 0.00	0.	0.	0.

MR. JAMES C. MEADE 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	LIFETIME TRUSTEE 0.00	0.	0.	0.
MS. AMALIA MIRANDA-SILVERSTEIN 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TRUSTEE 0.00	0.	0.	0.
MR. CHARLES E. NELSON 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TRUSTEE 0.00	0.	0.	0.
MR. CHARLES NESBITT 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	LIFETIME TRUSTEE 0.00	0.	0.	0.
DR. MAURICE NICKELL 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TRUSTEE 0.00	0.	0.	0.
MR. MORRIS PERMENTER 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TRUSTEE 0.00	0.	0.	0.
MR. JOHN P. PORTER 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TRUSTEE 0.00	0.	0.	0.
MR. FRANK W. MERRICK 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TRUSTEE 0.00	0.	0.	0.
MR. CHRISTOPHER P. REEN 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TRUSTEE 0.00	0.	0.	0.
MR. IRA H. SCHLEZINGER 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TRUSTEE 0.00	0.	0.	0.
MS. JEANNE HOFFMAN SMITH 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TRUSTEE 0.00	0.	0.	0.
DR. JORDAN TANG 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TRUSTEE 0.00	0.	0.	0.
MS. WANDA WESTHEIMER 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TRUSTEE 0.00	0.	0.	0.

OKLAHOMA CITY MUSEUM OF ART, INC. FKA OK

73-0528431

MS. DENISE SEMANDS SUTTLES
415 COUCH DRIVE
OKLAHOMA CITY, OK 73102

TREASURER
0.00

0.

0.

0.

TOTALS INCLUDED ON FORM 990, PART V-A

207,719.

7,126.

0.

FORM 990

PART IX - INFORMATION REGARDING TAXABLE
SUBSIDIARIES AND DISREGARDED ENTITIES

STATEMENT 15

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

MUSEUM OF ART CAFE, INC.

ADDRESS

415 COUCH DRIVE, OKLAHOMA CITY, OK 73102

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
33-1041277	100.00%	FULL SERVICE RESTAURANT		

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 16

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.
103A	MISCELLANEOUS INCOME TO PROVIDE ADDITIONAL RESOURCES FOR MUSEUM ACTIVITIES.
103B	MISCELLANEOUS INCOME TO PROVIDE ADDITIONAL RESOURCES FOR MUSEUM ACTIVITIES.

SCHEDULE A

OTHER INCOME

STATEMENT 17

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISC. INCOME	3,708.	3,795.	13,138.	0.
TOTAL TO SCHEDULE A, LINE 22	3,708.	3,795.	13,138.	0.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)
- 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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print	Name of Exempt Organization OKLAHOMA CITY MUSEUM OF ART, INC. FKA OKLAHOMA CITY ART MUSEUM	Employer identification number 73-0528431
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, 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 |

- The books are in the care of ▶ OKLAHOMA CITY ART MUSEUM
 Telephone No. ▶ (405) 236-3100 FAX No. ▶ _____
- 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-months for a Form 990-T corporation) extension of time until FEBRUARY 15, 2007 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, 2005, and ending JUN 30, 2006

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, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.