

Return of Organization Exempt From Income Tax

2009

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 **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

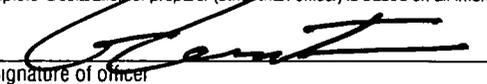
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization OKLAHOMA CITY MUSEUM OF ART, INC. FKA OKLAHOMA CITY ART MUSEUM Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 415 COUCH DRIVE City or town, state or country, and ZIP + 4 OKLAHOMA CITY, OK 73102 F Name and address of principal officer: GLEN GENTELE 415 COUCH DRIVE, OKLAHOMA CITY, OK 73102	D Employer identification number 73-0528431 E Telephone number (405) 236-3100 G Gross receipts \$ 13,891,543. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.OKCMOA.COM	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1945 M State of legal domicile: OK	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE MUSEUM IS TO ENRICH LIVES THROUGH THE VISUAL ARTS. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 3 44 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 41 5 Total number of employees (Part V, line 2a) 5 84 6 Total number of volunteers (estimate if necessary) 6 200 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 109,288. b Net unrelated business taxable income from Form 990-T, line 34 7b <3,607.>	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 3,763,049. Current Year 2,161,623. 9 Program service revenue (Part VIII, line 2g) 1,331,348. 1,021,341. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 93,227. 441,464. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 771,693. 642,617. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,959,317. 4,267,045.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,161,183. 1,999,716. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 417,336. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 5,185,905. 2,987,336. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 7,347,088. 4,987,052. 19 Revenue less expenses Subtract line 18 from line 12 <1,387,771.> <720,007.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 34,731,756. End of Year 36,362,061. 21 Total liabilities (Part X, line 26) 185,382. 1,217,372. 22 Net assets or fund balances Subtract line 21 from line 20 34,546,374. 35,144,689.	

Part II Signature Block

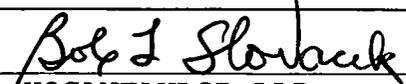
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here ▶  Date **MAY 4 2011**

Signature of officer

▶ **GLEN GENTELE, PRESIDENT & CEO**
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶  Date **4-26-11** Check if self-employed Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **HOGANTAYLOR LLP**
11600 BROADWAY EXTENSION, SUITE 300
OKLAHOMA CITY, OK 73114

EIN ▶ _____ Phone no. ▶ **(405) 848-2020**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

21 616

SCANNED MAY 24 2011

OKLAHOMA CITY MUSEUM OF ART, INC.

Form 990 (2009)

FKA OKLAHOMA CITY ART MUSEUM

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO ENRICH LIVES THROUGH THE VISUAL ARTS. OUR VISION IS GREAT ART FOR EVERYONE. OUR PURPOSE IS TO CREATE A CULTURAL LEGACY IN ART AND EDUCATION FOR FUTURE GENERATIONS TO EXPERIENCE AT THE MUSEUM AND CARRY WITH THEM THROUGHOUT THEIR LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O

Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O

Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 2,779,440. including grants of \$) (Revenue \$ 383,084.) EXHIBITIONS: THE MUSEUM RENTS VARIOUS ART EXHIBITS FROM OTHER MUSEUMS ACROSS THE COUNTRY AND DISPLAYS THEM FOR VARYING PERIODS OF TIME.

4b (Code) (Expenses \$ 257,644. including grants of \$) (Revenue \$ 77,472.) EDUCATION: 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 \$30,770 WERE RECEIVED.

4c (Code) (Expenses \$ 362,953. including grants of \$) (Revenue \$ 118,580.) FILM: TO FOSTER APPRECIATION AND ENJOYMENT OF THE MOVING IMAGE ARTS THROUGH EXHIBITION, EDUCATION AND EVENTS. THE MUSEUM'S FILM PROGRAM HAS OFFERED MORE THAN 1,000 SCREENINGS OF THE FINEST IN INDEPENDENT, FOREIGN LANGUAGE AND CLASSIC FILMS FOR OKLAHOMA CITY AUDIENCES.

4d Other program services (Describe in Schedule O) (Expenses \$ 90,689. including grants of \$) (Revenue \$)

4e Total program service expenses \$ 3,490,726.

OKLAHOMA CITY MUSEUM OF ART, INC.

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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i> 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.		
	1a 28		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
	2a 84		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	X	
4a	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)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

Form 990 (2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **OK**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **RODNEY LEE, FINANCE DIRECTOR - (405)236-3100**
415 COUCH DRIVE, OKLAHOMA CITY, OK 73102

OKLAHOMA CITY MUSEUM OF ART, INC.

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MR. ELBY J. BEAL CHAIRMAN-ELECT	4.00	X		X				0.	0.	0.
DR. JOHN R. BOZALIS SECRETARY	0.50	X		X				0.	0.	0.
MR. WILLIAM M. CAMERON TRUSTEE	0.50	X						0.	0.	0.
MS. TERESA L. COOPER TRUSTEE	0.90	X						0.	0.	0.
MS. MARION DEVORE LIFETIME TRUSTEE	0.50	X						0.	0.	0.
MS. SHIRLEY FORD LIFETIME TRUSTEE	0.00	X						0.	0.	0.
MR. DAVID T. GREENWELL TRUSTEE	0.90	X						0.	0.	0.
MR. KIRK HAMMONS TRUSTEE	1.20	X						0.	0.	0.
MR. FRANK D. HILL CHAIRMAN	4.00	X		X				0.	0.	0.
MR. K. BLAKE HOENIG TRUSTEE	0.90	X						0.	0.	0.
DR. JOE M. HOWELL TRUSTEE	0.90	X						0.	0.	0.
MS. LESLIE HUDSON VICE-CHAIRMAN	1.20	X		X				0.	0.	0.
MR. DUKE R. LIGON VICE-CHAIRMAN	0.50	X		X				0.	0.	0.
MS. JUDY LOVE VICE-CHAIRMAN	0.90	X		X				0.	0.	0.
MS. PENNY MCCALEB TRUSTEE	1.20	X						0.	0.	0.
MS. KATIE MCCLENDON TRUSTEE	0.50	X						0.	0.	0.
MR. JAMES C. MEADE LIFETIME TRUSTEE	0.90	X						0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DR. AMALIA SILVERSTEIN TRUSTEE	0.50	X						0.	0.	0.
MR. CHARLES E. NELSON LIFETIME TRUSTEE	0.50	X						0.	0.	0.
MS. MARSHA WOODEN TRUSTEE	0.50	X						0.	0.	0.
MR. CHRISTOPHER P. REEN TRUSTEE	0.50	X						0.	0.	0.
MS. JEANNE HOFFMAN SMITH TRUSTEE	0.50	X						0.	0.	0.
DR. JORDAN TANG TRUSTEE	0.50	X						0.	0.	0.
MS. WANDA WESTHEIMER TRUSTEE	0.90	X						0.	0.	0.
MR. PETER DELANEY TREASURER	1.50	X		X				0.	0.	0.
MS. SUZETTE HATFIELD TRUSTEE	0.90	X						0.	0.	0.
WILLA D. JOHNSON TRUSTEE	0.50	X						0.	0.	0.
1b Total								236,099.	0.	18,175.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

OKLAHOMA CITY MUSEUM OF ART, INC.

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Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2161623.			
	g Noncash contributions included in lines 1a-1f \$		28,694.			
	h Total. Add lines 1a-1f		2161623.			
	Program Service Revenue	2 a EXHIBITS/SPECIAL EVENT	Business Code 711300	501,664.	501,664.	
		b MEMBERSHIP DUES	711300	433,951.	433,951.	
c TUITIONS		611710	77,472.	77,472.		
d						
e						
f All other program service revenue		711300	8,254.	8,254.		
g Total. Add lines 2a-2f			1021341.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		730,606.		730,606.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		57,931.		57,931.	
	6 a Gross Rents	(i) Real	127365.			
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	127365.			
	d Net rental income or (loss)		127,365.		127,365.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	9,079,638.			
		(ii) Other				
		b Less cost or other basis and sales expenses	9,368,780.			
		c Gain or (loss)	<289,142.>			
	d Net gain or (loss)		<289,142.>		<289,142.>	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	407732.			
		b Less direct expenses	105142.			
c Net income or (loss) from fundraising events			302,590.	302,590.		
9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	259864.				
	b Less cost of goods sold	150576.				
	c Net income or (loss) from sales of inventory		109,288.	109,288.		
Miscellaneous Revenue		Business Code				
11 a PARKING REVENUE	812930	44,557.	44,557.			
b MISCELLANEOUS INCOME	900099	886.	886.			
c						
d All other revenue						
e Total. Add lines 11a-11d		45,443.				
12 Total revenue See instructions.		4267045.	1369374.	109,288.	626,760.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	257,247.	140,045.	89,779.	27,423.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,490,960.	727,290.	630,080.	133,590.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	54,122.	26,401.	22,872.	4,849.
9 Other employee benefits	86,978.	43,880.	25,996.	17,102.
10 Payroll taxes	110,409.	46,122.	50,757.	13,530.
11 Fees for services (non-employees):				
a Management				
b Legal	18,503.		18,503.	
c Accounting	42,039.	18,684.	18,684.	4,671.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	222,639.	177,070.	106.	45,463.
13 Office expenses	17,264.	4,976.	11,651.	637.
14 Information technology				
15 Royalties				
16 Occupancy	437,174.	401,439.	23,725.	12,010.
17 Travel	28,943.	20,525.	8,418.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	16,963.	16,963.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	730,563.	670,847.	39,648.	20,068.
23 Insurance	38,558.		38,558.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a EQUIPMENT RENTAL & MAIN	396,341.	363,944.	21,511.	10,886.
b PROGRAMMING	266,059.	266,059.		
c ART ACCESSIONED	237,046.	237,046.		
d POSTAGE & SHIPPING	199,377.	179,268.	3,985.	16,124.
e ADMINISTRATIVE	198,596.	71,375.	44,944.	82,277.
f All other expenses	137,271.	78,792.	29,773.	28,706.
25 Total functional expenses. Add lines 1 through 24f	4,987,052.	3,490,726.	1,078,990.	417,336.
26 Joint costs Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	8,335.	1	22,856.
	2	Savings and temporary cash investments	2,421,565.	2	2,091,957.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	341,468.	4	282,546.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	255,541.	8	210,868.
	9	Prepaid expenses and deferred charges	581,102.	9	214,162.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	23,872,241.		
	10b	Less accumulated depreciation	5,791,320.		
			17,962,488.	10c	18,080,921.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	13,161,257.	12	15,458,751.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	34,731,756.	16	36,362,061.	
Liabilities	17	Accounts payable and accrued expenses	185,382.	17	382,372.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	835,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	185,382.	26	1,217,372.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	20,894,746.	27	20,688,174.
	28	Temporarily restricted net assets	4,939,459.	28	5,725,346.
	29	Permanently restricted net assets	8,712,169.	29	8,731,169.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	34,546,374.	33	35,144,689.
	34	Total liabilities and net assets/fund balances	34,731,756.	34	36,362,061.

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OKLAHOMA CITY MUSEUM OF ART, INC.

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Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

OKLAHOMA CITY MUSEUM OF ART, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,949,762.	3,325,102.	5,180,962.	4,200,474.	2,595,574.	17,251,874.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,949,762.	3,325,102.	5,180,962.	4,200,474.	2,595,574.	17,251,874.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,443,451.
6 Public support. Subtract line 5 from line 4						13,808,423.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,949,762.	3,325,102.	5,180,962.	4,200,474.	2,595,574.	17,251,874.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	709,201.	869,361.	988,157.	797,472.	915,902.	4,280,093.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	174,163.	218,024.	209,345.	178,700.	109,288.	889,520.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	7,425.	4,691.	35,362.	44,907.	53,697.	146,082.
11 Total support. Add lines 7 through 10						22,567,569.
12 Gross receipts from related activities, etc. (see instructions)					12	4,772,742.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	61.19 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	59.13 %

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization **OKLAHOMA CITY MUSEUM OF ART, INC.
FKA OKLAHOMA CITY ART MUSEUM**

Employer identification number
73-0528431

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

- Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

OKLAHOMA CITY MUSEUM OF ART, INC.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,721,991.	11,071,417.			
b Contributions	19,000.	297,218.			
c Net investment earnings, gains, and losses	368,704.	<406,439.>			
d Grants or scholarships					
e Other expenditures for facilities and programs	350,055.	240,205.			
f Administrative expenses					
g End of year balance	10,759,640.	10,721,991.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 69.90 %
- c Term endowment 30.10 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		901,909.		901,909.
b Buildings		20,627,805.	4,189,545.	16,438,260.
c Leasehold improvements				
d Equipment		942,382.	541,973.	400,409.
e Other		1,400,145.	1,059,802.	340,343.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				18,080,921.

OKLAHOMA CITY MUSEUM OF ART, INC.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,267,045.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,987,052.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<720,007.>
4	Net unrealized gains (losses) on investments	4	1,318,322.
5	Donated services and use of facilities	5	100,000.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<100,000.>
9	Total adjustments (net) Add lines 4 through 8	9	1,318,322.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	598,315.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A: THE MUSEUM'S ART AND LIBRARY COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE MUSEUM'S INCEPTION, ARE NOT CAPITALIZED AND RECOGNIZED AS ASSETS ON THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED OR AS TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS. CONTRIBUTIONS OF COLLECTION ITEMS ARE NOT RECOGNIZED IN THE STATEMENT OF ACTIVITIES.

Part XIV Supplemental Information (continued)

PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSETS CLASSIFICATION.

PART III, LINE 4: THE MUSEUM'S COLLECTION IS EXHIBITED THROUGHOUT THE SECOND AND THIRD FLOORS OF THE MUSEUM. THE COLLECTION COVERS A PERIOD OF FIVE CENTURIES WITH STRENGTHS IN EUROPEAN AND AMERICAN ART OF THE NINETEENTH AND TWENTIETH CENTURIES. THE THIRD FLOOR GALLERIES ALSO FEATURE DALE CHIHULY GLASS.

THE COLLECTION IS ONE OF THE GUIDING PRINCIPLES TO ACCOMPLISHING THE MUSEUM'S MISSION BY COLLECTING, PRESERVING AND INTERPRETING WORKS OF ART IN THE PERMANENT COLLECTION AND ART ON LOAN TO THE MUSEUM AS A PART OF THE ONGOING WORK TO BRING FORTH AND SHARE KNOWLEDGE ABOUT THE HISTORY OF ART AND THE ART OF OUR TIME.

PART X: THE FINANCIAL STANDARDS BOARD ISSUED NEW GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE MUSEUM ADOPTED THIS NEW GUIDANCE FOR THE YEAR ENDED JUNE 30, 2010. MANAGEMENT EVALUATED THE MUSEUM'S TAX POSITIONS AND CONCLUDED THAT THE MUSEUM HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. GENERALLY, THE MUSEUM IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR THE YEARS BEFORE 2007.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

DONATED SERVICES AND USE OF FACILITIES: -100000.

ROUNDING: 0.

OKLAHOMA CITY MUSEUM OF ART, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		OMELETTE PARTY (event type)	RENAISSANCE BALL (event type)	1 (total number)	(add col (a) through col (c))	
Revenue	1	87,986.	282,904.	36,842.	407,732.	
	2					
	3	87,986.	282,904.	36,842.	407,732.	
Direct Expenses	4					
	5					
	6					
	7					
	8					
	9	36,282.	60,341.	8,519.	105,142.	
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				(105,142.)
	11	Net income summary. Combine line 3, column (d), and line 10 ▶				302,590.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1			
Direct Expenses	2				
	3				
	4				
	5				
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				(_____)
8	Net gaming income summary. Combine line 1, column (d), and line 7 ▶				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____ a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2009

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **OKLAHOMA CITY MUSEUM OF ART, INC.
FKA OKLAHOMA CITY ART MUSEUM** Employer identification number **73-0528431**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		X
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		X
b Any related organization? If "Yes" to line 5a or 5b, describe in Part III		X
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.		
a The organization?		X
b Any related organization? If "Yes" to line 6a or 6b, describe in Part III		X
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the Organization **OKLAHOMA CITY MUSEUM OF ART, INC.
FKA OKLAHOMA CITY ART MUSEUM** Employer Identification number **73-0528431**

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MR. FRANK W. MERRICK TRUSTEE	0.50	X						0.	0.	0.
MS. MARIANNE ROONEY TRUSTEE	0.90	X						0.	0.	0.
MR. ROBERT ROSS TRUSTEE	0.50	X						0.	0.	0.
MS. DENISE SUTTLES TRUSTEE	0.90	X						0.	0.	0.
MS. KATY BOREN TRUSTEE	0.50	X						0.	0.	0.
MR. THEODORE M. ELAM TRUSTEE	0.90	X						0.	0.	0.
MR. PRESTON G. GADDIS TRUSTEE	0.90	X						0.	0.	0.
MR. FRANK MCPHERSON TRUSTEE	0.90	X						0.	0.	0.
MR. LYNDON C. TAYLOR TRUSTEE	0.90	X						0.	0.	0.
MR. J. EDWARD BARTH TRUSTEE	0.90	X						0.	0.	0.
MS. NANCY ELLIS LIFETIME TRUSTEE	0.50	X						0.	0.	0.
MS. CYNDA OTTAWAY TRUSTEE	0.50	X						0.	0.	0.
MR. DARRYL SMETTE TRUSTEE	0.90	X						0.	0.	0.
MR. CHARLES WIGGIN TRUSTEE	0.90	X						0.	0.	0.
MS. JULIE HALL TRUSTEE	0.50	X						0.	0.	0.
THE HONORABLE JEROME A HOLMES TRUSTEE	0.50	X						0.	0.	0.
MS. VIRGINIA MEADE TRUSTEE	0.90	X						0.	0.	0.
GLEN GENTELE PRESIDENT & CEO	55.00			X				158,681.	0.	9,801.
RODNEY LEE DIRECTOR OF FINANCE	53.00			X				77,418.	0.	8,374.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

Name of the organization **OKLAHOMA CITY MUSEUM OF ART, INC.
FKA OKLAHOMA CITY ART MUSEUM** Employer identification number **73-0528431**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art	X	33	26,060.	LOW VALUATION ART WO
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>ENGINEERING</u>)	X	1	1,600.	
26 Other ▶ (<u>MEALS</u>)	X	1	1,034.	
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization

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

Employer identification number

73-0528431

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR VISION IS TO PROVIDE GREAT ART FOR EVERYONE. OUR PURPOSE IS TO
CREATE A CULTURAL LEGACY THROUGH ART AND EDUCATION FOR FUTURE
GENERATIONS TO EXPERIENCE AT THE MUSEUM AND CARRY WITH THEM THROUGHOUT
THEIR LIVES.

THE MISSION OF THE OKLAHOMA CITY MUSEUM OF ART IS TO ENRICH LIVES
THROUGH THE VISUAL ARTS, AND TO ACCOMPLISH THIS MISSION WE ACTIVELY
ENGAGE IN THE FOLLOWING GUIDING PRINCIPLES AS AN INSTITUTION:

- COLLECT, PRESERVE AND INTERPRET WORKS OF ART IN THE PERMANENT
COLLECTION AND ON LOAN TO THE MUSEUM AS A VITAL PART OF OUR ONGOING
WORK TO BRING FORTH AND SHARE KNOWLEDGE ABOUT THE HISTORY OF ART AND
THE ART OF OUR TIME
- PROVIDE EDUCATIONAL RESOURCES AND OPPORTUNITIES TO CHILDREN AND
ADULTS IN THE COMMUNITY TO FOSTER A DEEPER UNDERSTANDING AND
APPRECIATION OF ART AND CULTURE

**SEE FOOTNOTE FOR CONTINUATION

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COLLECTIONS

EXPENSES \$ 90689. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: JAMES C. MEADE - LIFETIME TRUSTEE -
FATHER

VIRGINIA MEADE FOX - TRUSTEE - DAUGHTER

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization

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

Employer identification number
73-0528431

MCAFEE & TAFT - MUSEUM'S ATTORNEY AND REGISTERED AGENT - PAID \$16,162 (FY
2009-10)

FRANK HILL - CHAIRMAN - SHAREHOLDER IN MCAFEE & TAFT

TED ELAM - TRUSTEE - OF COUNSEL IN MCAFEE & TAFT

OPUBCO COMMUNICATIONS GROUP - MUSEUM BUYS ADVERTISING FROM OPUBCO- PAID
\$88,984 (FY 2009-10)

CHRISTOPER REEN - TRUSTEE - DIRECTOR OF ADVERTISING AND MARKETING AT OPUBCO

FORM 990, PART VI, SECTION B, LINE 11: PREPARED BY OUTSIDE CPA AND
REVIEWED BY FINANCE DIRECTOR AND PRESIDENT & CEO.

FORM 990, PART VI, SECTION B, LINE 12C: THE MUSEUM ANNUALLY REQUIRES A
CONFLICTS OF INTEREST AND CONFIDENTIALITY STATEMENT FROM ALL BOARD MEMBERS
AND STAFF. THE MUSEUM HAS A WHISTLEBLOWER POLICY AND COMPLIANCE OFFICER.

FORM 990, PART VI, SECTION B, LINE 15: BOARD PERSONNEL COMMITTEE REVIEWS
PERFORMANCE AND APPROVES CEO'S COMPENSATION. OTHER APPROVALS ARE COVERED IN
THE BOARD-APPROVED BUDGET.

FORM 990, PART VI, SECTION C, LINE 19: POLICIES ARE AVAILABLE UPON
REQUEST. AUDITED FINANCIALS ARE AVAILABLE ON WEBSITE.

990, PART XI, LINE 2C

THE ORGANIZATION'S HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT, REVIEW, OR COMPILATION OF ITS FINANCIAL

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

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

Employer identification number

73-0528431

STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS
NOT CHANGED FROM THE PRIOR YEAR.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: FRANK HILL

(D) DESCRIPTION OF TRANSACTION: SHAREHOLDER IN MCAFEE & TAFT, THE
MUSEUM'S ATTORNEY AND REGISTERED AGENT

(A) NAME OF PERSON: TED ELAM

(D) DESCRIPTION OF TRANSACTION: OF COUNSEL IN MCAFEE & TAFT, THE
MUSEUM'S ATTORNEY AND REGISTERED AGENT

(A) NAME OF PERSON: CHRISTOPHER REEN

(D) DESCRIPTION OF TRANSACTION: DIRECTOR OF ADVERTISING AND MARKETING OF
OPUBCO COMMUNICATIONS GROUP - THE MUSEUM BUYS ADVERTISING FROM OPUBCO

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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X

(1)	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

2009 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 10

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 - MUSEUM SPARKING, LLC	VARIABLES				840,323.			840,323.			0.
2	LAND NEW BUILDING & IMPROVEMENTS	VARIABLES		40.00	16	61,586.			61,586.	3,675,035.		0.
3	FURNITURE & FIXTURES	VARIABLES		5.00	16	20,627,806.			20,627,806.	913,369.		514,510.
4	EQUIPMENT	VARIABLES		3.00	16	1,391,473.			1,391,473.	472,354.		146,433.
	* 990 PAGE 10 TOTAL					942,382.		0.	942,382.	5,060,758.	0.	730,563.
	* GRAND TOTAL 990 PAGE 10 DEPR					23,863,570.		0.	23,863,570.	5,060,758.	0.	730,563.

928102 06-24-09 (D) - Asset disposed * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FOOTNOTES

STATEMENT 1

FORM 990, PART 1, LINE 1 - CONTINUED FROM SCHEDULE O

-PRODUCE EXHIBITIONS OF ART AND OF THE MOVING IMAGE THAT ENGAGE AUDIENCES AND SERVE AS A CATALYST FOR SUPPORTING ARTISTIC EXPERIMENTATION AND INTELLECTUAL ENDEAVOR
-ENGAGE THE COMMUNITY IN MUSEUM ACTIVITIES BY PROVIDING A BROAD-SPECTRUM OF SPECIAL EVENTS FOR THE PUBLIC TO ENJOY AND BE INSPIRED BY
-DEVELOP INSTITUTIONAL COLLABORATIONS AND FINANCIAL RESOURCES TO BETTER SERVE OUR CONSTITUENTS AND TO IMPROVE AND ENRICH THE QUALITY OF LIFE IN THE REGION

WE DELIVER THESE GUIDING PRINCIPLES THROUGH OUR CORE PROGRAM AREAS OF EXHIBITIONS, EDUCATION, AND FILM, WHICH ARE SUPPORTED BY OPERATIONS AND VISITOR SERVICES AND SECURITY. TOGETHER THEY FOLD INTO OUR MISSION AND EVOLVE OUT FROM IT IN CREATING A CULTURAL LEGACY IN ART AND EDUCATION THAT CURRENT AND FUTURE GENERATIONS CAN EXPERIENCE AT THE MUSEUM AND CARRY WITH THEM THROUGHOUT THEIR LIVES. THIS IS LITERALLY AT THE HEART OF THE MUSEUM AND EVIDENT IN ALL OF OUR WORK TO PROVIDE EXCELLENT MUSEUM STEWARDSHIP, PROGRAMMING, AND RESOURCE DEVELOPMENT IN SERVICE TO VISITORS LOCALLY, REGIONALLY, NATIONALLY, AND FROM AROUND THE WORLD.

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
 - 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)

A corporation 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 a corporation 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 and click on *e-file for Charities & Nonprofits*.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization OKLAHOMA CITY MUSEUM OF ART, INC. FKA OKLAHOMA CITY ART MUSEUM	Employer identification number 73-0528431
	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 |

RODNEY LEE, FINANCE DIRECTOR

- The books are in the care of ▶ **415 COUCH DRIVE - OKLAHOMA CITY, OK 73102**
 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 corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, 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, 2009**, and ending **JUN 30, 2010**.

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.	3a	\$	
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.	3b	\$	
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.	3c	\$	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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)	
Type or print File by the extended due date for filing your return See instructions	Name of exempt organization	Employer identification number	
	OKLAHOMA CITY MUSEUM OF ART, INC. FKA OKLAHOMA CITY ART MUSEUM	73-0528431	
	Number, street, and room or suite no. If a P O box, see instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	415 COUCH DRIVE	OKLAHOMA CITY, OK 73102	

Enter the Return code for the return that this application is for (file a separate application for each return)

011

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **415 COUCH DRIVE - OKLAHOMA CITY, OK 73102**
 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 is for

4 I request an additional 3-month extension of time until **MAY 15, 2011**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL INFORMATION IS BEING OBTAINED TO PREPARE A COMPLETE AND ACCURATE RETURN. ADDITIONAL TIME TO FILE IS RESPECTFULLY REQUESTED.

8a	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	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c	Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0.

Signature and Verification

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

Signature **[Signature]** Title **CPA** Date **2-14-11**

[Handwritten mark]