

**Return of Organization Exempt From Income Tax**

**2006**

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)

Open to Public Inspection

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

**A For the 2006 calendar year, or tax year beginning** JUL 1, 2006 **and ending** JUN 30, 2007

**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, INC.  
FKA OKLAHOMA CITY ART MUSEUM

**D Employer identification number**  
73-0528431

**E Telephone number**  
(405) 236-3100

**F Accounting method**  Cash  Accrual  
 Other (specify)

**Number and street (or P.O. box if mail is not delivered to street address)**  
415 COUCH DRIVE

**Room/suite**

**City or town, state or country, and ZIP + 4**  
OKLAHOMA CITY, OK 73102

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

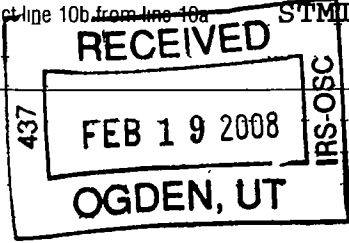
**K Check here**  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 23,022,098.

**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**

		1a		1b		1c		1d		1e	
<b>1</b> Contributions, gifts, grants, and similar amounts received:											
<b>a</b> Contributions to donor advised funds											
<b>b</b> Direct public support (not included on line 1a)				3,395,188.							
<b>c</b> Indirect public support (not included on line 1a)											
<b>d</b> Government contributions (grants) (not included on line 1a)											
<b>e Total</b> (add lines 1a through 1d) (cash \$ <u>3,368,455.</u> noncash \$ <u>26,733.</u> )										3,395,188.	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)										553,646.	
<b>3</b> Membership dues and assessments										390,521.	
<b>4</b> Interest on savings and temporary cash investments										720,801.	
<b>5</b> Dividends and interest from securities											
<b>6 a</b> Gross rents <u>SEE STATEMENT 1</u>		6a		137,502.							
<b>b</b> Less: rental expenses		6b									
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a										137,502.	
<b>7</b> Other investment income (describe <u>OIL &amp; GAS INCOME</u> )										11,058.	
<b>8 a</b> Gross amount from sales of assets other than inventory		(A) Securities		(B) Other							
		17,083,295.		8a							
<b>b</b> Less: cost or other basis and sales expenses		16,183,766.		8b							
<b>c</b> Gain or (loss) (attach schedule)		899,529.		8c							
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B) <u>STMT 2</u>										899,529.	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>											
<b>a</b> Gross revenue (not including \$ <u>0.</u> of contributions reported on line 1b)		9a		322,507.							
<b>b</b> Less: direct expenses other than fundraising expenses		9b									
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a <u>SEE STATEMENT 3</u>										322,507.	
<b>10 a</b> Gross sales of inventory, less returns and allowances		10a		402,889.							
<b>b</b> Less: cost of goods sold		10b		184,865.							
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a <u>STMT 4</u>										218,024.	
<b>11</b> Other revenue (from Part VII, line 103)										4,691.	
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11										6,653,467.	
<b>13</b> Program services (from line 44, column (B))										2,945,753.	
<b>14</b> Management and general (from line 44, column (C))										1,696,554.	
<b>15</b> Fundraising (from line 44, column (D))										502,752.	
<b>16</b> Payments to affiliates (attach schedule)											
<b>17 Total expenses.</b> Add lines 16 and 44, column (A)										5,145,059.	
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12										1,508,408.	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))										36,121,401.	
<b>20</b> Other changes in net assets or fund balances (attach explanation) <u>SEE STATEMENT 5</u>										35,837.	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20										37,665,646.	



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

Form 990 (2006)

73-0528431 Page 2

**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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22b				
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>STMT 7</b> 25a	241,368.	131,399.	84,228.	25,741.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c				
26 Salaries and wages of employees not included on lines 25a, b, and c 26	1,292,549.	630,491.	546,238.	115,820.
27 Pension plan contributions not included on lines 25a, b, and c 27	33,752.	16,464.	14,264.	3,024.
28 Employee benefits not included on lines 25a - 27 28	102,548.	57,699.	31,755.	13,094.
29 Payroll taxes 29	118,964.	57,771.	50,164.	11,029.
30 Professional fundraising fees 30				
31 Accounting fees 31	27,257.	12,092.	12,142.	3,023.
32 Legal fees 32				
33 Supplies 33	52,370.	23,974.	27,203.	1,193.
34 Telephone 34	20,474.	8,923.	9,700.	1,851.
35 Postage and shipping 35	287,176.	267,394.	4,267.	15,515.
36 Occupancy 36	403,994.	403,994.		
37 Equipment rental and maintenance 37	212,770.	176,186.	27,516.	9,068.
38 Printing and publications 38	321,327.	257,693.	1,610.	62,024.
39 Travel 39	12,055.	5,169.	6,886.	
40 Conferences, conventions, and meetings 40				
41 Interest 41				
42 Depreciation, depletion, etc. (attach schedule) 42	705,736.		705,736.	
43 Other expenses not covered above (itemize)				
a _____ 43a				
b _____ 43b				
c _____ 43c				
d _____ 43d				
e _____ 43e				
f _____ 43f				
g <b>SEE STATEMENT 6</b> 43g	1,312,719.	896,504.	174,845.	241,370.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	5,145,059.	2,945,753.	1,696,554.	502,752.

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

OKLAHOMA CITY MUSEUM OF ART, INC.

Form 990 (2006)

FKA OKLAHOMA CITY ART MUSEUM

73-0528431 Page 3

**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? ► <b>SEE STATEMENT 8</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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 )	
<b>a</b> <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 &amp; SLIDES. DONATED SERVICES VALUED AT \$112,001 WERE RECEIVED.</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,945,753.
<b>b</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 \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	2,945,753.

Form 990 (2006)

OKLAHOMA CITY MUSEUM OF ART, INC.

Form 990 (2006)

FKA OKLAHOMA CITY ART MUSEUM

73-0528431 Page 4

**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.	3,907.
	46 Savings and temporary cash investments	1,064,733.	472,172.
	47 a Accounts receivable	47a 890,784.	
	b Less allowance for doubtful accounts	47b	47c 890,784.
	48 a Pledges receivable	48a 7,500.	
	b Less allowance for doubtful accounts	48b	48c 7,500.
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	310,266.	52 306,313.
	53 Prepaid expenses and deferred charges	831,685.	53 1,028,475.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment basis	55a		
b Less accumulated depreciation	55b	55c	
56 Investments - other	SEE STATEMENT 9	13,923,670.	56 15,967,827.
57 a Land, buildings, and equipment, basis	57a 22,753,764.		
b Less accumulated depreciation STMT 10	57b 3,608,166.	19,721,862.	57c 19,145,598.
58 Other assets, including program-related investments (describe ▶ _____)			58
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		36,297,129.	59 37,822,576.
Liabilities	60 Accounts payable and accrued expenses	175,728.	60 156,930.
	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 ▶ _____)		65
66 <b>Total liabilities.</b> Add lines 60 through 65		175,728.	66 156,930.
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	22,338,250.	67 22,449,446.
	68 Temporarily restricted	7,066,323.	68 7,007,228.
	69 Permanently restricted	6,716,828.	69 8,208,972.
	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)		36,121,401.	73 37,665,646.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		36,297,129.	74 37,822,576.

Form 990 (2006)





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

Form 990 (2006)

73-0528431 Page 7

<b>Part VI Other Information</b> (continued)		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		
	112,001.		
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		
	N/A		
b 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		
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 a 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	88a	X	
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		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>			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds: Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
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, 2006	90b		60
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

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

Form 990 (2006)

73-0528431 Page **8**

<b>Part VI</b>	<b>Other Information</b> (continued)		<b>Yes</b>	<b>No</b>
	c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country	N/A		
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		<input type="checkbox"/>
N/A				

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	
<b>Note:</b> Enter gross amounts unless otherwise indicated						
93	Program service revenue					
a	<b>EXHIBITS/SPECIAL EVENTS</b>					488,873.
b	<b>TUITIONS</b>					64,773.
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					390,521.
95	Interest on savings and temporary cash investments			14	720,801.	
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate:					
a	debt-financed property			16	137,502.	
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income			15	11,058.	
100	Gain or (loss) from sales of assets other than inventory			18	899,529.	
101	Net income or (loss) from special events					322,507.
102	Gross profit or (loss) from sales of inventory	453220	218,024.			
103	Other revenue:					
a	<b>MISCELLANEOUS INCOME</b>					2,191.
b	<b>CURATORIAL INCOME</b>					2,500.
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		218,024.		1,768,890.	1,271,365.
105	Total (add line 104, columns (B), (D), and (E))					3,258,279.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

<b>Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes</b> (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).
▼	<b>SEE STATEMENT 14</b>

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
<b>SEE STATEMENT 13</b>	%			
	%			
	%			
	%			

<b>Part X Information Regarding Transfers Associated with Personal Benefit Contracts</b> (See the instructions.)	
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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



**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 4947(a)(1) Nonexempt Charitable Trust

**2006**

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.**  
**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 2 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
<u>JACK MADDEN</u> <u>OKLAHOMA CITY, OK</u>	FAC OPER MGR 51.00	62,947.	3,502.	
<u>JOHN CALABRISI</u> <u>OKLAHOMA CITY, OK</u>	INFORMATION SYSTEMS 41.00	60,401.	3,502.	
<u>HARDY GEORGE</u> <u>OKLAHOMA CITY, OK</u>	CHIEF CURATOR 43.00	56,534.	3,502.	
-----				
-----				
-----				
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
<u>NONE</u>		
-----		
-----		
-----		
-----		
-----		
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
<u>NONE</u>		
-----		
-----		
-----		
-----		
-----		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

OKLAHOMA CITY MUSEUM OF ART, INC.

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

	Yes	No
<p><b>1</b> 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.)</p> <p>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.</p>	1	X
<p><b>2</b> 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.)</p>		
<p><b>a</b> Sale, exchange, or leasing of property?</p>	2a	X
<p><b>b</b> Lending of money or other extension of credit?</p>	2b	X
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	2c	X
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b></p>	2d	X
<p><b>e</b> Transfer of any part of its income or assets?</p>	2e	X
<p><b>3 a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)</p>	3a	X
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	X
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>	3c	X
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d	X
<p><b>4 a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	4a	X
<p><b>b</b> Did the organization make any taxable distributions under section 4966? <span style="float: right;">N/A</span></p>	4b	
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person? <span style="float: right;">N/A</span></p>	4c	
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year <span style="float: right;">► N/A</span></p>		
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year <span style="float: right;">► N/A</span></p>		
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts <span style="float: right;">► 0.</span></p>		
<p><b>g</b> Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year <span style="float: right;">► 0.</span></p>		

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					<input type="checkbox"/>

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

OKLAHOMA CITY MUSEUM OF ART, INC.

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,626,197.	2,079,658.	2,478,910.	5,041,107.	11,225,872.
16 Membership fees received	323,565.	304,513.	248,830.	202,452.	1,079,360.
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	752,309.	733,361.	701,272.	522,675.	2,709,617.
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	709,201.	565,198.	519,715.	481,258.	2,275,372.
19 Net income from unrelated business activities not included in line 18	174,163.	166,692.	121,809.	295,632.	758,296.
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	7,425.	3,708.	SEE STATEMENT 15 3,795.	13,138.	28,066.
23 Total of lines 15 through 22	3,592,860.	3,853,130.	4,074,331.	6,556,262.	18,076,583.
24 Line 23 minus line 17	2,840,551.	3,119,769.	3,373,059.	6,033,587.	15,366,966.
25 Enter 1% of line 23	35,929.	38,531.	40,743.	65,563.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 307,339.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 4,054,855.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 15,366,966.
d Add: Amounts from column (e) for lines: 18 2,275,372. 19 758,296. 22 28,066. 26b 4,054,855.					26d 7,116,589.
e Public support (line 26c minus line 26d total)					26e 8,250,377.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 53.6890%
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					
(2005) (2004) (2003) (2002)					
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					
(2005) (2004) (2003) (2002)					
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 2002 through 2005, 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

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

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

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

		Yes	No
<b>29</b>	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?	29	
<b>30</b>	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?	30	
<b>31</b>	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.)	31	
<hr/> <hr/> <hr/>			
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
<b>d</b>	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/>			
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges?	33a	
<b>b</b>	Admissions policies?	33b	
<b>c</b>	Employment of faculty or administrative staff?	33c	
<b>d</b>	Scholarships or other financial assistance?	33d	
<b>e</b>	Educational policies?	33e	
<b>f</b>	Use of facilities?	33f	
<b>g</b>	Athletic programs?	33g	
<b>h</b>	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/>			
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
<b>b</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	
<b>35</b>	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 VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with columns Yes, No and rows 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c. All 'No' boxes are checked with an 'X'.

N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. The table is currently empty.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X) No

b If "Yes," complete the following schedule: N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. The table is currently empty.

**Depreciation and Amortization 990**  
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return <b>OKLAHOMA CITY MUSEUM OF ART, INC. FKA OKLAHOMA CITY ART MUSEUM</b>	Business or activity to which this form relates <b>FORM 990 PAGE 2</b>	Identifying number <b>73-0528431</b>
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount. See the instructions for a higher limit for certain businesses	<b>1</b>	108,000.
2 Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation	<b>3</b>	430,000.
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	<b>4</b>	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property Enter the amount from line 29	<b>7</b>	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	<b>8</b>	
9 Tentative deduction Enter the smaller of line 5 or line 8	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	<b>11</b>	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	<b>12</b>	
13 Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	<b>13</b>	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	<b>14</b>	
15 Property subject to section 168(f)(1) election	<b>15</b>	
16 Other depreciation (including ACRS)	<b>16</b>	705,736.

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2006	<b>17</b>	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

**Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21 Listed property Enter amount from line 28	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	<b>22</b>	705,736.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

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

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use								
		%				S/L		
		%				S/L		
		%				S/L		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26 Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
 If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2006 tax year					
<b>43</b> Amortization of costs that began before your 2006 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>

2006 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	Current Year Deduction
1	LAND	VARIESL				61,586.			61,586.			0.
2	NEW BUILDING & IMPROVEMENTS	VARIESL		40.00	16	20,627,806.			20,627,806.	2,127,913.		513,293.
3	FURNITURE & FIXTURES	VARIESL		5.00	16	1,301,490.			1,301,490.	452,107.		143,859.
4	EQUIPMENT	VARIESL		3.00	16	762,882.			762,882.	322,410.		48,584.
	* 990 PAGE 2 TOTAL -					22,753,764.		0.	22,753,764.	2,902,430.	0.	705,736.
	* GRAND TOTAL 990 PAGE 2 DEPR					22,753,764.		0.	22,753,764.	2,902,430.	0.	705,736.

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
CAFE LEASE FACILITY RENTAL	1	101,575.	
	2	35,927.	
TOTAL TO FORM 990, PART I, LINE 6A		137,502.	

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)	
ZIMMER HOLDINGS	80,117.	79,398.	93.	626.	
GENERAL ELECTRIC	65,762.	65,460.	147.	155.	
QUALCOMM	74,102.	74,360.	148.	<406.>	
GENERAL ELECTRIC	75,842.	75,680.	607.	<445.>	
QUALCOMM	78,760.	79,060.	607.	<907.>	
QUALCOMM	74,171.	74,222.	508.	<559.>	
PLOUGH CORP	161,400.	161,150.	608.	<358.>	
SONY CORP	147,663.	149,418.	615.	<2,370.>	
HONEYWELL	1,060.	1,060.	60.	<60.>	
CHESAPEAKE ENERGY	25,010.	25,158.	606.	<754.>	
JPMORGAN CHASE	1,024.	1,017.	60.	<53.>	
CEPHALON	17,590.	17,645.	92.	<147.>	
TRUST ACCOUNTS-JP MORGAN CHASE/MIDFIRST TRUST COMPANY	16,122,895.	15,375,987.	0.	746,908.	
REALIZED GAINS-OCCF INVESTMENTS	157,899.	0.	0.	157,899.	
TO FORM 990, PART I, LINE 8	17,083,295.	16,179,615.	4,151.	899,529.	

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	3
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
SPECIAL EVENTS	322,507.		322,507.		322,507.	
TO FM 990, PART I, LINE 9	322,507.		322,507.		322,507.	

FORM 990

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

STATEMENT 4

## INCOME

1. GROSS RECEIPTS . . . . .	402,889	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		402,889
4. COST OF GOODS SOLD (LINE 13) . . . . .	184,865	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		218,024

## COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	310,266	
7. MERCHANDISE PURCHASED . . . . .	180,912	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		491,178
12. INVENTORY AT END OF YEAR . . . . .	306,313	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		184,865

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
DESCRIPTION		AMOUNT	
UNREALIZED GAINS		35,837.	
TOTAL TO FORM 990, PART I, LINE 20		35,837.	

FORM 990	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
ADMINISTRATIVE	217,715.	54,285.	72,846.	90,584.	
ART ACCESSIONED	78,000.	78,000.			
FUNDRAISING EVENTS	110,111.			110,111.	
INSURANCE	31,520.	4,262.	27,258.		
PERMANENT COLLECTION	39,973.	39,973.			
PROGRAMMING	323,747.	323,747.			
SECURITY CONTRACT					
LABOR	50,140.	50,140.			
MUSEUM STORE					
EXPENSES	43,968.		43,968.		
CURATORIAL EXPENSE	4,188.		4,188.		
FACILITY RENTAL					
EXPENSES	751.		751.		
EVENTS EXPENSE	40,675.			40,675.	
BUILDING & GROUNDS					
EXPENSE	13,733.	13,733.			
PARKING	3,639.		3,639.		
CONTRACT LABOR	32,364.	32,364.			
CONSULTANT	22,195.		22,195.		
EXHIBIT RENTAL	300,000.	300,000.			
TOTAL TO FM 990, LN 43	1,312,719.	896,504.	174,845.	241,370.	



FORM 990	OTHER INVESTMENTS	STATEMENT	9
DESCRIPTION	VALUATION METHOD	AMOUNT	
BENEFICIAL INTEREST IN ASSETS HELD BY OCCF INVESTMENTS - VARIOUS	COST	2,670,059.	
INVESTMENTS WITH RESTRICTIONS - VARIOUS	COST	1,909,923.	
	COST	11,387,845.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		15,967,827.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	10
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	61,586.	0.	61,586.
NEW BUILDING & IMPROVEMENTS	20,627,806.	2,641,206.	17,986,600.
FURNITURE & FIXTURES	1,301,490.	595,966.	705,524.
EQUIPMENT	762,882.	370,994.	391,888.
TOTAL TO FORM 990, PART IV, LN 57	22,753,764.	3,608,166.	19,145,598.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	11
DESCRIPTION		AMOUNT	
COST OF GOODS SOLD		184,865.	
TOTAL TO FORM 990, PART IV-B		184,865.	

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FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT 12  
 TRUSTEES AND KEY EMPLOYEES

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CAROLYN HILL 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	EXEC. DIRECTOR 65.00	165,036.	3,502.	0.
RODNEY LEE 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	DIRECTOR OF FINANCE 52.00	69,328.	3,502.	0.
MR. ELBY J. BEAL 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TRUSTEE 0.00	0.	0.	0.
DR. JOHN R. BOZALIS 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TRUSTEE 0.00	0.	0.	0.
MR. WILLIAM M. CAMERON 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TRUSTEE 0.00	0.	0.	0.
MS. TERESA L. COOPER 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	SECRETARY 0.00	0.	0.	0.
MS. MARION DEVORE 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	LIFETIME TRUSTEE 0.00	0.	0.	0.
MS. SHIRLEY FORD 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	LIFETIME TRUSTEE 0.00	0.	0.	0.
MS. VIRGINIA M. FOX 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	PRESIDENT ELECT 4.00	0.	0.	0.
MR. DAVID T. GREENWELL 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TREASURER 0.00	0.	0.	0.
MS. KIRK HAMMONS 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 2.00	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 0.00	0.	0.	0.
MR. DUKE R. LIGON 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	VICE-PRESIDENT 0.00	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. 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.
MR. PETER DELANEY 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.
WILLA D. JOHNSON 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.
MS. MARIANNE ROONEY 415 COUCH DRIVE OKLAHOMA CITY, OK 73102	TRUSTEE 0.00	0.	0.	0.

OKLAHOMA CITY MUSEUM OF ART, INC. FKA OK

73-0528431

MR.. ROBERT ROSS	TRUSTEE			
415 COUCH DRIVE	0.00	0.	0.	0.
OKLAHOMA CITY, OK 73102				

MS. DENISE SEMANDS SUTTLES	TRUSTEE			
415 COUCH DRIVE	0.00	0.	0.	0.
OKLAHOMA CITY, OK 73102				

TOTALS INCLUDED ON FORM 990, PART V-A

<u>234,364.</u>	<u>7,004.</u>	<u>0.</u>
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# 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).

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).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>OKLAHOMA CITY MUSEUM OF ART, INC. FKA OKLAHOMA CITY ART MUSEUM</b>	Employer identification number <b>73-0528431</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>415 COUCH DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>OKLAHOMA CITY, OK 73102</b>	

**INTERNAL REVENUE SERVICE  
W-1-FIELD ASSISTANCE  
OKLAHOMA CITY, OK 73102  
NOV 14 2007  
RECEIVED 42203**

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 section 501(c) corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2008**, 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, 2006**, and ending **JUN 30, 2007**.

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

<b>3a</b> 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>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c</b> <b>Balance Due.</b> 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.	<b>3c</b>	\$ <b>N/A</b>

**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