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Form SYU       Under section 501(c), 527, of 4947(a)(1) of the Internal Revenue Code (except private foundations)       2017         Determine termine ter	Form       Under section 501(c), 527, or 547/a)(1) of the internal Revenue Code (except privat broundations)       Denot enter social security numbers on this form as it may be made public.       Denot social security numbers on this form as it may be made public.       Denot be used in the security of the internal Revenue Code (except privat broundations)       Denot social security numbers on this form as it may be made public.       Denot social security numbers on this form as it may be made public.       Denot social security numbers on this form as it may be made public.       Denot social security numbers on this form as it may be made public.       Denot social security numbers on this form as it may be made public.       Denot social security numbers on this form as it may be made public.       Denot social security numbers on this form as it may be made public.       Denot social security numbers on this form as it may be made public.       Denot social security numbers on this form as it may be number of the form and the social security of the form as it may be number of the form and the is through the visual arts."         I make as form as it may be number of the form as it may be number of the form and addreses of the number of t		~	~~	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047			
Description         Do not enter social security numbers on this form as it may be made public.         Open to Public Inspection           A For the SOT7 calendar year, or tax year beginning         JUL 1, 2017         and anding JUN 30, 2018           B creat         Charter of organization         Dispectation         Dispectation           Oklahoma City Museum of Art, Inc.         FXA Oklahoma City Art Museum         Dispectation         Dispectation           Universe         Oklahoma City Museum of Art, Inc.         FXA Oklahoma City Art Museum         73-0528431           Doing business as         Toxic of province, country, and ZIP or foreign postal code         G cross-receipts         9,044,3341.           Martine         Same as C above         He instructions         He instructions         He is this agroup return           Memory         Same as C above         He organization         Other Solici(3)         501(c) ()         (mstructions)           H for the organization         Tax-exempt status:         S 501(c)(3)         501(c) ()         (mstructions)         He is the organization with the organization of the organization is singlificant activities:         The mission of the Oklahoma City Museum of Art is to "enrich lives through the visual arts."           1         Tax-exempt status:         S 501(c)(3)         501(c) ()         (mstructions)         He is the organization is continued its operations or disposed of m	Descenter of the Trace       Description       Description       Description         A For the 2017 calendar year, or tax year beginning       JUL 1, 2017       and ending       JUN 30, 2018         B ending       Chain of organization       Oklahoma City Art Museum       Demployer identification number         Oklahoma City Art Museum       73-0528431       Demployer identification number         Organization       Oklahoma City Art Museum       73-0528431         Organization       Number and street (or PLO tox if mails not delivered to street address)       Room/suite       E Telephone number         Organization       Same and address of privola officer E. Michael Whittington       Same as C above       Hol Net is a group return         If account States of privola officer E. Michael Whittington       Same as C above       Hol Net is a group return       For a group return         If account States of privola officer E. Michael Whittington       If No.* attach a like ise instructions       HO) Net ise a like ise instructions         If account States States of privola officer E. Michael Whittington       If No.* attach and state like instructions         If account States of privola officer E. Michael Whittington       If No.* attach and state all paid admicited of the organization sinsion or most significant activities: The mission of the dealoma city         If account State of prival officer E. Michael Number       If Britty dealoma of the operanis deal	Form <b>YYU</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)								
Arrow beside:       ▲ Go to www.is.gow/Form990 for instructions and the latest information.       Inspection         A For the 2017 calendar year, or tax year beginning       JUL 1, 2017       and ending       JUN 30, 2018         B created (notice)       C Name of organization Oklahoma City Museum of Art, Inc.       D Employer identification number         CNAme (notice)       CAR Alahoma City Museum of Art, Inc.       D Employer identification number         CNAme (notice)       Alahoma City Museum of Art, Inc.       FXA Oklahoma City Nuseum of Art, Inc.       D Employer identification number         Uniter and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         Also Couch Drive       Also Couch Drive       Also Couch Drive       Non         Member       Same and address of principal officer: E. Michael Whittington same as C above       Yes X No         Mebsite:       Www.okcmod.com       High Strika agroup return for subordinates incuder:       Yes X       No         J Website:       Www.okcmod.com       Correct or granization:       Correct or granization:       Yes Sint No       No         J Briefly describe the organization is sign or most significant activities:       The mission of the Oklahoma City with a state at least (sein structions)       Jes Sint Als at a tegat domizie: OK         Part I       Summary       I Briefly describe the organizatio	Image:	Department of the Treasury <b>D</b> o not enter social security numbers on this form as it may be made public.								
B       Cost at explosition on the properties of the province of the	B       Create       C Name of organization       D Employer identification number         Construction       Oklahoma City Art Museum       73-0528431         Construction       Care of the construction of the consthe construction of the consthe construction of the c	Department of the freasury								
associative:       Oklahoma City Museum of Art, Inc.         PKA Oklahoma City Art Museum       Ding business as         Number and street (or P.0. box if mail is not delivered to street address)       Room/suite         E Telephone number       (405) 236-3100         City or town, state or province, country, and ZIP or foreign postal code       G cross recepts 3 9,044,334.         Hain and City, OK 73102       H(a) Is this agroup return         Preventer       FName and address of principal officer: E. Michael Whittington same as C above       H(a) Is this agroup return         I Texeexempt status: X 5010(3)       5010() () () (metron.)       4947(a)(1) or 527       H(b) Areal studonhaste number?       Yes X No         J Website: WWW o.Occmoa.com       H(b) Areal studonhaste number?       Yes X No         Yeart I Summary       I State of legal domicals: OK         Part I Summary       I the organization's mission or most significant activites: The mission of the Oklahoma City         Museum of Art is to "enrich lives through the visual arts."       Significant activites: The mission of the oklahoma City         Museum of origing members of the governing body (Part V, line 1a)       A 51         A Number of individuals employed in calendar year 2017 (Part V, line 2a)       S 116         G Total number of voluting members of the governing body (Part V, line 2a)       S 20,474,359,1483,660.         G Total number of indivi	assets of principal officer B:       Oklahoma City Museum of Art, Inc.         PKA Oklahoma City Art Museum       73-0528431         Doing Dusiness as       73-0528431         Number and steel (0 P.0. box if mail is not delivered to street address)       Room/vsite         E Telephone number       (405) 236-3100         City or town, state or province, country, and ZIP or foreign postal code       G creat sceapte 5         Oklahoma City, OK 73102       Halo Is this a group return for subordinates?       Yes X No         Image: State: X Sol (0(3) Sol1(c))       (insert no.)       4947(a)(1) or 527       H(a) Is this a group return for subordinates?       Yes X No         J Website: ▶ WWW • OkCmOa.com       Trust       Association       Other ▶       L Year of formation: 1945 M State of legal domicit; OI         Part I Summary       1       Briefly describe the organization is mission or most significant activities: The mission or than 26% of its net assets.       S         Number of indepindent voting members of the governing body Part V, line 1a)       4       51         4       Number of indepindent voting members of the governing body Part V, line 2a)       5       111(2)         5       Total number of indepindent voting members of the governing body Part V, line 2a)       5       112(27, 551.       4         4       Number of volutineser (estimate if necessary)       7	ΑΙ	For th	e 2017 calend	ar year, or tax year beginning $ m JUL1$ , $2017$ and ending	<u>J</u> UN 30, 2018				
Oktamoma City Museum of Art, Inc.         PRAO OKIA homa City Art Museum         Doing business as         Number and street (or P.D. box if mail is not delivered to street address)         Room/suite         E Telephone number         (405) 236-3100         City or town, state or province, country, and ZIP or foreign postal code         0. Conservengus 3       9,044,334.         Hais Barbanchick       Hais a group return         Taxexempt status:       Solic)(3)       501(c) (1)          1 Taxexempt status:       Solic)(3)       501(c) (1)          1 Taxexempt status:       Solic)(3)       501(c) (1)          1 Taxexempt status:       Solic)(1)       (insert no.)       4947(a)(1) or         1 Taxexempt status:       Solic)(1)       (insert no.)       4947(a)(1) or       527         1 Briefly describe the organization is mission or most significant activities:       The mission of the Oklahoma City         Museum of Art is to "enrich lives through the visual arts."       1         2 Check this box bit if nee gravitation 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       5         4 Number of independent voting members of the governing body (Part VI, line 2a)       6       208 <t< td=""><td>Oktahoma City Museum of Art, Inc.         PKA Oklahoma City Ant Sum         Doing Dusiness as         Number and street (or P.O. box if mail is not delivered to street address)         415 Couch Drive         City or town, state or province, country, and ZIP or foreign postal code         Oklahoma City, OK 73102         Fhame and address or principal officer. E. Michael Whittington         Hoj Is this agroup return         Taxexempt status: [X 5010(3) 5010()            J Website: &gt; WWW okCmOa.com         Form of organization. [X convalue]         Check this box &gt; [] the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of independent voting members of the governing body (Part V, line 1a)         4 Number of independent voting members of the governing body (Part V, line 1a)         5 Total number of individuals encome from Form 990-T, line 34         6 Contributions and grants (Part VIII, column (A), line 32, 4, and 70)         1 One revenue (Part VIII, column (A), line 3, 4, and 70)         1 Total runder of individuals encome (Part VIII, column (A), line 3, 4, and 70)         1 Grants and similar amount paul (Part X, column (A), line 31)         5 Contributions and grants (Part VIII, column (A), line 32)         6 Contributions and grants (Part VIII, column (A), line 31)         1 Total number of individuals enone from Form 990 Tor 990-T, line 34</td><td></td><td></td><td></td><td></td><td>D Employer identification</td><td>ation number</td></t<>	Oktahoma City Museum of Art, Inc.         PKA Oklahoma City Ant Sum         Doing Dusiness as         Number and street (or P.O. box if mail is not delivered to street address)         415 Couch Drive         City or town, state or province, country, and ZIP or foreign postal code         Oklahoma City, OK 73102         Fhame and address or principal officer. E. Michael Whittington         Hoj Is this agroup return         Taxexempt status: [X 5010(3) 5010()            J Website: > WWW okCmOa.com         Form of organization. [X convalue]         Check this box > [] the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of independent voting members of the governing body (Part V, line 1a)         4 Number of independent voting members of the governing body (Part V, line 1a)         5 Total number of individuals encome from Form 990-T, line 34         6 Contributions and grants (Part VIII, column (A), line 32, 4, and 70)         1 One revenue (Part VIII, column (A), line 3, 4, and 70)         1 Total runder of individuals encome (Part VIII, column (A), line 3, 4, and 70)         1 Grants and similar amount paul (Part X, column (A), line 31)         5 Contributions and grants (Part VIII, column (A), line 32)         6 Contributions and grants (Part VIII, column (A), line 31)         1 Total number of individuals enone from Form 990 Tor 990-T, line 34					D Employer identification	ation number			
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Image of the street or P.0. box if mail is not delivered to street address)       Room/suite       Formation (405) 236-310         Image of the street or Province, country, and ZIP or foreign postal code       (405) 236-3100       G Grees receipts 9 , 044, 334.         Image of the street or Province, country, and ZIP or foreign postal code       G Grees receipts 9 , 044, 334.       H(a) Is this a group return for subordinates included 7 (vs is included to the street or Province, country, and ZIP or foreign postal code       G Grees receipts 9 , 044, 334.         Image of the Poster of the street or Province, country, and ZIP or foreign postal code       G Grees receipts 9 , 044, 334.       H(a) Is this a group return for subordinates included 7 (vs is not subordinates included 7 (vs is not subordinates)       No         Image of the top of the postal code of the top of the postal code of the top of the top of the top of the postal code of the postal	Doing Dusiness as       13 - 0320431         Prevent       1415 Couch Drive       (405) 236-3100         City or town, state or province, country, and ZIP or foreign postal code       G coss meseps 9 , 044, 334.         Oklahoma City, OK 73102       Help is this a group return         Description       Same as C above         I maxexempt status:       501(c)(3) 501(c) ( (metrin).       (metrin).         J Website:       Num V ok CINOA.com       Help is this a group return         K Ferm of craphization:       X Corporation       True:       Association         J Website:       Num V ok CINOA.com       Help is this a group return       Help is state of legal demicible:         V Museum of Art is to "enrich lives through the visual arts."       2 Check this box > []       The organization is mission or most significant activities: The mission of the Oklahoma City         Museum of I Briefly describe the organization iscontinued is operations or disposed of more than 25% of its net assets.         Number of voling members of the governing body (Part V, line 2a)       []       1         4       Number of undivelable income from Part VIII, column (C), line 12       []       2, 41, 263.3, 690, 765.         5       Total number of voling members of the governing body (Part V, line 2a)       []       []       1         6       Cotal number of voling members of the governing body (Par		chang	ge FKA	Oklahoma City Art Museum					
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attend       City or town, state or province, country, and ∠lP or foreign postal code       G createreates 9,044,334.         Oklahoma City, OK 73102       F Name and address of principal officer: E. Michael Whittington same as C above       H(a) is this a group return for subordinates?       Yes X No         I tax-exempt status: X 501(c)(3) 501(c) ( ) < (insert no.)	accenter       Chy or town, state or province, country, and 2/P or toreign postal code       Chy or town, state or province, country, and 2/P or toreign postal code         Chy and many constraints       Chy and many constraints       F Name and address or principal officer: E . Mi chael Whittington       H(a) Is this a group return for subordinates?       Yes [X No.         I Tax-exempt status: [X Solic()(3)       501(c) ( () ( (insert no.))       4947(a)(1) or 527       If No.* attact and statis (see instructions)         J Website: ▷       WWV . okCmOa . com       H(a) Group exemption number .       H(b) Ke all subordinates roucder?         K form of organization: [X Corporation]       Trust       Association       Other .       L Year of formation: 1945 M State of legal domicle: OI         Part I Summary       1       Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of voting members of the governing body (Part V, line 1a)       4       3       51         4       Number of voting members of the governing body (Part V, line 2)       5       51101       6       11206         5       Total number of undividuals employed in calendar year 2017 (Part V, line 2)       5       5110       1247, 551.       483, 660.         4       Number of voting members of the governing body (Part V, line 1a)       1, 247, 551.       483, 660.       76,		⊥return							
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pending       Same       as       C       above         I Tax-exempt status:       X 001(c)(3)       501(c)(-)        (insert no.)       4947(a)(1) or       527         J Website:       WWW • OkCmOa.com       H(b) Are all subordinates included?       Wes       No         K form of organization:       X corporation       Trust       Association       Other       L vear of formation:       1945 M State of legal domicile: OK         Part I       Summary       1       Briefly describe the organization's mission or most significant activities:       The mission of the Oklahoma City       Muse of formation:       1945 M State of legal domicile: OK         2       Check this box ▶       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3       1016         3       Number of voting members of the governing body (Part VI, line 1a)       3       51         4       Number of nulviduals employed in calendary year 2017 (Part V, line 2a)       5       116         6       2.084       5       1016         7 a Total number of volunteers (estimate if necessary)       6       2.0941, 2.63.3, 6.90, 7.65.         7 a Total unrelated business revenue from Form 990-T, line 34       1, 247, 5911       483, 660.         9       Program service revenue (Part VIII, line 1th)       2, 94	periodical status:       Same as C above       H(b) Are all subordinates included?       Yes No         1       Taxexempt status:       X 501(c(3)       501(c) (3       601(c) (3       4947(a)(1) or       527       H(b) Are all subordinates included?       Yes No         1       Barcexempt status:       X Corporation       Trust       Association       Other ►       L Year of formation:       1945       M State of legal domicile: OI         1       Barchi y describe the organization's mission or most significant activities:       The mission of the Oklahoma City         1       Barchi y describe the organization is mission or most significant activities:       The mission of the Oklahoma City         3       Number of independent voting members of the governing body (Part VI, line ta)       3       5         4       Number of independent voting members of the governing body (Part VI, line 2a)       5       1116         6       Total number of volunteers (estimate if necessary)       6       2000         7a       Total number of volunteers (estimate if necessary)       1       1       2, 941, 263.3, 690, 7651.         9       Program service revenue (Part VIII, column (C), lines 12       1, 247, 591.       483, 660.         10       Investment income (Part VIII, colum (A), lines 3, 4, and 7d)       632, 115.       651, 795.         <		return	UNIA		-				
I       Tax-exempt status:       X 501(c)(3)       501(c)()       ◄ (insert no.)       4947(a)(1) or       527         J       Website:       WWW.okcmOa.com       H(c) Group exemption number       H(c) Group exemption number         K Form of organization:       X Corporation       Trust       Association       Other       L Year of formation:       1945       M State of legal domicie: OK         Part I       Summary       1       Briefly describe the organization's mission or most significant activities:       The mission of the Oklahoma City         Museum of Art is to "enrich lives through the visual arts."       1       3       51         4       Number of voting members of the governing body (Part VI, line 1a)       4       51         5       Total number of individuals employed in calendar year 2017 (Part V, line 2a)       5       116         6       Total number of individuals employed in calendar year 2017 (Part V, line 2a)       5       1126         6       Total number of individuals employed in calendar year 2017 (Part V, line 2a)       5       1126         7       Total number of volunteers (estimate if necessary)       7a       36, 846.         7b       -9, 458.       7b       -9, 458.       7b         9       Prior Year       Current Year       2, 941, 263. 3, 690, 765.	I Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527       If *No,* attach a list. (see instructions)         J Website: ▶ wWw • OkCmOA . cOm       HC Group exemption number ▶         K Form of organization: X Gropration       Trust Association       Other ▶       L Year of formation: 1945 M State of legal domicile: OI         Part I       Summary       I Briefly describe the organization's mission or most significant activities: The mission of the Oklahoma City         Museum of Art is to "enrich lives through the visual arts."       2         2 Check this box ▶       if the organization global (Part VI, line 1a)       3         3 Number of undependent voting members of the governing body (Part VI, line 1a)       4       51         4 Number of undependent voting members (estimate if necessary)       5       11(c)       5         7 a Total number of volunteers (estimate if necessary)       7a       -9, 4584       7b       -9, 4584         9 Program service revenue (Part VIII, column (C), line 12       7a       0, 4247, 591.       483, 660.       0.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       632, 115.       651, 795.       1, 247, 591.       433, 660.       0.         12 Total arcenue a dolines 8 through 11 (must equal Part VIII, column (A), lines 13)       0.       0.       0.       0.       0.       0.       0.       0. </td <td></td> <td>tión</td> <td></td> <td></td> <td></td> <td></td>		tión							
J Website:       WWW.okcmoa.com       H(c) Group exemption number         K Form of organization:       X [ Orporation       Trust       Association       Other Image: Comparison       Number of legal domicile: OK         Part I       Summary       L Year of formation:       1945       M State of legal domicile: OK         Image: Comparison of the organization's mission or most significant activities:       The mission of the Oklahoma City         Museum of Art is to "enrich lives through the visual arts."       3       51         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of individuals employed in calendar year 2017 (Part VI, line 1a)       3       51         4       Number of individuals employed in calendar year 2017 (Part VI, line 2a)       6       208         6       Total number of individuals employed in calendar year 2017 (Part VI, line 2a)       7a       3d 6, 846.         5       Total number of individuals employed in calendar year 2017 (Part VI, line 2a)       7a       Current Year         8       Contributions and grants (Part VIII, column (C), line 12       7a       7a -9, 458.         9       Prior Year       Current Year       6a       22, 941, 263.       3, 690, 765.         9       Program service revenue (Pa	J Website:       WWW · Okcmoa.com       H(c) Group exemption number         K Form of organization:       X Corporation       Trust       Association       Other       L year of formation:       1945       M State of legal domicile:       OI         Part I       Summary       L year of formation:       1945       M State of legal domicile:       OI         Part I       Summary       L year of formation:       1945       M State of legal domicile:       OI         Part I       Summary       L year of formation:       1945       M State of legal domicile:       OI         Part I       Summary       L year of formation:       1945       M State of legal domicile:       OI         Part I       Summary       It is to       "enrich       L year of mains in association:       L year of mains in association:       It is is a state of legal domicile:       OI         Sumber of voling members of the governing body (Part VI, line 1a)       4       51       51       51       51       51       51       6       6       2000       7a       36, 846       6       2000       7a       36, 846       7b       -9, 458       7b<									
K Form of organization:       X Corporation       Trust       Association       Other ▶       L Year of formation:       1945       M State of legal domicile: OK         Part I       Summary       1       Briefly describe the organization's mission or most significant activities:       The mission of the Oklahoma City         Museum of Art is to "enrich lives through the visual arts."       2       Check this box ▶       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part VI, line 1a)       3       51         4       Number of independent voting members of the governing body (Part VI, line 1a)       4       51         5       Total number of individuals employed in calendar year 2017 (Part V, line 2a)       6       208         6       Total number of individuals employed in calendar year 2017 (Part V, line 2a)       6       2108         7       Total number of individuals employed in calendar year 2017 (Part V, line 2a)       6       2108         7       Total number of individuals employed in calendar year 2017 (Part V, line 2a)       7       6       208         9       Program service revenue from Form 990-T, line 34       7       7       3 6, 846.       7         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       63	K Form of organization: X Corporation       Trust       Association       Other N         Performation: 1945 M State of legal domicile: OI         Museum of Art is to "enrich lives through the visual arts."         2 Check this box          3       Number of voting members of the governing body (Part VI, line 1a)       3       51         4       Number of independent voting members of the governing body (Part VI, line 2a)       6       2000         5       Total number of volunteers (estimate if necessary)       6       2000         7a       Total unrelated business taxable income from Form 990-T, line 34       Prior Year       Current Year         8       Contributions and grants (Part VIII, line 1h)       2,941,263.       3,690,7651.         10       Investment income (Part VIII, column (A), lines 3,4, and 7c)       632,115.       6517,795.         11       Other revenue (Part VIII, column (A), lines 1-3)       0.       0.       0.					,				
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: The mission of the Oklahoma City Museum of Art is to "enrich lives through the visual arts."         2       Check this box ▶ ☐ 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       51         4       Number of individuals employed in calendar year 2017 (Part V, line 2a)       5       1166         6       Total number of individuals employed in calendar year 2017 (Part V, line 2a)       6       2088         7       Total number of volunteers (estimate if necessary)       6       208         7       Total unrelated business revolue from Part VIII, column (C), line 12       7a       36, 846.         7       To -9, 458.       7b       -9, 458.         8       Contributions and grants (Part VIII, line 1h)       2, 941, 263.       3, 690, 765.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       632, 115.       651, 795.         10       Investment income (Part VIII, column (A), lines 1-3)       0.       0.       0.         10       Investment income (Part VIII, column (A), lines 1-3)       0.       0.       0.         13       G	Part I       Summary         1       Briefly describe the organization's mission or most significant activities: The mission of the Oklahoma City Museum of Art is to "enrich lives through the visual arts."         2       Check this box ▶ □ 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         4       5         5       Total number of individuals employed in calendar year 2017 (Part V, line 2a)       5         6       7a         7a Total unrelated business revenue from Part VIII, column (C), line 12       7a         7a Total unrelated business revenue from Porm 990-T, line 34       Prior Year         8       Contributions and grants (Part VIII, line 1h)       2, 941, 263.         9       Program service revenue (Part VIII, column (A), lines 2, 4, and 7d)       632, 115.         10       Investment income (Part VIII, column (A), lines 4, and 7d)       632, 115.         11       Other revenue (Part VIII, column (A), line 4)       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 5-10)       3, 048, 094.       3, 151, 078.         13       Grants and similar amounts paid (Part IX, column (A), line 4)       0.       0.       0.         13       Grants and simil									
a       Briefly describe the organization's mission or most significant activities: The mission of the Oklahoma City Museum of Art is to "enrich lives through the visual arts."         2       Check this box ▶ ☐ 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)         4       Number of individuals employed in calendar year 2017 (Part V, line 2a)         6       Total number of individuals employed in calendar year 2017 (Part V, line 2a)         7       Total number of volunteers (estimate if necessary)         9       Prior Year         9       Porgram service revenue (Part VIII, column (C), line 34         9       Prior Year         2       0.116.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)         11       Other revenue (Part VIII, column (A), lines 3, 4, and 7d)         12       Total and similar amounts paid (Part IX, column (A), lines 1-3)         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3) <tr< td=""><td>Image: Program Service revenue (Part VIII, Column (A), lines 3, 4, and 7d)       Image: Program Service revenue (Part VIII, column (A), lines 1-3)         Image: Program Service revenue Service Ration (A), lines 1-3       Image: Program Service Ration (A), lines 1-3         Image: Program Service Ration (A), lines 1-3       Image: Part X, column (A), lines 1-3       Image: Part X, column (A), lines 1-3         Image: Part A = 100, Part X, lines 1-3       Image: Part X, column (A), lines 2-3       Image: Part X, column (A), lines 2-3         Image: Part A = 10, Part X, lines 1-3       Image: Part X, column (A), lines 2-3       Image: Part X, column (A), lines 2-3         Image: Part A = 10, Part X, lines 2-3       Image: Part X, column (A), lines 2-3       Image: Part X, column (A), lines 2-3         Image: Part X, column (A), lines 2-3       Image: Part X, column (A), lines 2-3       Image: Part X, column (A), lines 2-3         Image: Part X, column (A), lines 3-4, and 7d       Image: Part X, column (A), lines 2-3       Image: Part X, column (A), lines 2-3         Image: Part Y, Image: Part X, column (A), lines 3-4, and 7d       Image: Part X, column (A), lines 3-3       Image: Part X, column (A), lines 3-3         Image: Part Y, Image: Part X, column (A), lines 1-3       Image: Part X, column (A), lines 3-3       Image: Part X, column (A), lines 3-3         Image: Part X, column (A), lines 3-3       Image: Part X, column (A), lines 3-3       Image: Part</td><td></td><td></td><td></td><td>K Corporation Trust Association Other F</td><td>rear of formation: 1945 M</td><td>State of legal domicile: OK</td></tr<>	Image: Program Service revenue (Part VIII, Column (A), lines 3, 4, and 7d)       Image: Program Service revenue (Part VIII, column (A), lines 1-3)         Image: Program Service revenue Service Ration (A), lines 1-3       Image: Program Service Ration (A), lines 1-3         Image: Program Service Ration (A), lines 1-3       Image: Part X, column (A), lines 1-3       Image: Part X, column (A), lines 1-3         Image: Part A = 100, Part X, lines 1-3       Image: Part X, column (A), lines 2-3       Image: Part X, column (A), lines 2-3         Image: Part A = 10, Part X, lines 1-3       Image: Part X, column (A), lines 2-3       Image: Part X, column (A), lines 2-3         Image: Part A = 10, Part X, lines 2-3       Image: Part X, column (A), lines 2-3       Image: Part X, column (A), lines 2-3         Image: Part X, column (A), lines 2-3       Image: Part X, column (A), lines 2-3       Image: Part X, column (A), lines 2-3         Image: Part X, column (A), lines 3-4, and 7d       Image: Part X, column (A), lines 2-3       Image: Part X, column (A), lines 2-3         Image: Part Y, Image: Part X, column (A), lines 3-4, and 7d       Image: Part X, column (A), lines 3-3       Image: Part X, column (A), lines 3-3         Image: Part Y, Image: Part X, column (A), lines 1-3       Image: Part X, column (A), lines 3-3       Image: Part X, column (A), lines 3-3         Image: Part X, column (A), lines 3-3       Image: Part X, column (A), lines 3-3       Image: Part				K Corporation Trust Association Other F	rear of formation: 1945 M	State of legal domicile: OK			
Museum of Art is to "enrich lives through the visual arts."         2 Check this box ▶ ☐ 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         4 Number of individuals employed in calendar year 2017 (Part V, line 2a)       5         5 Total number of voluncers (estimate if necessary)       6         7 a Total number of voluncers (estimate if necessary)       7a         7 a Total number of voluncers (estimate if necessary)       7a         8 Contributions and grants (Part VIII, line 1h)       2,941,263.         9 Prior Year       Current Year         8 Contributions and grants (Part VIII, line 1h)       632,115.         9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       632,115.         10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       5,371,443.         11 Other revenue (Part VIII, column (A), lines 1.3)       0.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5.10)       3,048,094.       3,151,078.         13 Grants and similar amounts paid (Part IX, column (A), line 11e)       0.       0.       0.         13 Grants and similar amounts paid (Part IX, column (A), lines 5.10)       3,048,094.       3,151,078.         16 Professional fundraising fees (Part IX, column (A), line 15) </td <td>Museum of Art is to "enrich lives through the visual arts."         2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of independent voting members of the governing body (Part VI, line 1b)       3 51         4 Number of independent voting members of the governing body (Part VI, line 1b)       4 511         5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)       6 2000         6 Total number of volunteers (estimate if necessary)       6 2000         7a Total unrelated business revenue from Part VIII, column (C), line 12       7a 36,846.         9 Net unrelated business taxable income from Form 990-T, line 34       7b -9,4558.         9 Program service revenue (Part VIII, line 2g)       1,247,591.       483,660.         10 Investment income (Part VIII, lone 3, 4, and 7d)       632,115.       651,795.         11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)       5,371,443.       5,179,152.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5-10       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.</td> <td>Г</td> <td></td> <td></td> <td>the end of the mission of the first state way The miss</td> <td>ion of the Okl</td> <td>ahoma City</td>	Museum of Art is to "enrich lives through the visual arts."         2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of independent voting members of the governing body (Part VI, line 1b)       3 51         4 Number of independent voting members of the governing body (Part VI, line 1b)       4 511         5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)       6 2000         6 Total number of volunteers (estimate if necessary)       6 2000         7a Total unrelated business revenue from Part VIII, column (C), line 12       7a 36,846.         9 Net unrelated business taxable income from Form 990-T, line 34       7b -9,4558.         9 Program service revenue (Part VIII, line 2g)       1,247,591.       483,660.         10 Investment income (Part VIII, lone 3, 4, and 7d)       632,115.       651,795.         11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)       5,371,443.       5,179,152.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5-10       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	Г			the end of the mission of the first state way The miss	ion of the Okl	ahoma City			
b Net unrelated business taxable income from Form 990-T, line 34       7b       -9,458.         B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         9       Program service revenue (Part VIII, line 2g)       1,247,591.       483,660.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       632,115.       651,795.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       550,474.       352,932.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       5,371,443.       5,179,152.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3,048,094.       3,151,078.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       427,462.       5,368,953.       3,274,715.         17       Other expenses (Part IX, column (D), line 25)       427,462.       5,368,953.       3,274,715.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       5,368,953.       3,274,715.	b Net unrelated business taxable income from Form 990-T, line 34       (7b)       -9, 458.         Prior Year       Current Year         2,941,263.       3,690,765.         9 Program service revenue (Part VIII, line 1h)       2,941,263.       3,690,765.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       632,115.       651,795.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       550,474.       352,932.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1.3)       0.       0.         13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14 Benefits paid to or for members (Part IX, column (A), line 1.3)       0.       0.       0.       0.         15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10)       3,048,094.       3,151,078.       0.<	e	ין							
b Net unrelated business taxable income from Form 990-T, line 34       7b       -9,458.         B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         9       Program service revenue (Part VIII, line 2g)       1,247,591.       483,660.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       632,115.       651,795.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       550,474.       352,932.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       5,371,443.       5,179,152.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3,048,094.       3,151,078.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       427,462.       5,368,953.       3,274,715.         17       Other expenses (Part IX, column (D), line 25)       427,462.       5,368,953.       3,274,715.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       5,368,953.       3,274,715.	b Net unrelated business taxable income from Form 990-T, line 34       (7b)       -9, 458.         Prior Year       Current Year         2,941,263.       3,690,765.         9 Program service revenue (Part VIII, line 1h)       2,941,263.       3,690,765.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       632,115.       651,795.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       550,474.       352,932.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1.3)       0.       0.         13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14 Benefits paid to or for members (Part IX, column (A), line 1.3)       0.       0.       0.       0.         15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10)       3,048,094.       3,151,078.       0.<	ano								
b Net unrelated business taxable income from Form 990-T, line 34       7b       -9,458.         B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         9       Program service revenue (Part VIII, line 2g)       1,247,591.       483,660.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       632,115.       651,795.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       550,474.       352,932.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       5,371,443.       5,179,152.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3,048,094.       3,151,078.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       427,462.       5,368,953.       3,274,715.         17       Other expenses (Part IX, column (D), line 25)       427,462.       5,368,953.       3,274,715.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       5,368,953.       3,274,715.	b Net unrelated business taxable income from Form 990-T, line 34       (7b)       -9, 458.         Prior Year       Current Year         2,941,263.       3,690,765.         9 Program service revenue (Part VIII, line 10)       2,941,263.       3,690,765.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       632,115.       651,795.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       550,474.       352,932.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       0.         13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14 Benefits paid to or for members (Part IX, column (A), lines 5-10)       3, 048, 094.       3, 151, 078.       0.         16a Professional fundraising fees (Part IX, column (D), line 25)       427, 462.       5, 368, 953.       3, 274, 715.         17 Other expenses (Part IX, column (D), line 25)       427, 462.       5, 368, 953.       3, 274, 715.         18 Total sepenses. Add lines 13.17 (must equal Part IX, column (A), line 25)       8, 417, 047.       6, 425, 793.       945, 584.       949, 602.         19 Revenue less expenses. Subtract line 18 from line 12       -3, 045, 604.       -1, 246, 641.       995, 584.       949, 602.         20 Total assets (Part X, line 26)	rer			-					
b Net unrelated business taxable income from Form 990-T, line 34       7b       -9,458.         B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         9       Program service revenue (Part VIII, line 2g)       1,247,591.       483,660.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       632,115.       651,795.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       550,474.       352,932.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       5,371,443.       5,179,152.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3,048,094.       3,151,078.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       427,462.       5,368,953.       3,274,715.         17       Other expenses (Part IX, column (D), line 25)       427,462.       5,368,953.       3,274,715.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       5,368,953.       3,274,715.	b Net unrelated business taxable income from Form 990-T, line 34       (7b)       -9, 458.         Prior Year       Current Year         2,941,263.       3,690,765.         9 Program service revenue (Part VIII, line 1h)       2,941,263.       3,690,765.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       632,115.       651,795.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       550,474.       352,932.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1.3)       0.       0.         13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14 Benefits paid to or for members (Part IX, column (A), line 1.3)       0.       0.       0.       0.         15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10)       3,048,094.       3,151,078.       0.<	ğ	3							
b Net unrelated business taxable income from Form 990-T, line 34       7b       -9,458.         B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         9       Program service revenue (Part VIII, line 2g)       1,247,591.       483,660.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       632,115.       651,795.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       550,474.       352,932.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       5,371,443.       5,179,152.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3,048,094.       3,151,078.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       427,462.       5,368,953.       3,274,715.         17       Other expenses (Part IX, column (D), line 25)       427,462.       5,368,953.       3,274,715.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       5,368,953.       3,274,715.	b Net unrelated business taxable income from Form 990-T, line 34       (7b)       -9, 458.         Prior Year       Current Year         2,941,263.       3,690,765.         9 Program service revenue (Part VIII, line 10)       2,941,263.       3,690,765.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       632,115.       651,795.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       550,474.       352,932.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       0.         13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14 Benefits paid to or for members (Part IX, column (A), lines 5-10)       3, 048, 094.       3, 151, 078.       0.         16a Professional fundraising fees (Part IX, column (D), line 25)       427, 462.       5, 368, 953.       3, 274, 715.         17 Other expenses (Part IX, column (D), line 25)       427, 462.       5, 368, 953.       3, 274, 715.         18 Total sepenses. Add lines 13.17 (must equal Part IX, column (A), line 25)       8, 417, 047.       6, 425, 793.       945, 584.       949, 602.         19 Revenue less expenses. Subtract line 18 from line 12       -3, 045, 604.       -1, 246, 641.       995, 584.       949, 602.         20 Total assets (Part X, line 26)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5							
b Net unrelated business taxable income from Form 990-T, line 34       7b       -9,458.         B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         9       Program service revenue (Part VIII, line 2g)       1,247,591.       483,660.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       632,115.       651,795.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       550,474.       352,932.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       5,371,443.       5,179,152.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3,048,094.       3,151,078.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       427,462.       5,368,953.       3,274,715.         17       Other expenses (Part IX, column (D), line 25)       427,462.       5,368,953.       3,274,715.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       5,368,953.       3,274,715.	b Net unrelated business taxable income from Form 990-T, line 34       (7b)       -9, 458.         Prior Year       Current Year         2,941,263.       3,690,765.         9 Program service revenue (Part VIII, line 10)       2,941,263.       3,690,765.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       632,115.       651,795.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       550,474.       352,932.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       0.         13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14 Benefits paid to or for members (Part IX, column (A), lines 5-10)       3, 048, 094.       3, 151, 078.       0.         16a Professional fundraising fees (Part IX, column (D), line 25)       427, 462.       5, 368, 953.       3, 274, 715.         17 Other expenses (Part IX, column (D), line 25)       427, 462.       5, 368, 953.       3, 274, 715.         18 Total sepenses. Add lines 13.17 (must equal Part IX, column (A), line 25)       8, 417, 047.       6, 425, 793.       945, 584.       949, 602.         19 Revenue less expenses. Subtract line 18 from line 12       -3, 045, 604.       -1, 246, 641.       995, 584.       949, 602.         20 Total assets (Part X, line 26)	ties	6							
b Net unrelated business taxable income from Form 990-T, line 34       7b       -9,458.         B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         9       Program service revenue (Part VIII, line 2g)       1,247,591.       483,660.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       632,115.       651,795.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       550,474.       352,932.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       5,371,443.       5,179,152.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3,048,094.       3,151,078.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       427,462.       5,368,953.       3,274,715.         17       Other expenses (Part IX, column (D), line 25)       427,462.       5,368,953.       3,274,715.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       5,368,953.       3,274,715.	b Net unrelated business taxable income from Form 990-T, line 34       (7b)       -9, 458.         Prior Year       Current Year         2,941,263.       3,690,765.         9 Program service revenue (Part VIII, line 10)       1,247,591.       483,660.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       632,115.       651,795.         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       550,474.       352,932.         12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       0.         13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14 Benefits paid to or for members (Part IX, column (A), lines 5-10)       3, 048, 094.       3, 151, 078.       0.         16a Professional fundraising fees (Part IX, column (D), line 25)       427, 462.       5, 368, 953.       3, 274, 715.         17 Other expenses (Part IX, column (D), line 25)       427, 462.       5, 368, 953.       3, 274, 715.         18 Total sepenses. Add lines 13.17 (must equal Part IX, column (A), line 25)       8, 417, 047.       6, 425, 793.       944.       1, 246, 641.         19 Revenue less expenses. Subtract line 18 from line 12       -3, 045, 604.       -1, 246, 641.       949, 602.       949, 602.       949, 602.         20 Total assets (P	ži	7a							
Prior Year       Current Year         8       Contributions and grants (Part VIII, line 1h)       2,941,263.3,690,765.         9       Program service revenue (Part VIII, line 2g)       1,247,591.483,660.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       632,115.651,795.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       550,474.352,932.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       5,371,443.5,179,152.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.0.0.         14       Benefits paid to or for members (Part IX, column (A), lines 5-10)       3,048,094.3,151,078.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.0.0.         b       Total fundraising expenses (Part IX, column (D), line 25)       427,462.         17       Other expenses (Part IX, column (A), line 11e-11d, 11f-24e)       5,368,953.3,274,715.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       5,368,953.3,274,715.         19       Revenue less expenses. Subtract line 18 from line 12       -3,045,6041,246,641.	B         Contributions and grants (Part VIII, line 1h)         Prior Year         Current Year           9         Program service revenue (Part VIII, line 2g)         1, 247, 591.         483, 660.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         632, 115.         651, 795.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         5, 0, 474.         352, 932.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1.3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1.3)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 5:10)         3, 048, 094.         3, 151, 078.           16a         Professional fundraising fees (Part IX, column (A), line 11e)         0.         0.         0.           17         Other expenses (Part IX, column (A), line 25)         427, 462.         5, 368, 953.         3, 274, 715.           18         Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)         -3, 045, 604.         -1, 246, 641.           98         5, 5364.953.         3	A	b h							
8       Contributions and grants (Part VIII, line 1h)       2,941,263.       3,690,765.         9       Program service revenue (Part VIII, line 2g)       1,247,591.       483,660.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       632,115.       651,795.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       5,371,443.       5,179,152.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       5,371,443.       5,179,152.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3,048,094.       3,151,078.         16a       Professional fundraising fees (Part IX, column (D), line 25)       427,462.       5,368,953.       3,274,715.         17       Other expenses (Part IX, column (A), line 11e)       0.       0.       0.       0.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       5,368,953.       3,274,715.       8,417,047.       6,425,793.         19       Revenue less expenses. Subtract line 18 from line 12	8       Contributions and grants (Part VIII, line 1h)       2,941,263.3,690,765.         9       Program service revenue (Part VIII, column (A), lines 2g)       1,247,591.483,660.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       632,115.651,795.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       550,474.352,932.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.0.0.0.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.0.0.0.0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.					1	· · · · ·			
9       Program service revenue (Part VIII, line 2g)       1,247,591.       483,660.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       632,115.       651,795.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       550,474.       352,932.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       5,371,443.       5,179,152.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3,048,094.       3,151,078.         16a       Professional fundraising fees (Part IX, column (D), line 25)       427,462.       5,368,953.       3,274,715.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       427,462.       5,368,953.       3,274,715.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       5,368,953.       3,274,715.         19       Revenue less expenses. Subtract line 18 from line 12       -3,045,604.       -1,246,641.	9       Program service revenue (Part VIII, line 2g)       1, 247, 591.       483, 660.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       632, 115.       651, 795.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       550, 474.       352, 932.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)       0.       0.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3, 048, 094.       3, 151, 078.         16a       Professional fundraising fees (Part IX, column (D), line 25)       427, 462.       5, 368, 953.       3, 274, 715.         17       Other expenses (Part IX, column (D), line 25)       427, 462.       5, 368, 953.       3, 274, 715.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       8, 417, 047.       6, 425, 793.         19       Revenue less expenses. Subtract line 18 from line 12       -3, 045, 604.       -1, 246, 641.         20       Total assets (Part X, line 16)       995, 584.       949, 602.		8	Contributions	and grants (Part VIII, line 1h)					
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       330, 474.       332, 932.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       5, 371, 443.       5, 179, 152.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3, 048, 094.       3, 151, 078.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       427, 462.       5, 368, 953.       3, 274, 715.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       8, 417, 047.       6, 425, 793.         19       Revenue less expenses. Subtract line 18 from line 12       -3, 045, 604.       -1, 246, 641.	11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       330, 474.       332, 932.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       5, 371, 443.       5, 179, 152.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10)       3, 048, 094.       3, 151, 078.         16a       Professional fundraising fees (Part IX, column (D), line 25)        427, 462.       0.       0.         17       Other expenses (Part IX, column (A), line 11e)       0.       0.       0.         18       Total expenses. (Part IX, column (D), line 25)       427, 462.       5, 368, 953.       3, 274, 715.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       -3, 045, 604.       -1, 246, 641.         19       Revenue less expenses. Subtract line 18 from line 12       -3, 045, 604.       -1, 246, 641.         20       Total assets (Part X, line 16)       995, 584.       949, 602.         21       Total liabilities (Part X, line 26)       39, 540, 338.       39, 684, 165.	nue	9							
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       330, 474.       332, 932.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       5, 371, 443.       5, 179, 152.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3, 048, 094.       3, 151, 078.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       427, 462.       5, 368, 953.       3, 274, 715.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       8, 417, 047.       6, 425, 793.         19       Revenue less expenses. Subtract line 18 from line 12       -3, 045, 604.       -1, 246, 641.	11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       330, 474.       332, 932.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       5, 371, 443.       5, 179, 152.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5.10)       3, 048, 094.       3, 151, 078.         16a       Professional fundraising fees (Part IX, column (D), line 25)        427, 462.       0.       0.         17       Other expenses (Part IX, column (A), line 11e)       0.       0.       0.         18       Total expenses. (Part IX, column (D), line 25)       427, 462.       5, 368, 953.       3, 274, 715.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       -3, 045, 604.       -1, 246, 641.         19       Revenue less expenses. Subtract line 18 from line 12       -3, 045, 604.       -1, 246, 641.         20       Total assets (Part X, line 16)       995, 584.       949, 602.         21       Total liabilities (Part X, line 26)       39, 540, 338.       39, 684, 165.	eve	10							
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.00         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.00         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3,048,094.3,151,078.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.00         b       Total fundraising expenses (Part IX, column (D), line 25)       427,462.         17       Other expenses (Part IX, column (A), lines 11a.11d, 11f-24e)       5,368,953.3,274,715.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       8,417,047.6,425,793.         19       Revenue less expenses. Subtract line 18 from line 12       -3,045,604.       -1,246,641.	13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3,048,094.       3,151,078.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       427,462.       5,368,953.       3,274,715.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       427,462.       5,368,953.       3,274,715.         19       Revenue less expenses. Subtract line 18 from line 12       -3,045,604.       -1,246,641.         14       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       995,584.       949,602.         21       Total liabilities (Part X, line 26)       995,584.       949,602.         22       Net assets or fund balances. Subtract line 21 from line 20       39,540,338.       39,684,165.	č	11			550,474.	352,932.			
14       Benefits paid to or for members (Part IX, column (A), line 4)       0.000         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3,048,094.3,151,078.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.000         b       Total fundraising expenses (Part IX, column (D), line 25)       427,462.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       5,368,953.3,274,715.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       8,417,047.6,425,793.         19       Revenue less expenses. Subtract line 18 from line 12       -3,045,604.       -1,246,641.	14       Benefits paid to or for members (Part IX, column (A), line 4)       0.000         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3,048,094.3,151,078.4         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.000         b       Total fundraising expenses (Part IX, column (D), line 25)       427,462.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       5,368,953.3,274,715.4         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       8,417,047.6,425,793.4         19       Revenue less expenses. Subtract line 18 from line 12       -3,045,6041,246,641.4         20       Total assets (Part X, line 16)       40,535,922.40,633,767.4         21       Total liabilities (Part X, line 26)       995,584.949.4         22       Net assets or fund balances. Subtract line 21 from line 20       39,540,338.39,684,165.4         Part II       Signature Block       39,540,338.39,684,165.4		12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,371,443.	5,179,152.			
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3,048,094.       3,151,078.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       ▶       427,462.         17       Other expenses. (Part IX, column (A), lines 11a-11d, 11f-24e)       5,368,953.       3,274,715.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       8,417,047.       6,425,793.         19       Revenue less expenses. Subtract line 18 from line 12       -3,045,604.       -1,246,641.	15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3,048,094.       3,151,078.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       ▲ 427,462.       5,368,953.       3,274,715.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       5,368,953.       3,274,715.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       8,417,047.       6,425,793.         19       Revenue less expenses. Subtract line 18 from line 12       -3,045,604.       -1,246,641.         20       Total assets (Part X, line 16)       40,535,922.       40,633,767.         21       Total liabilities (Part X, line 26)       995,584.       949,602.         22       Net assets or fund balances. Subtract line 21 from line 20       39,540,338.       39,684,165.         Part II       Signature Block       Signature Block       39,540,338.       39,684,165.		13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)					
16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       ►       427,462.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       5,368,953.       3,274,715.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       8,417,047.       6,425,793.         19       Revenue less expenses. Subtract line 18 from line 12       -3,045,604.       -1,246,641.	16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.00         b       Total fundraising expenses (Part IX, column (D), line 25)       ▲ 427,462.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       5,368,953.       3,274,715.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       8,417,047.       6,425,793.         19       Revenue less expenses. Subtract line 18 from line 12       -3,045,604.       -1,246,641.         20       Total assets (Part X, line 16)       Beginning of Current Year       End of Year         21       Total liabilities (Part X, line 26)       995,584.       949,602.         22       Net assets or fund balances. Subtract line 21 from line 20       39,540,338.       39,684,165.         Part II       Signature Block       Signature Block       39,540,338.       39,684,165.		14	Benefits paid	to or for members (Part IX, column (A), line 4)					
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       8,417,047.       6,425,793.         19       Revenue less expenses. Subtract line 18 from line 12       -3,045,604.       -1,246,641.	17       Outline expenses (rait b), column (A), lines (rait b), column (A), lines (rait b), column (A), line 25)       37,3007,3300       37,217,7130         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       8,417,047.       6,425,793.         19       Revenue less expenses. Subtract line 18 from line 12       -3,045,604.       -1,246,641.         10       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       40,535,922.       40,633,767.         21       Total liabilities (Part X, line 26)       995,584.       949,602.         22       Net assets or fund balances. Subtract line 21 from line 20       39,540,338.       39,684,165.         Part II       Signature Block       Signature Block       Signature Block	ŝ	15							
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       8,417,047.       6,425,793.         19       Revenue less expenses. Subtract line 18 from line 12       -3,045,604.       -1,246,641.	18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       8,417,047.       6,425,793.         19       Revenue less expenses. Subtract line 18 from line 12       -3,045,604.       -1,246,641.         20       Total assets (Part X, line 16)       40,535,922.       40,633,767.         21       Total liabilities (Part X, line 26)       995,584.       949,602.         22       Net assets or fund balances. Subtract line 21 from line 20       39,540,338.       39,684,165.         Part II       Signature Block       Signature Block       39,540,338.       39,684,165.	use.	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.			
18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       8,417,047.       6,425,793.         19       Revenue less expenses. Subtract line 18 from line 12       -3,045,604.       -1,246,641.	17       Outline expenses (rait b), column (A), lines (rait b), column (A), lines (rait b), column (A), line 25)       37,3007,3300       37,217,7130         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       8,417,047.       6,425,793.         19       Revenue less expenses. Subtract line 18 from line 12       -3,045,604.       -1,246,641.         10       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       40,535,922.       40,633,767.         21       Total liabilities (Part X, line 26)       995,584.       949,602.         22       Net assets or fund balances. Subtract line 21 from line 20       39,540,338.       39,684,165.         Part II       Signature Block       Signature Block       Signature Block	xpe	. b							
19 Revenue less expenses. Subtract line 18 from line 123,045,6041,246,641.	19       Revenue less expenses. Subtract line 18 from line 12       -3,045,604.       -1,246,641.         10       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       40,535,922.       40,633,767.         21       Total liabilities (Part X, line 26)       995,584.       949,602.         22       Net assets or fund balances. Subtract line 21 from line 20       39,540,338.       39,684,165.         Part II       Signature Block       Signature Block       Signature Block	ш	1 "							
	b stateBeginning of Current YearEnd of Year20Total assets (Part X, line 16)40,535,922.40,633,767.21Total liabilities (Part X, line 26)995,584.949,602.22Net assets or fund balances. Subtract line 21 from line 2039,540,338.39,684,165.Part IISignature Block		1							
Beginning of Current Year         End of Year           Beginning of Current Year         End of Year           40,535,922.         40,633,767.	<sup>2</sup> 月 22 Net assets or fund balances. Subtract line 21 from line 20			Revenue less	expenses. Subtract line 18 from line 12					
$\overline{g}_{ad}$ 20 Total assets (Part X, line 16) 40, 535, 922. 40, 533, 767.	<sup>2</sup> 月 22 Net assets or fund balances. Subtract line 21 from line 20	S OF								
	<sup>2</sup> 月 22 Net assets or fund balances. Subtract line 21 from line 20	sset	20							
43 21 Iotal liabilities (Part X, line 26)	Part II Signature Block	etA	-							
		ند الم				39,340,338.	JY,004,105.			
	Under papelties of participal to the best of mail bar available return including accompanying echodules and statements, and to the best of mail bar ad to the best of mail bar addition			•		tomonto and to the best of mult	nowladge and halisf it is			
Index panelting of parium, I deplote that I have examined this return including accompanying actually and statements, and to the best of multi-statements and to the best of multi-statements.							inowiedge and belief, it is			
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.	urue	, correc	n, and complete	Deciaration of preparer (other than onlicer) is based on all mormation of Which prep	arer nas any knowledge.				

Sign	Signature of officer		Date					
Here	E. Michael Whitting	ton, CEO						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	W. Lyndel Lackey	W. Lyndel Lackey	04/16/19 self-employed P00234298					
Preparer	Firm's name 🕨 HoganTaylor Li	LP	Firm's EIN ► 73-1413977					
Use Only	Firm's address 🖕 11600 Broadwa	y Ext, Suite 300						
	Oklahoma City	, OK 73114	Phone no. $405 - 848 - 2020$					
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)							
732001 11-2	8-17 LHA For Paperwork Reduction Act	Notice, see the separate instructions.	Form <b>990</b> (2017)					

See Schedule O for Organization Mission Statement Continuation

	Oklahoma City Museum of Art, Inc.
	990 (2017) FKA Oklahoma City Art Museum 73-0528431 Page 2 t III Statement of Program Service Accomplishments
Fa	
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1	Briefly describe the organization's mission: The mission of the Oklahoma City Museum of Art is to enrich lives
	through the visual arts.
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.
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.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations 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	
	Exhibitions: The Museum organizes and presents exhibitions related to
	its primary areas of focus- 19th and 20th century American art,
	contemporary art, and studio glass. Additionally, the Museum hosts
	traveling exhibitions organized by art museums throughout the world
	with a diversity of art historical themes and styles.
4b	(Code:) (Expenses \$ 974,271. including grants of \$) (Revenue \$ 35,188.)
40	(Code:)(Expenses \$974,271. including grants of \$)(Revenue \$35,188.) Education: The Museum's division of Learning and Engagement offers
	classes, tours, outreach activities, and in-gallery learning
	experiences for visitors of all ages. Special programs are directed to
	visitors with accessibility needs.
	visitors with accessibility needs.
4c	(Code:) (Expenses \$373,301. including grants of \$) (Revenue \$119,022. )
	Film: The Museum's Film Program is the region's finest program in
	independent and foreign cinema. The Museum presents over 300 screenings
	annually every Thursday-Sunday.
44	Other program services (Describe in Schedule O.)
40	
<b>A</b> ::	
40	Total program service expenses ► 4,861,891.

Oklahoma	City	Museum	of	Art,	Inc.
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	990 (2017) FKA Oklahoma City Art Museum 73-0528 TIV Checklist of Required Schedules	431	P	age <b>3</b>
-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	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? If "Yes," complete Schedule D, Part VII	11b	Х	
с	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? If "Yes," complete Schedule D, Part VIII	11c		x
d	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? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G. Part III	19		X

Oklahoma Cit	y Museum	ı of Ar	rt, Inc.
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73-	0528431	Page 4

<u>Form</u>	990 (2017) FKA Oklahoma City Art Museum 73-0528	3431	Р	age <b>4</b>
Pa	TIV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	x	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30	x	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	00		
01		31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	51		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
57	Part V, line 1	34	x	
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
35а ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
u		35b	x	
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	x	
	Note. All Form 990 filers are required to complete Schedule O	38	1 A	i i

	Oklahoma City Museum of Art, Inc.			_
	990 (2017) FKA Oklahoma City Art Museum 73-0528	<u>431</u>	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 63			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c	Х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
20	filed for the calendar year ending with or within the year covered by this return 2a 116			
L	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
U		20	21	
0-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file (see instructions)	0-	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			- <del></del>
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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 as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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:			
а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	-		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes." has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		

Form <b>990</b>	(2017)
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FKA	Oklał	loma	City	Art	Μı	ıseum	

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, an	d for a "No" respons	e
to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
Check if Schedule O contains a response or note to any line in this Part VI		X
Section A. Governing Body and Management		
	Yes	No

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	51			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	51			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any ot	her			
	officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supe	rvision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,	or			
	persons other than the governing body?		7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	ving:			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
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		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code	)			
		1		Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affilia				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	g the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		40	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	л Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	<u> </u>	
С			10-	х	
40	in Schedule O how this was done		12c 13	X	
13	Did the organization have a written whistleblower policy?		14	X	
14 15	Did the organization have a written document retention and destruction policy?		14	21	
15	Did the process for determining compensation of the following persons include a review and approval by indepen	ueni			
а	parages comparability data, and contemporangous substantiation of the deliberation and decision?				
a	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		150	x	
	The organization's CEO, Executive Director, or top management official		15a 15b	X X	
b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization		15a 15b	X X	
b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		15b		x
b 16a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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
b 16a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its particip		15b		x
b 16a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its particip in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		15b		x
b 16a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its particip		15b 16a		X
b 16a b	The organization's CEO, Executive Director, or top management official		15b 16a		X
b 16a b Sec	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its particip in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	ation	15b 16a 16b	X	X

Own website Another's website X Upon request

	Own website	Another's website	X Upon request	Other (explain in Schedule O)
19	Describe in Schedule	O whether (and if so, how) the	organization made its gov	erning documents, conflict of interest policy, and financial
	statements available	to the public during the tax yea	ır.	

20	State the name, address, and telephone number of the person who possesses the organization's books and records:
	Rita Craig, CFO - (405) 278-8203
	415 Couch Drive, Oklahoma City, OK 73102

Form 990 (2017) FKA Oklahoma City Art Museum	73-0528431	Page 7								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors										
Check if Schedule O contains a response or note to any line in this Part VII										
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.										

• 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

Oklahoma City Museum of Art, Inc.

Name and Title         Average hours per weak organization biols         Operation biols         Deportable compension from biols         Peportable compension from organization from the organization         Estimated aunual of other organization           (1)         J. Bohard Barth         5.50         X         X         0.         0.           (2)         Cynda C. Ottaway         4.46         X         X         0.         0.         0.           (3)         The Moorable Jerome A. Holmes         4.50         X         X         0.         0.         0.           (4)         Bob Barnard         0.50         X         X         0.         0.         0.           (4)         Bob Barnard         0.70         X         X         0.         0.         0.           (3)         The Moorable Jerome A. Holmes         4.50         X         X         0.         0.         0.           (4)         Bob Barnard         0.70         X         X         0.         0.         0.           (3)         Elser J. Barnard         0.70         X         0.         0.         0.         0.           (4)         Bob Barnard         0.700         X         X         0.         0.         0	(A)	(B)	(C)					(D)	(E)	(F)	
hours per week (list any hours for related organizations hours for generation below line)     box. unsers person is took any intermediated person person is took any intermediated person person is took any intermediated person (l) J. Edward Barth     compensation from the organizations of the compensation from (W.2/1099-MISC)     compensation from the organizations and related organizations and related organizations and related organizations and related organizations       (1) J. Edward Barth     5.50 X     X     X     0.     0.     0.       (2) Cynda C. Ottaway     4.46 X     X     X     0.     0.     0.       (3) The Honorable Jerome A. Holme Truatee     4.50 X     X     X     0.     0.     0.       (4) Bob Barnard     0.50 Yiereap Black     X     X     0.     0.     0.       (5) Elby J. Beal     1.100 X     X     X     0.     0.     0.       (6) Jerceap Black     0.700 X     X     0.     0.     0.       Truatee     0.700 X     X     0.     0.     0.       (10) Hal J. Brown     0.700 X     X     0.     0.     0.       Truatee     0.500 X     X     0.     0.     0.       (11) William N. Cameron     0.500 X     X     0.     0.     0.       Truatee     0.00     0.     0.     0.     0.     0. <td>Name and Title</td> <td>Average</td> <td>(do</td> <td colspan="2">Position</td> <td>Reportable</td> <td>Reportable</td> <td>Estimated</td>	Name and Title	Average	(do	Position		Reportable	Reportable	Estimated			
Week (list any hours for related organizations below line)     Image of the second below line)     Image of the second line)     Image of the second line) <thimage< td=""><td></td><td></td><td>box,</td><td>, unle</td><td>ss pei</td><td>rson i</td><td>s both</td><td>n an</td><td>compensation</td><td>•</td><td></td></thimage<>			box,	, unle	ss pei	rson i	s both	n an	compensation	•	
(1) J. Edward Barth       5.50       x       x       x       0.       0.       0.         Chairperson       x       x       x       0.       0.       0.       0.         Chairperson - Elect       x       x       x       0.       0.       0.       0.         (3) Cynda C. Ottaway       4.46       x       x       0.       0.       0.       0.         (3) The Honorable Jerome A. Holmes       x       x       0.       0.       0.       0.         Immediate Past Chairperson       x       x       0.       0.       0.       0.         (4) Bob Barnard       0.50       x       x       0.       0.       0.       0.         Truatee       x       0.       0.       0.       0.       0.       0.       0.         (5) Elby J. Beal       1.10         0.			-	cer ar		recio	r/trus	lee)			
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(2) Cynda C. Ottaway       4.46       X       X       X       0.       0.         (3) The Honorable Jerome A. Holmes       4.50       X       X       0.       0.       0.         (3) The Honorable Jerome A. Holmes       4.50       X       X       0.       0.       0.         (4) Bob Barnard       0.50       X       X       0.       0.       0.       0.         (5) Elby J. Beal       1.10       X       X       0.       0.       0.       0.         (6) Jeremy Black       0.70       X       X       0.       0.       0.       0.         (7) Katy Boren       0.70       X       X       0.       0.       0.       0.         (8) John R. Bozalis, M.D.       0.70       X       X       0.       0.       0.         (9) Allen Brown       0.70       X       X       0.       0.       0.         Trustee       X       X       0.       0.       0.       0.       0.         (10) Hal J. Brown       2.90       X       X       0.       0.       0.       0.         Trustee       X       0.       0.       0.       0.       0.	(1) J. Edward Barth	5.50									
Chairperson - Elect         X         X         X         0.         0.         0.           (3) The Honorable Jerome A. Holmes Immediate Past Chairperson         4.50         X         X         0.         0.         0.           (4) Bob Barnard         0.50         X         X         0.         0.         0.           Trustee         X         X         0.         0.         0.         0.           (5) Elby J. Beal         1.10         Vice-Chairperson         X         X         0.         0.         0.           (6) Jeremy Black         0.70         X         X         0.         0.         0.         0.           Trustee         X         0.700         X         X         0.         0.         0.           Trustee         X         0.700         X         X         0.         0.         0.           (9) Allen Brown         0.700         X         X         0.         0.         0.         0.           (10) Hal J. Brown         2.900         X         0.         0.         0.         0.         0.           Trustee         X         0.0         0.         0.         0.         0.	Chairperson		X		X				0.	Ο.	0.
(3)         The Honorable Jerome A. Holmes         4.50         X         X         X         0.         0.         0.           (4)         Bob Barnard         0.50         X         X         0.         0.         0.           (4)         Bob Barnard         0.50         X         0.         0.         0.           (5)         Elby J. Beal         1.10         X         X         0.         0.         0.           (6)         Jereny Black         0.700         X         0.         0.         0.         0.           Trustee         0.         0.700         X         0.         0.         0.         0.           (8)         John R. Bozalis, M.D.         0.700         X         0.         0.         0.           Trustee         X         0.         0.         0.         0.         0.         0.           (10) Hal J. Brown         2.900         X         X         0.         0.         0.         0.           Trustee         X         0.         0.         0.         0.         0.         0.           (11) William M. Cameron         0.500         X         0.         0.         0. </td <td>(2) Cynda C. Ottaway</td> <td>4.46</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(2) Cynda C. Ottaway	4.46									
Immediate Past Chairperson         X         X         X         0.         0.         0.           (4) Bob Barnard         0.500         X         0.         0.         0.         0.           Trustee         X         0.         0.         0.         0.         0.           Trustee         X         X         0.         0.         0.         0.           (5) Elby J. Beal         1.10         X         X         0.         0.         0.           Vice-Chairperson         X         X         0.         0.         0.         0.           Trustee         0.70         X         X         0.         0.         0.           Trustee         X         0.         0.         0.         0.         0.           (9) John R. Bozalis, M.D.         0.700         X         X         0.         0.         0.           Trustee         X         0.         0.         0.         0.         0.         0.           (10) Hal J. Brown         2.90         X         X         0.         0.         0.           Trustee         X         0.500         0.         0.         0.         0. <td>Chairperson - Elect</td> <td></td> <td>X</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>0.</td> <td>Ο.</td> <td>0.</td>	Chairperson - Elect		X		X				0.	Ο.	0.
(4) Bob Barnard       0.50       x       0.       0.       0.         Trustee       x       0.       0.       0.       0.         (5) Elby J. Beal       1.10       x       x       0.       0.       0.         (6) Jeremy Black       0.70       x       x       0.       0.       0.         (7) Katy Boren       0.70       x       0.       0.       0.       0.         (8) John R. Bozalis, M.D.       0.70       x       x       0.       0.       0.         (9) Allen Brown       0.70       x       x       0.       0.       0.         Trustee       x       0.       0.       0.       0.       0.         (10) Hal J. Brown       2.90       x       x       0.       0.       0.         Trustee       x       0.       0.       0.       0.       0.         (11) William M. Cameron       0.50       x       0.       0.       0.       0.         Trustee       x       0.       0.       0.       0.       0.       0.         (13) Michael Coffman       0.50       x       0.       0.       0.       0.       0. </td <td>(3) The Honorable Jerome A. Holmes</td> <td>4.50</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(3) The Honorable Jerome A. Holmes	4.50									
Trustee         X         0.         0.         0.         0.           (5) Elby J. Beal         1.10         X         X         0.         0.         0.           Vice-Chairperson         X         X         0.         0.         0.         0.           (6) Jeremy Black         0.70         X         0.         0.         0.         0.           Trustee         0.70         X         0.         0.         0.         0.           (7) Katy Boren         0.70         X         0.         0.         0.         0.           Trustee         0.70         X         0.         0.         0.         0.         0.           (8) John R. Bozalis, M.D.         0.70         X         X         0.         0.         0.           (9) Allen Brown         0.70         X         X         0.         0.         0.           (10) Hal J. Brown         2.90         X         X         0.         0.         0.           (11) William M. Cameron         0.50         X         0.         0.         0.         0.           (12) Michael Coffman         0.50         X         0.         0.         0.	Immediate Past Chairperson		X		X				0.	Ο.	0.
(5) Elby J. Beal       1.10       X       X       X       0.       0.       0.         (6) Jeremy Black       0.70       X       0.       0.       0.       0.         Trustee       X       0.       0.       0.       0.       0.         Trustee       0.70       X       0.       0.       0.       0.         Trustee       0.70       X       0.       0.       0.       0.         (8) John R. Bozalis, M.D.       0.70       X       X       0.       0.       0.         (9) Allen Brown       0.70       X       X       0.       0.       0.       0.         (10) Hal J. Brown       2.90       X       X       0.       0.       0.       0.         Trustee       X       0.       0.       0.       0.       0.       0.       0.         (10) Hal J. Brown       2.90       X       X       0.       0.       0.       0.       0.       0.         Trustee       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       <	(4) Bob Barnard	0.50									
Vice-Chairperson         X         X         X         X         0.         0.         0.           (6) Jeremy Black         0.70         X         0.         0.         0.         0.           Trustee         X         0.         0.         0.         0.         0.           (7) Katy Boren         0.70         X         0.         0.         0.         0.           (8) John R. Bozalis, M.D.         0.70         X         X         0.         0.         0.           Secretary         X         X         0.         0.         0.         0.           (9) Allen Brown         0.70         X         X         0.         0.         0.           Trustee         X         X         0.         0.         0.         0.           (10) Hal J. Brown         2.90         X         X         0.         0.         0.           Trustee         X         X         0.         0.         0.         0.         0.           (11) William M. Cameron         0.50         X         0.         0.         0.         0.           Trustee         X         0.0         0.         0.         0.<	Trustee		X						0.	Ο.	0.
(6)         Jeremy Black         0.70         X         0.         0.         0.           Trustee         X         0.70         X         0.         0.         0.           Trustee         X         0.         0.         0.         0.         0.           Trustee         X         0.         0.         0.         0.         0.           (8)         John R. Bozalis, M.D.         0.70         X         X         0.         0.         0.           (9)         Allen Brown         0.70         X         X         0.         0.         0.           Trustee         X         0.         0.         0.         0.         0.         0.           (10)         Hal J. Brown         2.90         X         X         0.         0.         0.           Trustee         X         X         0.         0.         0.         0.         0.           (11)         William M. Cameron         0.50         X         0.         0.         0.         0.           Trustee         X         0.90         X         0.         0.         0.         0.           Trustee         X	(5) Elby J. Beal	1.10									
Trustee         X         0.         0.         0.           (7) Katy Boren         0.70         X         0.         0.         0.           Trustee         X         0.         0.         0.         0.           (8) John R. Bozalis, M.D.         0.70         X         X         0.         0.         0.           (9) Allen Brown         0.70         X         X         0.         0.         0.           Trustee         X         0.         0.         0.         0.         0.           (10) Hal J. Brown         2.90         X         X         0.         0.         0.           Trustee         X         X         0.         0.         0.         0.         0.           (11) William M. Cameron         0.50         X         0.         0.         0.         0.           Trustee         X         0.0         0.         0.         0.         0.         0.           (12) Michael Coffman         0.50         X         0.         0.         0.         0.           Trustee         X         0.90         70         X         0.         0.         0.           (14)	Vice-Chairperson		X		X				0.	Ο.	0.
(7) Katy Boren       0.70       X       0.       0.       0.         Trustee       X       0.       0.       0.       0.         (8) John R. Bozalis, M.D.       0.70       X       X       0.       0.       0.         Secretary       X       X       0.       0.       0.       0.       0.         (9) Allen Brown       0.70       X       X       0.       0.       0.       0.         Trustee       X       0.       0.       0.       0.       0.       0.         (10) Hal J. Brown       2.90       X       X       0.       0.       0.       0.         Trustee       X       X       0.       0.       0.       0.       0.       0.         (11) William M. Cameron       0.50       X       0.       <	(6) Jeremy Black	0.70									
Trustee       X       0.       0.       0.         (8) John R. Bozalis, M.D.       0.70       X       X       0.       0.       0.         Secretary       X       X       0.       0.       0.       0.       0.         (9) Allen Brown       0.70       X       X       0.       0.       0.       0.         Trustee       X       0.       0.       0.       0.       0.       0.         (10) Hal J. Brown       2.90       X       X       0.       0.       0.         Treasurer       X       X       0.       0.       0.       0.         (11) William M. Cameron       0.50       X       0.       0.       0.       0.         Trustee       X       0.       0.       0.       0.       0.       0.       0.         (12) Michael Coffman       0.50       X       0.       0.       0.       0.       0.       0.       0.         Trustee       X       0.90       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	Trustee		X						0.	0.	0.
(8) John R. Bozalis, M.D.       0.70       X       X       0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(7) Katy Boren	0.70									
Secretary         X         X         X         X         0.	Trustee		X						0.	0.	0.
(9) Allen Brown       0.70       X       0.0.0.0.         Trustee       X       X       0.0.0.0.         (10) Hal J. Brown       2.90       X       X       0.0.0.0.         Treasurer       X       X       0.0.0.0.       0.0.0.         (11) William M. Cameron       0.50       X       0.0.0.0.       0.0.0.         Trustee       X       X       0.0.0.0.       0.0.0.         (12) Michael Coffman       0.50       X       0.0.0.0.       0.0.0.         Trustee       X       0.0.0.0.0.       0.0.0.       0.0.0.         (13) Teresa L. Cooper       0.90       0.90       0.0.0.0.       0.0.0.         Trustee       X       0.00.0.0.0.       0.0.0.       0.0.0.         (14) Peter B. Delaney       0.70       X       0.0.0.0.       0.0.0.         Vice-Chairperson       X       X       0.0.0.0.       0.0.0.         Lifetime Trustee       X       0.0.0.0.       0.0.0.       0.0.         Lifetime Trustee       X       0.0.0.0.       0.0.0.       0.0.         (16) Jim English       0.70       X       0.0.0.0.       0.0.         Trustee       X       0.0.0.0.       0.0.0.	(8) John R. Bozalis, M.D.	0.70									
Trustee         X         0.         0.         0.         0.           (10) Hal J. Brown         2.90	Secretary		X		X				0.	0.	0.
(10) Hal J. Brown       2.90       X       X       0.       0.       0.         Treasurer       X       X       0.       0.       0.       0.         (11) William M. Cameron       0.50       X       0.       0.       0.         Trustee       X       0.       0.       0.       0.         (12) Michael Coffman       0.50       X       0.       0.       0.         Trustee       X       0.90       0.       0.       0.       0.         (13) Teresa L. Cooper       0.90       0.90       0.       0.       0.       0.         (14) Peter B. Delaney       0.70       X       X       0.       0.       0.         Vice-Chairperson       X       X       0.       0.       0.       0.         (15) Nancy Payne Ellis       0.50       0.       0.       0.       0.       0.         Lifetime Trustee       X       0.       0.       0.       0.       0.       0.         (16) Jim English       0.70       X       0.       0.       0.       0.       0.         (17) David T. Greenwell       0.70       0.       0.       0.       0. <td>(9) Allen Brown</td> <td>0.70</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(9) Allen Brown	0.70									
Treasurer       X       X       X       0.       0.       0.         (11) William M. Cameron       0.50       X       0.       0.       0.       0.         Trustee       X       0.       0.       0.       0.       0.       0.         (12) Michael Coffman       0.50       X       0.       0.       0.       0.         Trustee       X       0.       0.       0.       0.       0.       0.         (13) Teresa L. Cooper       0.90        0.       0.       0.       0.       0.         (14) Peter B. Delaney       0.70       X       X       0.       0.       0.       0.         Vice-Chairperson       X       X       0.       0.       0.       0.       0.         (15) Nancy Payne Ellis       0.50       X       0.       0.       0.       0.       0.         Lifetime Trustee       X       0.       0.       0.       0.       0.       0.         (16) Jim English       0.70       X       0.       0.       0.       0.       0.         (17) David T. Greenwell       0.70       0.       0.       0.       0.	Trustee		Х						0.	0.	0.
(11) William M. Cameron       0.50       X       0.       0.       0.         Trustee       X       0.50       X       0.       0.       0.         (12) Michael Coffman       0.50       X       0.       0.       0.       0.         Trustee       X       0.00       0.       0.       0.       0.       0.         (13) Teresa L. Cooper       0.90       X       0.       0.       0.       0.         Trustee       X       0.70       X       0.       0.       0.       0.         (14) Peter B. Delaney       0.70       X       X       0.       0.       0.       0.         Vice-Chairperson       X       X       0.       0.       0.       0.       0.       0.         (15) Nancy Payne Ellis       0.50       X       0.       0.       0.       0.       0.         Lifetime Trustee       X       0.70       X       0.       0.       0.       0.         (16) Jim English       0.70       X       0.       0.       0.       0.       0.         (17) David T. Greenwell       0.70       0.       0.       0.       0.       0. <td>(10) Hal J. Brown</td> <td>2.90</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(10) Hal J. Brown	2.90									
Trustee       X       0.       0.       0.       0.         (12) Michael Coffman       0.50       X       0.       0.       0.         Trustee       X       0.       0.       0.       0.         (13) Teresa L. Cooper       0.90       X       0.       0.       0.         Trustee       X       0.       0.       0.       0.         (14) Peter B. Delaney       0.70       X       X       0.       0.         Vice-Chairperson       X       X       0.       0.       0.         (15) Nancy Payne Ellis       0.50       X       0.       0.       0.         Lifetime Trustee       X       0.       0.       0.       0.         (16) Jim English       0.70       X       0.       0.       0.         (17) David T. Greenwell       0.70       X       0.       0.       0.	Treasurer		Х		X				0.	0.	0.
(12) Michael Coffman       0.50       X       0.00       0.00         Trustee       0.90       X       0.00       0.00         (13) Teresa L. Cooper       0.90       X       0.00       0.00         Trustee       X       0.00       0.00       0.00         (14) Peter B. Delaney       0.70       0.00       0.00       0.00         Vice-Chairperson       X       X       0.00       0.00       0.00         (15) Nancy Payne Ellis       0.500       X       0.00       0.00       0.00         Lifetime Trustee       X       0.00       0.00       0.00       0.00         (16) Jim English       0.70       X       0.00       0.00       0.00         Trustee       X       0.00       0.00       0.00       0.00         (17) David T. Greenwell       0.70       0.00       0.00       0.00	(11) William M. Cameron	0.50									
Trustee       X       0.       0.       0.       0.         (13) Teresa L. Cooper       0.90       X       0.       0.       0.         Trustee       X       0.       0.       0.       0.         Trustee       X       0.       0.       0.       0.         (14) Peter B. Delaney       0.70       X       X       0.       0.         Vice-Chairperson       X       X       0.       0.       0.         (15) Nancy Payne Ellis       0.50       X       0.       0.       0.         Lifetime Trustee       X       0.       0.       0.       0.         (16) Jim English       0.70       X       0.       0.       0.         Trustee       X       0.       0.       0.       0.         (17) David T. Greenwell       0.70       0       0       0.       0.	Trustee		Х						0.	0.	0.
(13) Teresa L. Cooper       0.90       X       0.00       0.00         Trustee       X       0.00       0.00       0.00         (14) Peter B. Delaney       0.70       X       X       0.00       0.00         Vice-Chairperson       X       X       0.00       0.00       0.00         (15) Nancy Payne Ellis       0.50       0.00       0.00       0.00         Lifetime Trustee       X       0.00       0.00       0.00         (16) Jim English       0.70       X       0.00       0.00         Trustee       X       0.00       0.00       0.00         (17) David T. Greenwell       0.70       0.00       0.00       0.00	(12) Michael Coffman	0.50									
Trustee       X       0.       0.       0.         (14) Peter B. Delaney       0.70       X       X       0.       0.         Vice-Chairperson       X       X       0.       0.       0.         (15) Nancy Payne Ellis       0.50         0.       0.         Lifetime Trustee       X        0.       0.       0.         (16) Jim English       0.70         0.       0.         Trustee       X        0.       0.       0.         (17) David T. Greenwell       0.70	Trustee		Х						0.	0.	0.
(14) Peter B. Delaney       0.70       X       X       0.       0.       0.         Vice-Chairperson       X       X       0.       0.       0.       0.       0.         (15) Nancy Payne Ellis       0.50       0.       0.       0.       0.       0.         Lifetime Trustee       X       0.70       0.       0.       0.       0.         (16) Jim English       0.70       X       0.       0.       0.       0.         Trustee       X       0.       0.       0.       0.       0.         (17) David T. Greenwell       0.70       0.       0.       0.       0.	(13) Teresa L. Cooper	0.90									
Vice-Chairperson         X         X         X         0.	Trustee		Х						0.	0.	0.
(15) Nancy Payne Ellis         0.50         X         0.	(14) Peter B. Delaney	0.70									
Lifetime Trustee         X         0.	Vice-Chairperson		Х		X				0.	0.	0.
(16) Jim English         0.70         X         0.	(15) Nancy Payne Ellis	0.50									
Trustee         X         0.         0.         0.           (17) David T. Greenwell         0.70                 0.         0.         0.	Lifetime Trustee		Х						0.	0.	0.
(17) David T. Greenwell 0.70	(16) Jim English	0.70									
	Trustee		X						0.	0.	0.
Trustee   X     0. 0. 0.	(17) David T. Greenwell	0.70									
	Trustee		X						0.	0.	

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Okla	ahoma	City	Muse	eum	of	Art,	Inc
FKA	Oklah	noma	Citv	Art	Μı	ıseum	

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	<u>ahoma Cit</u>	-y	Ar	t	Mu	lse	un	1	73-052	:84	131	Page <b>8</b>
Part VII Section A. Officers, Directors, Tru	istees, Key Em	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average			Pos	ition			Reportable	Reportable		Estima	
	hours per		not ch , unles					compensation	compensation		amour	
	week		cer and					from	from related		othe	
	(list any	tor						the	organizations		compen	
	hours for	direc				D.		organization	(W-2/1099-MISC)		from	
	related	tee or	istee			ensati		(W-2/1099-MISC)			organiz	ation
	organizations	trust	lal tri		oyee	ompe					and rel	ated
	below	Individual trustee or director	Institutional trustee	er	ƙey employee	est c loyee	Jer				organiza	ations
	line)	Indiv	Insti	Officer	Key (	Highest compensated employee	Former					
(18) Julie Hall	0.90											
Trustee		X						0.	0	•		0.
(19) Kirk Hammons	0.70											
Trustee		X						0.	0	•		0.
(20) Judy J. Hatfield	0.50											
Trustee		x						0.	0			Ο.
(21) Suzette Hatfield	1.20											
Vice-Chairperson		x		х				0.	0			0.
(22) Frank D. Hill	1.20											
Vice-Chairperson		x		Х				0.	0			0.
(23) Leslie S. Hudson	0.70									-		
Vice-Chairperson	0.70	x		х				0.	0			0.
(24) Willa D. Johnson	0.50								0	•		<u> </u>
Trustee	0.50	x						0.	٥			0.
(25) Steven Kerr	0.50							0.	0	•		0.
Trustee	0.50	x						0.	0			0.
	0.70							0.	0	•		0.
(26) Duke R. Ligon	0.70	x		х				0	0			0
Vice-Chairperson		A		A				0.		•		0.
1b Sub-total								_		•	24	
c Total from continuation sheets to Part	•							310,732.		•		726.
d Total (add lines 1b and 1c)								310,732.		•	24,	726.
2 Total number of individuals (including but	not limited to th	iose	listeo	d ab	ove	) wh	o re	eceived more than \$100,0	000 of reportable			
compensation from the organization												$\frac{1}{1}$
										-	Yes	s No
3 Did the organization list any former office	er, director, or tri	uste	e, key	y en	nplo	yee,	or	highest compensated en	nployee on			
line 1a? If "Yes," complete Schedule J for	such individual									. L	3	X
4 For any individual listed on line 1a, is the												
and related organizations greater than \$1	50,000? If "Yes	." co	mple	ete S	Sche	edule	e J f	or such individual	-		4 X	
5 Did any person listed on line 1a receive of										· -		
rendered to the organization? If "Yes." co	-				-			5			5	X
Section B. Independent Contractors			01 30		5013	011 .				للسن		
1 Complete this table for your five highest of	compensated inc	lene	nder	nt co	ontra	actor	rs th	nat received more than \$	100 000 of compen	isati	on from	
the organization. Report compensation for	•	•							· ·	Joan		
(A)	i ine calendar y		Jilain	<u>g w</u>				(B)			(C)	
(م) Name and busines	s address	N	ONE					Description of se	ervices	Сс	ompensat	ion
		111		<u> </u>							•	
O Tatal much such far dama da tatal d	(in all colling or 1 and			<b>.</b>	<b>1</b> 12							
2 Total number of independent contractors		ot III	nited	το '	thos (		ted	above) who received mo	ore than			
\$100.000 of compensation from the organ	iization 🕨				. U	,						

# Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum

Form 990 FKA Oklah	_						-		73-052	8431
Part VII Section A. Officers, Directors, Tru										
(A)	(B)		,		C)	0		(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all	that	app	ly)	compensation	compensation	amount of
	per week					96		from the	from related organizations	other compensation
	(list any	Stor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ed en		(W-2/1099-MISC)	, , ,	organization
	related	stee o	rustee			oensal				and related
	organizations	ial tru	onal t		ploye	com				organizations
	below line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Judy M. Love	0.00	-	-L	0	×	Ξ	Ē			
Trustee		x						0.	0.	0.
(28) Neal A. McCaleb	0.70									
Trustee		x						0.	0.	0.
(29) Penny M. McCaleb	1.40									
Vice-Chairperson		x		х				0.	0.	0.
(30) James C. Meade	0.46									
Lifetime Trustee		x						0.	Ο.	Ο.
(31) Virginia A. Meade	1.15									
Vice-Chairperson		Х		Х				0.	0.	0.
(32) Frank A. McPherson	0.00									
Trustee		X						0.	0.	0.
(33) Frank W. Merrick	0.00									
Trustee	0.00	X						0.	0.	0.
(34) A. Xavier Neira	0.00							•	0	0
Trustee (35) Charles E. Nelson	0.00	X						0.	0.	0.
Lifetime Trustee	0.00	x						0.	0.	0.
(36) J. Michael Nordin	0.46							0.	0.	0.
Trustee	0.10	x						0.	0.	0.
(37) Caroline Patton	1.12									
Vice-Chairperson		x		x				0.	0.	0.
(38) Stephen M. Prescott, M.D.	0.00									
Trustee		x						0.	Ο.	0.
(39) Nikola Puffinbarger, M.D.	0.92									
Trustee		X						0.	0.	0.
(40) G. Jeffrey Records, Jr.	0.46									
Trustee		X						0.	0.	0.
(41) Robert J. Ross	0.00									
Trustee		X						0.	0.	0.
(42) Meg Salyer	0.69								0	0
Trustee		X						0.	0.	0.
(43) Amalia Miranda Silverstein, M.D	0.65	x						0.	0.	0
Trustee (44) Jeanne Hoffman Smith, MSSW, ACS	0.46	<u> </u>						0.	0.	0.
Trustee	0.40	x						0.	0.	0.
(45) Jordan J.N. Tang, PH.D.	0.46								0.	
Trustee		x						0.	0.	0.
(46) Miles Tolbert	0.00									
Trustee		x						0.	0.	0.
	-									
Total to Part VII, Section A, line 1c			<u></u> .	<u></u>	<u></u> .	<u></u> .				

# Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum

Form 990 FKA Oklal									73-052	8431
Part VII Section A. Officers, Directors, Tru										
(A) Name and title	<b>(B)</b> Average hours		<b>(C)</b> Position (check all that apply)			I		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) Sean Trauschke Trustee	0.00	x						0.	0.	0.
(48) Max Weitzenhoffer Trustee	0.46	x						0.	0.	0.
(49) Wanda Otey Westheimer	0.00									
Trustee Emeritus (50) Charles E. Wiggin	0.88	x						0.	0.	0.
Trustee		x						0.	0.	0.
(51) E. Michael Whittington President & CEO	50.00			x				221,455.	0.	23,880.
(52) Rita Craig Chief Financial Officer	50.00			x				36,210.	0.	846.
(53) Jared Ellingson	40.00									
Past Chief Financial Officer		-		X				53,067.	0.	0.
		-								
		-								
		•								
Total to Part VII, Section A, line 1c						I		310,732.		24,726.

rm	990	(2017)	

# Oklahoma City Museum of Art, Inc. Form 990 (2017) FKA Oklahoma City Art Museum Part VIII Statement of Revenue

		Check if Schedule O conta			(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclude from tax under sections 512 - 514
<u>છ</u> 1	l a	Federated campaigns	1a		-			
un		Membership dues		504,280.				
Ĕ	с	Fundraising events		517,847.				
ΓA		Related organizations						
nila		Government grants (contributio						
Sin		All other contributions, gifts, grant						
Per		similar amounts not included abov		2,668,638.				
đ								
and Other Similar Amounts	-	Noncash contributions included in lines 1			3,690,765.			
0 D	<u>n</u>	Total. Add lines 1a-1f			5,090,705.			
	_	Pubibits (Gradial Prosts		Business Code 711300	449 470	449 470		
2	2 a	Exhibits/Special Events			448,472.	448,472.		
e	b	Tuition		611710	35,188.	35,188.		
ent	С							
ě	d							
Revenue	е							
		All other program service rever						
		Total. Add lines 2a-2f			483,660.			
3	3	Investment income (including o						
		other similar amounts)		🕨	842,105.			842,10
4	ł	Income from investment of tax	-exempt bond p	roceeds 🕨 🕨				
5	5	Royalties		►	27,807.			27,80
			(i) Real	(ii) Personal				
6	бa	Gross rents	126,662.					
	b	Less: rental expenses	39,351.					
	с	Rental income or (loss)	87,311.					
		Net rental income or (loss)		<b>&gt;</b>	87,311.			87,31
7		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	3,299,680.					
	b	Less: cost or other basis						
		and sales expenses	3,489,990.					
	c	Gain or (loss)						
		Net gain or (loss)			-190,310.			-190,31
								100,01
	5 a	Gross income from fundraising	847. of					
		contributions reported on line		55 245				
5		Part IV, line 18						
		Less: direct expenses		160,613.	105.000			105.05
		Net income or (loss) from fund		▶	-105,268.			-105,26
9	) a	Gross income from gaming act						
		Part IV, line 19	аа					
	b	Less: direct expenses	b					
	с	Net income or (loss) from gami	ing activities	►	_			
10	) a	Gross sales of inventory, less r	returns					
		and allowances	а	312,429.				
	b	Less: cost of goods sold		175,228.				
		Net income or (loss) from sales		<b>&gt;</b>	137,201.	100,355.	36,846.	
		Miscellaneous Revenue		Business Code				
11	l a			812930	188,767.			188,76
1		Member Travel Program		900099	10,800.	10,800.		
	ĉ	Miscellaneous Income		900099	6,314.	6,314.		
	v				· , •	,•		1
	Ы	All other revenue						
		All other revenue			205,881.			

	Oklahoma City Museum of Art, I	inc.
Form 990 (2017)	FKA Oklahoma City Art Museum	
Part IX Statement of F	Functional Expenses	

73-0528431 Page 10

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	246 610		004 041	04 000
	trustees, and key employees	346,619.	26,950.	224,841.	94,828
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	2,309,281.	1,760,405.	374,137.	174,739
8	Pension plan accruals and contributions (include	<i>.</i>			
	section 401(k) and 403(b) employer contributions)	64,525.	43,772.	12,721.	<u>8,032</u> 12,748
9	Other employee benefits	148,125.	115,544.	19,833.	
0	Payroll taxes	282,528.	205,179.	63,683.	13,666
11	Fees for services (non-employees):				
а	Management				
b	Legal	46,942.		46,942.	
С	Accounting	41,817.		41,817.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	37,440.		37,440.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	51,421. 276,971.	5,608.	45,170.	643
12	Advertising and promotion		274,335.	984.	643 1,652 424
13	Office expenses	13,288.	6,186.	6,678.	424
14	Information technology				
15	Royalties				
16	Occupancy	436,625.	377,688.	34,279.	24,658
17	Travel	75,484.	73,855.	1,002.	627
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	25,402.		25,402.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	628,695.	562,137.	39,257.	27,301
23	Insurance	55,991.	32,589.	19,310.	4,092
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				·
~	amount, list line 24e expenses on Schedule 0.) Administrative	345,907.	288,087.	51,505.	6,315
a b	Equipment Rental and Ma	331,713.	286,092.	37,971.	7,650
	Programming	320,785.	278,370.	166.	42,249
c d	Postage and Shipping	265,879.	261,587.	3,620.	<u>42,249</u> 672
d		320,355.	263,507.	49,682.	7,166
е	All other expenses	6,425,793.	4,861,891.	1,136,440.	427,462
	Total functional expenses. Add lines 1 through 24e	0,440,190.	4,001,091.	,O,440.	44/,404
	Little in Operation shifts if the 1970 state				
25 26	Joint costs. Complete this line only if the organization				
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Oklahoma	Citv	Museum	of	Art,	Inc.
	1			/	

FKA Oklahoma City Art Museum

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1 4							
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,122,935.	1	89,300.
	2	Savings and temporary cash investments			3,827,787.	2	3,947,406.
	3	Pledges and grants receivable, net			137,068.	3	401,124.
	4	Accounts receivable, net			311,521.	4	73,800.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation		-		_	
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing					
		employers and sponsoring organizations of sect				_	
Assets	-	employees' beneficiary organizations (see instr).				6	
	7	Notes and loans receivable, net			228,428.	7	329,851.
	8	Inventories for sale or use			85,002.	8 9	353,658.
	9		 I	·····	05,002.	9	555,050.
	10a	Land, buildings, and equipment: cost or other	100	24,677,507.			
	h	basis. Complete Part VI of Schedule D	10a	10,980,905.	14,251,413.	10c	13,696,602.
	11	Less: accumulated depreciation	100		15,703,245.	11	16,495,523.
	12	Investments - other securities. See Part IV, line 1	4,868,523.	12	5,246,503.		
	13	Investments - program-related. See Part IV, line -		4,000,525.	13	5,240,505.	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	40,535,922.	16	40,633,767.		
-	17	Accounts payable and accrued expenses		362,159.	17	351,904.	
	18	Grants payable				18	
	19	Deferred revenue				19	8,247.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
"	22	Loans and other payables to current and former			_		
Liabilities		key employees, highest compensated employee					
llide						22	
Ľ	23	Secured mortgages and notes payable to unrela			633,425.	23	589,451.
	24	Unsecured notes and loans payable to unrelated	l third j	parties		24	
	25	Other liabilities (including federal income tax, page	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			995,584.	26	949,602.
		Organizations that follow SFAS 117 (ASC 958)	), chec	k here 🕨 🚺 and			
ŝ		complete lines 27 through 29, and lines 33 an	d 34.				
ů.	27	Unrestricted net assets			21,469,271.	27	20,117,841.
ala	28	Temporarily restricted net assets	8,702,229.	28	10,197,486.		
Net Assets or Fund Balances	29	Permanently restricted net assets			9,368,838.	29	9,368,838.
Fun		Organizations that do not follow SFAS 117 (As	SC 958	3), check here 🕨 🗌			
ŗ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or eq				31	
let ,	32	Retained earnings, endowment, accumulated inc				32	
Z	33	Total net assets or fund balances		······  -	39,540,338.	33	39,684,165.
	34	Total liabilities and net assets/fund balances			40,535,922.	34	40,633,767. Form <b>990</b> (2017)

Form **990** (2017)

# Part X Balance Sheet

Form 990	(2017)
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Part XI       Reconciliation of Net Assets         Check If Schedule O contains a response or note to any line in this Part XI       1         1       Total expenses (must equal Part IX, column (A), line 12)       2       6, 425, 73         2       Total expenses (must equal Part IX, column (A), line 25)       2       6, 425, 73         3       Revenue less expenses. Subtract line 2 from line 1       3       -1, 1246, 64         4       39, 540, 33       5       Net unrealized gains (losses) on investments       6         6       Donated services and use of facilities       6       7         7       8       Prior period adjustments       6         9       Other changes in net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       39, 684, 166         Part XIII       Financial Statements and Reporting       7         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       the organization's financial statements compiled or reviewed by an independent accountant?       2a       2a         14       Accounting method used to prepare the Form 990:       Cash       Accrual       Other       2a         <		Oklahoma City Museum of Art, Inc.				
Check if Schedule O contains a response or note to any line in this Part XI         1       Total revenue (must equal Part VIII, column (A), line 12)       1       5, 179, 15         2       6, 425, 79         3       Revenue less expenses. Subtract line 2 from line 1       3       -1, 246, 54         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       39, 540, 33         5       1, 390, 46       6       Donated services and use of facilities       6         7       1       revenue less expenses.       7       6         8       Prior period adjustments       6       7       7         9       Other changes in net assets or fund balances (explain in Schedule O)       9       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       39, 684, 160         Prior period adjustments         8       9       Other changes in net assets or fund balances (explain in Schedule O)       9       10       39, 684, 160         Prior period adjustments       10       39, 684, 160         Prior period adjustments       10       39, 684, 160         Prior period adjustments       10       39, 684, 160	Form	990 (2017) FKA Oklahoma City Art Museum	73-0	52843	1 F	-age <b>12</b>
1       Total revenue (must equal Part VIII, column (A), line 12)       1       5, 179, 15         2       Total expenses (must equal Part IX, column (A), line 25)       2       6, 425, 79         3       Revenue less expenses. Subtract line 2 from line 1       3       -1, 246, 64         4       Assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       39, 540, 33         5       Net unrealized gains (losses) on investments       6       6         6       Donated services and use of facilities       7       7         7       Investment expenses       7       7         8       Prior period adjustments       8       9         9       Other changes in net assets or fund balances (explain in Schedule O)       9       10       39, 684, 16         Part XII       Financial Statements and Reporting       10       39, 684, 16       20         Check If Schedule O contains a response or note to any line in this Part XII       Yes       1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       20         11       H cosonidated basis, or both:	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       6, 425, 79         3       Revenue less expenses. Subtract line 2 from line 1       3       -1, 246, 64         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       39, 540, 33         5       I, 390, 46       6       6         6       Donated services and use of facilities       6       7         7       7       7       7         8       Prior period adjustments       8       9         9       Other changes in net assets or fund balances (explain in Schedule O)       9       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       39, 684, 166         Part XIII       Financial Statements and Reporting       10       39, 684, 166         Check if Schedule O contains a response or note to any line in this Part XII       10       39, 684, 166         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       10       39, 684, 166         2a       Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       2a       1         1       Account		Check if Schedule O contains a response or note to any line in this Part XI				
2       Total expenses (must equal Part IX, column (A), line 25)       2       6, 425, 79         3       Revenue less expenses. Subtract line 2 from line 1       3       -1, 246, 64         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       39, 540, 33         5       I, 390, 46       6       6         6       Donated services and use of facilities       6       7         7       7       7       7         8       Prior period adjustments       8       9         9       Other changes in net assets or fund balances (explain in Schedule O)       9       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       39, 684, 166         Part XIII       Financial Statements and Reporting       10       39, 684, 166         Check if Schedule O contains a response or note to any line in this Part XII       10       39, 684, 166         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       10       39, 684, 166         2a       Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       2a       1         1       Account						
3       Revenue less expenses. Subtract line 2 from line 1       3       -1,246,64         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       39,540,33         5       Net unrealized gains (losses) on investments       5       1,390,46         6       Donated services and use of facilities       7       8         7       Investment expenses       7       8         8       Prior period adjustments       9       9         10       Net assets or fund balances (explain in Schedule O)       9       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       39,684,16         Part XII       Financial Statements and Reporting       10       39,684,16         Check if Schedule O contains a response or note to any line in this Part XII       10       39,684,16         2a       Vere the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       H'res," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       39, 540, 33         5       Net unrealized gains (losses) on investments       5       1, 390, 46         6       Donated services and use of facilities       6         7       8       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10         Part XIII         Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       ft erganization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       Vers         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a         1       ft erganization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       2a       2a       2a       2a       2a       2a       2a       2a	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5       Net unrealized gains (losses) on investments       5       1,390,466         6       Donated services and use of facilities       6         7	3	Revenue less expenses. Subtract line 2 from line 1	3			
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       9         9       Other changes in net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       39, 684, 16         Part XII       Financial Statements and Reporting       10       39, 684, 16         Check if Schedule O contains a response or note to any line in this Part XII       10       39, 684, 16         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       2a       Image: Consolidated basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X       Image: Consolidated basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Consolidated basis or both:       2b	4					
7 Investment expenses 7   8 Prior period adjustments 8   9 Other changes in net assets or fund balances (explain in Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 39, 684, 166   Part XII Financial Statements and Reporting 10 39, 684, 166   Check if Schedule O contains a response or note to any line in this Part XII 10 39, 684, 166   Part XII Financial Statements and Reporting Yes   1 Accounting method used to prepare the Form 990: Cash X Accrual Other   1 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a   2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b   b Were the organization's financial statements audited by an independent accountant? 2b   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b   Separate basis Consolidated basis Both consolidated and separate basis   columation of its financial statements and selection of an independent accountant? 2b   If "Yes," check a box below to indicate whether the financial statement accountant? 2c   If "Yes," check a basis Consolidated basis   c<	5	Net unrealized gains (losses) on investments	5	1,3	90,	468.
<ul> <li>8 Prior period adjustments</li> <li>9 Other changes in net assets or fund balances (explain in Schedule O)</li> <li>10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</li> <li>10 39,684,16</li> <li>Part XII Financial Statements and Reporting</li> <li>Check if Schedule O contains a response or note to any line in this Part XII</li> <li>1 Accounting method used to prepare the Form 990: Cash X Accrual Other</li> <li>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</li> <li>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</li> <li>Separate basis Consolidated basis Both consolidated and separate basis</li> <li>b Were the organization of its financial statements and the financial statements for the year were audited on a separate basis, or both:</li> <li>Separate basis X Consolidated basis Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>3a As a result of a federal award, was the organization 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</li> </ul>	6	Donated services and use of facilities	6			
<ul> <li>9 Other changes in net assets or fund balances (explain in Schedule O)</li> <li>9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</li> <li>10 39,684,16</li> <li>Part XII Financial Statements and Reporting</li> <li>Check if Schedule O contains a response or note to any line in this Part XII</li> <li>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.</li> <li>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis consolidated basis or both:</li> <li>Separate basis Consolidated basis or both:</li> <li>Separate basis I Consolidated basis Both consolidated and separate basis</li> <li>b Were the organization's financial statements and idependent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis or both:</li> <li>Separate basis I Consolidated basis Both consolidated and separate basis</li> <li>b Were the organization of its financial statements and selection of an independent accountant?</li> <li>If "Yes," to line 2a or 2b, does the organization nave a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>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?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required a</li></ul>	7	Investment expenses	7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       39,684,160         Part XII       Financial Statements and Reporting       Image: Check if Schedule O contains a response or note to any line in this Part XII       Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Image: Check if Schedule O.         2a       Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       Image: Check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       Image: Check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       Image: Check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       Image: Check a box	8		8			
column (B)       10       39,684,166         Part XII       Financial Statements and Reporting       Image: Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       Image: Check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       Image: Check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       C	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
Part XIII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Image: Consolidation of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       Image: Consolidated basis consolidated basis consolidated basis, or both:       Image: Consolidated basis, or both:       Image: Consolidated basis consolidated basis consolidated basis consolidated basis consolidated basis, or both:       Image: Consolidated basis consolidated basis consolidated basis consolidated basis consolidated basis, or both:       Image: Consolidated basis consolidated and separate basis       Image: Consolidated basis consolidated basis consolidated and separate basis       Image: Consolidated basis consolidated basis consolidated and separate basis       Image: Consolidate consolidated basis consolida	10	•			~ .	
Check if Schedule O contains a response or note to any line in this Part XII       Yes         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       Vere the organization's financial statements compiled or reviewed by an independent accountant?       2a       Image: Consolidate the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2a       X         If the organization changed either its oversight process or selection or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a <td></td> <td></td> <td>10</td> <td>39,6</td> <td>84,</td> <td>165.</td>			10	39,6	84,	165.
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa					
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Cash image:		Check if Schedule O contains a response or note to any line in this Part XII				
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2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       2b       X         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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       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? <t< td=""><td>1</td><td></td><td></td><td></td><td></td><td></td></t<>	1					
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis	•					x
separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis   Separate basis   X   Consolidated basis, or both:   Separate basis   Separate basis   X   Consolidated basis   Both consolidated and separate basis   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.   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	2a				a	
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b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       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?       3a       3a         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       3b						
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis       Image:					v	
consolidated basis, or both:       Separate basis       Image: Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Ima	a					
<ul> <li>Separate basis X Consolidated basis Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li><b>3a</b> 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?</li> <li><b>b</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</li> </ul>			Dasis,			
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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       2c       X         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?       3a       3a         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits.       3b       3b						
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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       3a         Act and OMB Circular A-133?       3a         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       3b				····· –		
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       3a	32					
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       3b	Ja		0	3	a	X
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	·····   <b>-</b>		<u> </u>
	, D			3		
Form <b>990</b> (2						0 (2017)

SCHEDULE A				Dublic Cha	rity Status an		lia Su	innort		OMB No. 1545-0047
(Form 990 or 990-EZ)					-					2017
6					mplete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					
Department of the Treasury Internal Revenue Service				►	Attach to Form 990 or Form 990-EZ.					
_					v/Form990 for instruction			nformation.	<b>F</b>	Inspection
Name	9 OT 1	he organizati			Museum of Art Lity Art Museu		2.			r identification number
Par	t I	Reason	for Public (	Charity Status	(All organizations must co	JIII molete th	is nart ) Se	e instructions	/ :	3-0528431
					(For lines 1 through 12, c					
<b>1</b>	iyan				on of churches described			1)(A)(i)		
2					(Attach Schedule E (Forn			•,\\~,\\')•		
3					anization described in se			ii).		
4		•	•		onjunction with a hospital			•	)(iii). Enter	the hospital's name,
		city, and stat	e:							•
5 [		An organizati	on operated fo	or the benefit of a co	ollege or university owned	l or operat	ed by a go	overnmental u	nit describe	əd in
_		section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or govern	mental unit described in	section 1	70(b)(1)(A)	(v).		
7 [	Х	-		-	antial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in
<b>.</b> [		-		Complete Part II.)						
8 L 9 [				•	)(1)(A)(vi). (Complete Par		ad in aanii	unation with a	land grant	
9 [		•	-		d in section 170(b)(1)(A)( culture (see instructions).				•	•
		university:	or a non-land-g	grant conege of agric			name, orty	, and state of	the college	
10			on that norma	ally receives: (1) more	e than 33 1/3% of its sup	oort from a	contributio	ns. membersł	nip fees, an	d aross receipts from
_					ect to certain exceptions,					
					e (less section 511 tax) fro					
_		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclus	sively to test for public sa	fety. See	section 50	09(a)(4).		
12		-	-	-	sively for the benefit of, to				-	
					ed in section 509(a)(1) o					Check the box in
_		7	•	•••	of supporting organization		-		-	
а					supervised, or controlled egularly appoint or elect a	•	-			
			-	complete Part IV, S		majonty c				ipporting
b		¬ ~		•	d or controlled in connect	ion with it	s supporte	ed organizatio	n(s). bv hav	vina
					anization vested in the sa			-		-
		organizatio	n(s). You mus	st complete Part IV	, Sections A and C.					
с		Type III fur	nctionally inte	grated. A supportir	ng organization operated	in connec <sup>.</sup>	tion with, a	and functional	ly integrate	ed with,
		_ its support	ed organizatio	n(s) (see instruction	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d			-		porting organization oper			• •	•	()
			,	0 0	zation generally must sat	,			an attentiv	/eness
		- ·		,	mplete Part IV, Sections					
е					written determination fro onally integrated supportion			турет, туре	п, туре ш	
f	Ente	er the number	-		many integrated supportin					
				n about the support						I
		i) Name of supp	orted	(ii) EIN	(iii) Type of organization		anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
		organizatior	I		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Total										

# Oklahoma City Museum of Art, Inc.

Schedule A (F	Form 990 or 990-EZ) 2017	FKA Oklal	noma City	Art Mus	eum	73-0528
Part II	Support Schedule fo	or Organizatio	ns Described	in Sections	170(b)(1)(A)(iv) and	l 170(b)(1)(A)(vi)

73-0528431 Page 2

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	tion A. Public Support					1	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3768326.	7094147.	3930218.	3563580.	3746110.	22102381.
2	Tax revenues levied for the organ-						
	ization'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 $\dots$						
4	Total. Add lines 1 through 3	3768326.	7094147.	3930218.	3563580.	3746110.	22102381.
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)						4516444.
6	Public support. Subtract line 5 from line 4.						17585937.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	3768326.	7094147.	3930218.	3563580.	3746110.	22102381.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1177331.	963,022.	903,927.	1064671.	996,574.	5105525.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	166,688.	106.643.	229,135.	198,353.	205,881.	906,700.
11	<b>Total support.</b> Add lines 7 through 10						28114606.
	Gross receipts from related activities,	etc. (see instructio	ns)				,100,502.
	First five years. If the Form 990 is for					· · · · ·	, ,
	organization, check this box and <b>stor</b>	-			,		
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2017 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	62.55 %
	Public support percentage from 2016					15	59.78 %
	33 1/3% support test - 2017. If the c					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on I				
	<b>b 33 1/3% support test - 2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization						
17a	<b>17a 10% -facts-and-circumstances test - 2017.</b> 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 VI how the organization						
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
h	10% -facts-and-circumstances test						
	more, and if the organization meets the	•					
	organization meets the "facts-and-circ				• •		´ ►□
19	Private foundation. If the organization						
10	rivate iounuation. Il the organizatio	IT UIU HOL CHECK a		a, 100, 178, 01 170	, check this box a		• <b>F</b>

Schedule A (Form 990 or 990-EZ) 2017

Oklahoma City	Museum	of	Art,	Inc.
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# Schedule A (Form 990 or 990 EZ) 2017 FKA Oklahoma City Art Museum Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 201	7 (f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
7:	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)	-					
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 201	7 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ł	• Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975	_					
(	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) or	ganization,
_	check this box and stop here	<u></u>					<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2017 (li	ne 8, column (f) d	ivided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	17 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box ar						
ł	<b>33 1/3% support tests - 2016.</b> If the						
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organizatio						
			,	,			

Schedule A (Form 990 or 990-EZ) 2017

### 73-0528431 Page 4

1

Yes

No

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

# Oklahoma City Museum of Art, Inc.

<u>Sche</u>		73-052843	1 Ра	age 5
Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	·		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		105	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entit	v (see instructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
70000		A (Earm 990 or 99		0047

Schedule A (Form 990 or 990-EZ) 2017

## Oklahoma City Museum of Art, Inc.

#### Schedule A (Form 990 or 990-EZ) 2017 FKA Oklahoma City Art Museum Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see 1 instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b 1c c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 Enter 85% of line 1 2 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

## Oklahoma City Museum of Art, Inc. Schedule A (Form 990 or 990-EZ) 2017 FKA Oklahoma City Art Museum

Par	t V Type III Non-Functionally Integrated 509		nizations (continued)					
Secti	on D - Distributions		(continued)	Current Year				
Amounts paid to supported organizations to accomplish exempt purposes								
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in <b>Part VI</b> ). See instructions.							
9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2017 (reason-							
	able cause required- explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2017							
a								
b	From 2013							
c	From 2014							
d	From 2015							
e	From 2016							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2017 distributable amount							
i	Carryover from 2012 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	_						
4	Distributions for 2017 from Section D,							
	line 7: \$			-				
a	Applied to underdistributions of prior years							
b	Applied to 2017 distributable amount		-					
C	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2017, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in <b>Part VI.</b> See instructions.							
6	Remaining underdistributions for 2017. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2018. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2013							
	Excess from 2014							
	Excess from 2015							
-	Excess from 2016							
e	Excess from 2017							

Schedule A (Form 990 or 990-EZ) 2017

		Okla	homa	City	Mus	eum (	of Ar	ct,	Inc.		
Schedule A	(Form 990 or 990-EZ) 2017	FKA	Oklah	oma	City	Art	Muse	nure		73-0528431	Rane 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 8	<b>nation.</b> 2, 3b, 3c ines 2 and	Provide t , 4b, 4c, 5 d 3; Part l	the expl 5a, 6, 9a V, Secti	anations , 9b, 9c, on E, line	required 11a, 11t s 1c, 2a	l by Part 5, and 11 , 2b, 3a,	II, line Ic; Pari and 3t	t IV, Section B, lines 1 o; Part V, line 1; Part V	r 17b; Part III, line 12;   and 2; Part IV, Section /, Section B, line 1e; Pa	C,
	(See instructions.)										

Schec	lule B
(Form 990	. 990-EZ.

or 990-PF) Department of the Treasury Internal Revenue Service

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Name	of the	organization		
		- 1	-	

Name of the organiza	ation	Employer identification number							
	Oklahoma City Museum of Art, Inc.								
	73-0528431								
Organization type (ch	FKA Oklahoma City Art Museum eckone):								
Filers of:	Section:								
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	$\fbox{X}$ 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation								
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
Check if your organiza	tion is covered by the General Rule or a Special Rule.								
Note: Only a section 5	i01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.							

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>253,320.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$ <u>110,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>157,715.</u>	Person     X       Payroll        Noncash     X       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

73-0528431

7		\$97,383.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>610,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>125,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Ocomplete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Ocomplete Part II for noncash contributions.)

Part I

(a)

No.

Name of organization Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and  $\ensuremath{\text{ZIP}}\xspace+4$ 

Employer identification number

(d)

Type of contribution

73-0528431

(c)

**Total contributions** 

723452 11-01-17

	B (Form 990, 990-EZ, or 990-PF) (2017)		Page 3
Name of or	ganization oma City Museum of Art, Inc.		Employer identification number
	klahoma City Art Museum		73-0528431
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
	Publicly traded stock		
5		\$55,54	<u>12/20/17</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		(	
_		\$	

Schedule B	6 (Form 990, 990-EZ, or 990-PF) (2017)			Page <b>4</b>					
Name of org	anization			Employer identification number					
	oma City Museum of Art,	Inc.							
FKA Ok	lahoma City Art Museum			73-0528431					
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	ributions to organizations described i columns (a) through (e) and the follov s. charitable. etc contributions of \$1.000 or l	<b>n section 501(c)(7), (8), 01</b> Wing line entry. For organization Ness for the vear. (Enter this info. or	r(10) that total more than \$1,000 for $r_{nce} \rightarrow $					
_	Use duplicate copies of Part III if addition								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Part I									
_		(e) Transfer of gift							
			L						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Faili									
	(e) Transfer of gift								
_	Transferee's name, address, a		Relationship of tra	ansferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Dog	(d) Description of how gift is held					
Part I	(b) Fulpose of gift		(u) Des						
		(e) Transfer of gift	I						
		(, 0							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee					
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
_									
		(e) Transfer of gif	t i i i i i i i i i i i i i i i i i i i						
	Transferee's name, address, a	nd $7IP \pm 4$	Relationship of th	ansferor to transferee					
F									

	HEDULE D n 990)	Complete if the org	al Financial Statements anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12l			OMB No. 1545-0047
Depart	ment of the Treasury		Attach to Form 990.			Open to Public
	Revenue Service		90 for instructions and the latest information	ation.		Inspection
Nam	e of the organization				Emplo	over identification number
Par	t I Organiza	FKA Oklahoma City A ations Maintaining Donor Advise		or Acc	ounte	<u>73-0528431</u>
Fai		n answered "Yes" on Form 990, Part IV, lin			Jounts	
	organizatio	n answered fes on Form 990, Partiv, im	(a) Donor advised funds	(h	) Funds	and other accounts
4	Total number at or	ad of year		<u>u)</u>	<b>y</b> r unus	
1 2		nd of year f contributions to (during year)				
2		· ••• · · · · · · · · · · · · · · · · ·				
4		f grants from (during year)				
- 5		t end of year on inform all donors and donor advisors in v		d funds		
5	-	n's property, subject to the organization's	-			Yes No
6		on inform all grantees, donors, and donor a				
Ū	•	oses and not for the benefit of the donor o	• •		-	
	impermissible priva				•	Yes No
Par		ation Easements. Complete if the org				
1		servation easements held by the organization		<u>u</u> ,		
-		of land for public use (e.g., recreation or e	· · · · · ·	oricallv i	mporta	nt land area
		f natural habitat	Preservation of a certi			
	Preservation	of open space				
2		through 2d if the organization held a qualif	ied conservation contribution in the form c	of a cons	servatio	n easement on the last
	day of the tax year			Γ		eld at the End of the Tax Year
а		onservation easements		F	2a	<u></u>
b		ricted by conservation easements			2b	
c		vation easements on a certified historic stru			2c	
d		vation easements included in (c) acquired a				
		al Register			2d	
3		vation easements modified, transferred, rel				ring the tax
	year 🕨					
4	Number of states	where property subject to conservation eas	sement is located			
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspection, handling of			
	violations, and enf	orcement of the conservation easements it	holds?			Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation	easem	ents during the year
	▶					
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservat	ion ease	ements	during the year
	▶\$					
8		vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(r	n)(4)(B)(i)	)	
	and section 170(h)					
9		be how the organization reports conservation	-			
	· · ·	ole, the text of the footnote to the organizat	tion's financial statements that describes the time of the statement of the	he orgai	nization	's accounting for
De	conservation ease		Art Historical Tracquires or Oth	oor Giu	milor	Nacata
Par		ations Maintaining Collections of the organization answered "Yes" on Form			miar <i>i</i>	455615.
	-					h t t t
1a	•	elected, as permitted under SFAS 116 (AS				
		s, or other similar assets held for public exh		ice of pl	ublic se	rvice, provide, in Part XIII,
h		note to its financial statements that describ		and hal		act works of ort bistorias
a	-	elected, as permitted under SFAS 116 (AS				
		similar assets held for public exhibition, ec	uccation, or research in furtherance of pub	nc servi	ce, prov	nue the following amounts
	relating to these ite				•	
		ded on Form 990, Part VIII, line 1				
•			agurage or other similar assots for financial		► \$ .	
2		received or held works of art, historical tre-		gain, pr	ovide	
-	-	unts required to be reported under SFAS 1			► ¢	
a h		on Form 990, Part VIII, line 1			► \$ . ► \$	
0	Assets included in	Form 990, Part X	<i>.</i>		▶ ३	

 $\mbox{LHA}\,$  For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

732051 10-09-17

		a City Muse				_				
		ahoma City						28431		ige <b>2</b>
	t III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	t are a sign	nificant use	e of its o	collection i	tems	
	(check all that apply):									
а	<b>X</b> Public exhibition	d	X Loan or exc	hange progra	ams					
b	X Scholarly research	е	Other							
С	X Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	how they further th	e organizatio	on's exemp	ot purpose	in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or othe	er similar a	ssets	_	_		
	to be sold to raise funds rather than to be ma							Yes	X	No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered '	"Yes" on F	orm 990, I	Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia						_	_		
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	istodial acco	unt liability	/?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part	IV, line 10			<b>_</b>		
		(a) Current year	(b) Prior year	(c) Two yea		<b>d)</b> Three yea				
	Beginning of year balance	15,914,233.	15,468,937.	15,710	6,864.	15,70	3,309.	14,	902,0	
b	Contributions	1,658,540.	15,000.				5,000.		15,0	
	Net investment earnings, gains, and losses	1,511,806.	844,095.	19	5,837.	38	0,045.	1,	133,1	187.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	687,013.	413,799.	443	3,764.	38:	1,490.	-	346,9	966.
f	Administrative expenses									
g	End of year balance		15,914,233.		8,937.	15,71	6,864.	15,	703,3	309.
2	Provide the estimated percentage of the curr		e (line 1g, column (a)	) held as:						
	Board designated or quasi-endowment	28.99	_%							
	Permanent endowment  41.28	%								
С	Temporarily restricted endowment $\blacktriangleright$ 2	9.73 %								
	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administer	red for the	organizati	ion			
	by:							· `		No
	(i) unrelated organizations							3a(i)	x	
	(ii) related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization							. 3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered				, Part X, lir	ne 10.				
	Description of property	(a) Cost or of		or other	• •	cumulated		<b>(d)</b> Book	value	•
		basis (investm	,	(other)	depr	reciation	_			
	Land			1,909.			_		,90	
	Buildings		20,76	8,764.	8,2	98,40	5. 1	2,470	,35	<u>9.</u>
	Leasehold improvements				_					
	Equipment			7,837.		87,02		190		
	Other			8,997.	1,4	95,47			, 52	
<u>Tota</u>	. Add lines 1a through 1e. <i>(Column (d) must</i> e	qual Form 990. Part )	K. column (B). line 10	))			▶   1	.3,696	,60	)2.
						S	chedul	e D (Form	990) 2	2017

Okla	homa	City	Muse	eum	of	Art,	Inc.
FKA (	Oklah	ioma (	City	Art	Μu	iseum	

73-0528431 Page 3

	a City Art Mus	seum	73	-0528431	Page <b>3</b>
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" of					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat	ion: Cost or end	d-of-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) Beneficial Interest in					
(B) OCCF	5,174,098.	End-of-Year			
(C) Museum Cafe Investment	72,405.	End-of-Year	Market	Value	
(D)					
(E)					
(F)					
(G)					
(H)		_			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	5,246,503.				
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" of					
(a) Description of investment	(b) Book value	(c) Method of valuat	ion: Cost or end	d-of-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►					
Part IX Other Assets.					
Complete if the organization answered "Yes" of the organization and the organization and the organization answered "Yes" of the organization and the organiz	Dn Form 990, Part IV, line 1 Description	1d. See Form 990, Part	K, line 15.	(b) Book va	
	Description				aiue
(1)					
(2)					
(3)					
<u>(4)</u>					
(5)					
<u>(6)</u>					
(7)(9)					
(8)					
(9)	45.		<b>&gt;</b>		
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	[5,]				
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1e or 11f See Form 990	Part X line 25		
(a) Departmention of lightlity		b) Book value	, 1 art X, into 20	•	
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(8) (9)					
	25.)				
<b>Total.</b> ( <i>Column (b) must equal Form 990, Part X, col. (B) line</i> <b>2.</b> Liability for uncertain tax positions. In Part XIII, provide		the organization's financi	al statemente t	hat reports the	
organization's liability for uncertain tax positions under					

Okla	aho	ma	a	City	M	use	um	C	f	Art,	Inc.	
	- 1	-					-					

<u>Sche</u>	dule D (Form 990) 2017 FKA Oklahoma City Art Mu	seum	73-0528431 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State		nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
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:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		
Pa	t XIII Supplemental Information.		

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

## Part III, line 1a:

Works of art, which were acquired through purchases and contributions
since the Museum's inception are insured under the Museum's fine art
insurance policy and are not capitalized and recognized as assets in the
financial statements. 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.
Proceeds from deaccessions or insurance recoveries are reflected as
increases in the appropriate net assets classification. The museum's
policy provides for deaccessioning works that do not fit into the 732054 10-09-17 Schedule D (Form 990) 2017

Schedule D (Form 990) 2017	Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum	73-0528431 Page 5
Part XIII Supplemental Infor	mation (continued)	
collections plan or	that are of poor quality or condition.	Any funds made
available by the sal	le of unrestricted deaccessioned works a	are used for
acquisitions to stre	engthen the collection.	

Part III, line 4:

Special exhibitions, organized from the Museum's permanent collection or hosted from other organizations, are displayed on the first floor galleries. The Museum's permanent collection is displayed thematically throughout the second and third floors. The focus of the permanent collection is American art with particular strengths in post-war painting and sculpture, photography, studio glass by Dale Chihuly, and works on paper. The permanent collection also has strengths in European art and Nineteenth century American art. The collection advances the Museum's mission by permanent display of works of art for the enjoyment and education of the general public.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivitie		OMB No. 1545-0047		
(Form 990 or 990-EZ)	Complete if the	e organization answered "Yes" on	Form	990, F	Part IV, line 17, 18, o			2017		
Department of the Treasury Internal Revenue Service	ι ι	organization entered more than \$1 ► Attach to Form 990		Open to Public Inspection						
Name of the organization	Oklahom	► <u>Go to www.irs.gov/Form990</u> a City Museum of A				E		entification number		
_		ahoma City Art Mus				7	3-0528	3431		
Part I Fundraisi required to c	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
<ul> <li>a Mail solicitation</li> <li>b Internet and e</li> <li>c Phone solicitation</li> <li>d In-person soli</li> <li>2 a Did the organization key employees listee</li> <li>b If "Yes," list the 10 lite</li> </ul>	b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events									
(i) Name and address or entity (fundr		(ii) Activity	(iii) fundr have c or cor contribu	ustody itrol of	(iv) Gross receipts from activity	tò (or r fun	nount paid etained by) draiser i in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization		
			Yes	No	-					
Total				►						
3 List all states in whic or licensing.	h the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exe	mpt from r	egistration		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2017

### Oklahoma City Museum of Art, Inc. Schedule G (Form 990 or 990 EZ) 2017 FKA Oklahoma City Art Museum

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 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

 (a) Event #1
 (b) Event #2
 (c) Other events
 (d) Total events

 Renaissance
 Omelette
 (add col. (a) through

I			(u)	(12) = 1 = 1 = 1		(d) Total events	
			Renaissance	Omelette		(add col. (a) through	
			Ball	Party	1	col. (c))	
			(event type)	(event type)	(total number)	col. <b>(c)</b>	
Revenue	1	Gross receipts	394,467.	121,355.	57,370.	573,192.	
۳	•						
	2	Less: Contributions	391,267.	87,800.	38,780.	517,847.	
	3	Gross income (line 1 minus line 2)	3,200.	33,555.	18,590.	55,345.	
	4	Cash prizes					
(0	5	Noncash prizes					
pense	6	Rent/facility costs	8,824.	32,500.		41,324.	
Direct Expenses	7	Food and beverages	35,027.	7,500.	4,290.	46,817.	
ā	8	Entertainment	5,016.		3,050.	11,425.	
	9	Other direct expenses	34,886.	20,886.	5,275.	61,047.	
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)	►	160,613.		
11 Net income summary. Subtract line 10 from line 3, column (d)							
Pa	rt I	<b>II Gaming.</b> Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than		

\$15,000 on Form 990-EZ, line 6a.

Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	-
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
	ls t	he organization licensed to conduct gaming ac	tivities in each of these	states?		Yes No
D		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No

Sch	Oklahoma City Museum of Art, Inc. edule G (Form 990 or 990-EZ) 2017 FKA Oklahoma City Art Museum 73	3-052	8431	- Page <b>3</b>					
	Does the organization conduct gaming activities with nonmembers?		Yes						
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	∟							
12	to administer charitable gaming?		Yes	No					
13	Indicate the percentage of gaming activity conducted in:	∟							
	The organization's facility	13	<u>_</u>	%					
				%					
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13	0	70					
14	Name								
	Address								
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No					
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount								
	of gaming revenue retained by the third party  \$								
с	If "Yes," enter name and address of the third party:								
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation 🕨 💲								
	Description of services provided 🕨								
	Director/officer Employee Independent contractor								
17	Mandatory distributions:								
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to								
	retain the state gaming license?	[	Yes	No No					
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	e							
_	organization's own exempt activities during the tax year 🕨 💲								
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	III, lines §	), 9b, 10	)b, <b>1</b> 5b,					
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.								
_									
_									

		Oklahoma City Museum of Art, Inc.	72 0520421	
Schedule G	(Form 990 or 990-EZ) Supplemental Infor	FKA Oklahoma City Art Museum	73-0528431	Page 4
1 art IV		(continued)		

SCHEDULE J	Compensation Information	OMB No. 1	545-004	7
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	17	1
	Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20	11	
Department of the Treasury	Attach to Form 990.	Open to Inspe		c
nternal Revenue Service Name of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.           On         Oklahoma City Museum of Art, Inc.         Employed	er identificatio		aber
Name of the organizatio		-0528431		ibei
Part I Question	ns Regarding Compensation	-052045.	L	
ditt dubblion			Yes	No
<b>1a</b> Check the appropriate	riate box(es) if the organization provided any of the following to or for a person listed on Form 990,		103	
	, line 1a. Complete Part III to provide any relevant information regarding these items.			
	charter travel			
Travel for cor				
	ication and gross-up payments III Health or social club dues or initiation fees			
	spending account			
,				
<b>b</b> If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or			
•	provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2 Did the organization	on require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3 Indicate which, if a	any, of the following the filing organization used to establish the compensation of the organization's			
CEO/Executive Dir	rector. Check all that apply. Do not check any boxes for methods used by a related organization to			
establish compens	sation of the CEO/Executive Director, but explain in Part III.			
X Compensatio	n committee X Written employment contract			
	compensation consultant			
X Form 990 of o	other organizations X Approval by the board or compensation committee			
4 During the year, di	id any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
organization or a r	elated organization:			
	ce payment or change-of-control payment?			<u>X</u>
	eceive payment from, a supplemental nonqualified retirement plan?			<u>X</u>
-	eceive payment from, an equity-based compensation arrangement?	4c		<u>x</u>
If "Yes" to any of li	ines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>-</b> · · · <b>-</b> · ·				
	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
contingent on the		-		X
				<u>^</u> X
	zation?	5b		
	or 5b, describe in Part III.			
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
contingent on the	-	60		X
	zation?			X
	zation? or 6b, describe in Part III.			
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	ines 5 and 6? If "Yes," describe in Part III	7	x	
	s reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
		8		X
	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	······		
		9		
Regulations sectio				

Oklahoma City Schedule J (Form 990) 2017 FKA Oklahoma	oma kla	√ Mus∈ City	eum of Art, Art Museum	Inc.	73-0528431	431		Page 2
s, Trustee	nploy	ees, and Highest C	ompensated Emplc	oyees. Use duplicat	e copies if additional s	pace is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.	e repo orm 99	orted on Schedule J, 30, Part VII.	report compensatic	on from the organiza	ttion on row (i) and fron	n related organization:	s, described in the instru	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total	d indi	vidual must equal th		ırm 990, Part VII, Se	ction A, line 1a, applica	able column (D) and (E	amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	idual.
		(B) Breakdown of W-2 an	V-2 and/or 1099-MIS	Id/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denetits	(೧)-(I)(я)	In column (b) reported as deferred on prior Form 990
(1) E. Michael Whittington	Û	211,455.	10,000.	0.	20,833.	3,047.	245,335.	•0
President & CEO	(ii)	• 0	0.	0.	• 0	• 0	0.	.0
	(i)							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	<u> </u>							
	E 9							
	9							
	20							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
							Schedu	Schedule J (Form 990) 2017

Oklahoma City Museum of Art, Inc. Schedule J (Form 990) 2017 FKA Oklahoma City Art Museum	73-0528431 Page 3	ო
ormation		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	this part for any additional information.	
Part I, Line 7:		
E. Mike Whittington received a bonus based on achieving the Museum's		
strategic goals, as determined by the Board.		I
		1
		I
		I
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		I
		1
	Schedule J (Form 990) 2017	1₽

732113 10-17-17

	HEDULE M rm 990)		Nonc	ash Contri	butions		OMB No. 154	-	7
(		Complete if the organication	anizations a	answered "Yes" o	n Form 990, Part IV, lines 2	9 or 30.	<b>20</b> <sup>-</sup>		
	ment of the Treasury	Attach to Form 990.					Open To		с
_	I Revenue Service	► Go to www.irs.gov/l				<b></b>	Inspect		
Name	e of the organization	onranoma oro	-				r identification		nber
Par	rt I   Types of	FKA Oklahoma Property	CITY .	Art Museun	1		/3-05284	<u>5</u> T	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(a)	(b)	(c)		(d)		
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line 1g		d of determinin ontribution amo		5
1	Art - Works of art		Х	56		Appraisa	1		
2		sures							
3		rests							
4		ions							
5		hold goods							
6	Cars and other vehi	icles							
7									
8		/							
9		raded	X	5	74,126.	Fair Mar	ket Val	ue	
10	Securities - Closely	held stock							
11	Securities - Partners	ship, LLC, or							
12		aneous							
13	Qualified conservat	ion contribution -							
	Historic structures								
14		ion contribution - Other							
15	Real estate - Reside								
16		nercial							
17									
18			x	3	807.	Coat			
19 00		li		J	007.	CUSL			
20		supplies							
21 22									
22									
23 24	Archeological artifa	IS							
2 <del>.</del> 25	J	omputers )	X	2	12,500.	Cost			
26	·	(her )	X	3	2,078.				
27	· · ·	lfts )	X	2	2,000.				
28	Other (	)			_,				
29		283 received by the organiz	zation during	the tax vear for co	ontributions				
		ization completed Form 828	-						
	C C	·		·	·····		\ \	/es	No
30a	During the year, dic	the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at lea	st three years from the date	of the initia	I contribution, and	which isn't required to be us	sed for			
	exempt purposes for	or the entire holding period?	,		·		30a		X
b	If "Yes," describe th	ne arrangement in Part II.							
31	Does the organizati	on have a gift acceptance p	oolicy that re	quires the review o	of any nonstandard contribut	tions?	31		Х
32a	Does the organizati	on hire or use third parties of	or related or	ganizations to solic	it, process, or sell noncash				
	contributions?						32a		<u> </u>
b	If "Yes," describe in								
33		didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chee	cked,			
	describe in Part II.								
LHA	For Paperwork F	Reduction Act Notice, see	the Instruct	tions for Form 990		Sche	dule M (Form	990)	2017

		Oklah	loma	City	y Mus	eum	of Ai	rt,	Inc.				
Schedule M	(Form 990) 2017	FKA C									73-052		Page <b>2</b>
raitii	Supplemental is reporting in Part this part for any ac	I, column	(b), the	number	of contril	mation r butions,	equired to the num	ber of	t I, lines 30b, items receive	32b, and 33, d, or a comb	and whether the ination of both	ne organizat . Also comp	ion lete

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ									
Name of the organization	Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum	Employer identification number 73-0528431									
	rt I, Line 1, Description of Organization Miss:										
The Museum a	ccomplishes this mission through its many activ	vities. The									
Museum actively collects works of art and displays them in galleries											
open to the p	public. The Museum's permanent collection form:	s the basis									
for special	exhibitions on art historical topics and is use	ed to conduct									
research and	disseminate new scholarship to the general pul	blic. The									
Museum hosts	special exhibitions organized by other institu	utions									
permitting a	range of subject matter and works of art outs:	ide the scope									
of the Museu	n's own collection.										

A diversity of educational programs-ranging from tours, classes, in-gallery experiences, and lectures-are geared to visitors of all ages. The Museum is accessible to individuals with physical and sensory

disabilities.

The Museum Film Program collects historic and contemporary arts of the

moving images in addition to being the only cinema in the region

showing independent, foreign, and repertory programming. The Samuel

Noble Theatre screens films every Thursday-Sunday.

The Museum hosts over 130,000 visitors annually from all fifty states

and over thirty foreign countries.

Form 990, Part III, Line 4d, Other Program Services:

Collections

Expenses \$ 231,371. including grants of \$ 0. Revenue \$ 0.

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 9	90-EZ) (2017)	Page <b>2</b>
Name of the organization	Oklahoma City Museum of Art, Inc.	Employer identification number
	FKA Oklahoma City Art Museum	73-0528431

Form 990, Part VI, Section A, line 1:

The Executive Committee is comprised of the officers of the corporation and

has the power and authority to act for the Board of Trustees between

scheduled regular meetings of the Board of Trustees.

Form 990, Part VI, Section A, line 2:

James C. Meade - Lifetime Trustee - Father

Virginia A. Meade - Vice-Chairman - Daughter

McAfee & Taft - Museum's attorney and registered agent

Frank Hill - Vice-Chairman - Shareholder in McAFee & Taft

Ted Elam - Trustee - Retired counsel at McAfee & Taft

J Michael Nordin - Trustee - Shareholder in McAfee & Taft

Jeremy Black - Trustee - Shareholder in McAfee & Taft

Accel Financial Staffing - Financial Staffing Organization

Meg Salyer - Trustee - President of Accel Financial Staffing

Form 990, Part VI, Section B, line 11b:

Form 990 is prepared by an outside CPA and reviewed by the CFO and the

President and CEO. The governing body is provided a complete copy of the

Form 990 prior to filing. They are notified by email that the tax return is

available for review on their password-protected website.

Form 990, Part VI, Section B, Line 12c:

The Museum annually requires a conflict of interest and confidentiality

statement from all board members and key staff. The Museum has a

Form 990, Part VI, Section C, Line 19:
Policies and audited financial statements are available upon request.

Board personnel committee reviews performance and approve's CEO's

compensation. Other approvals are covered in the Board-Approved budget.

Form 990, Part XI, Line 2c

Schedule O (Form 990 or 990-EZ) (2017)

The organization has a committee that assumes responsibility for

oversight of the audit of its financial statements and selection of an

independent accountant. This process has not changed from the prior

year.

Employer identification number

73-0528431

whistleblower policy and compliance officer.

Form 990, Part VI, Section B, Line 15:

Name of the organization Oklahoma City Museum of Art, Inc.

FKA Oklahoma City Art Museum

SCHEDULE R (Form 990)	Comple	P Complete if the organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	and Unrelated Par (es" on Form 990, Part IV, II	<b>tnerships</b> <sub>ne 33,</sub> 34, 35b, 36,	or 37.	6	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	Auach to Form 990. m990 for instructions and the lates	t information.		Ō	Open to Public Inspection
Name of the organization	Oklahoma City I FKA Oklahoma C:	' Museum of Art, Inc. City Art Museum				Employer identification number $73-0528431$	ation number 31
Part I Identification of D	<b>bisregarded Entities.</b> Complete	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	on Form 990, Part IV, line 33				
Name, address, an of disrega	<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	e End-of-year assets		(f) Direct controlling entity
Museum Parking, LLC 415 Couch Drive Oklahoma City, OK 73102		Parking Lot	Oklahoma	188,767		0klahoma City Museum of 1,661,211. Art, Inc.	Y Museum of
Identification of Related Tax-Ex         Part II       organizations during the tax year.	Identification of Related Tax-Exempt Organizations.	ions. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	nswered "Yes" on Form 990,	Part IV, line 34, be	cause it had one or r	nore related tax-exer	npt
Name, addr of related o	(a) Name, address, and EIN of related organization	(b) Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No
For Paperwork Reduction A	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	for Form 990.				Schedule R	Schedule R (Form 990) 2017

732161 09-11-17 LHA

UKIA Schedule R (Form 990) 2017 FKA	FKA Oklahoma C	City Art	or Arl, E Museum	- <b>TIC</b> -					73-05	73-0528431	Page 2
<b>Related Or</b> ted as a pa	ganizations Taxable	<b>as a Partne</b> tax year.		f the organiza	ation answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	Part IV, line 3	14, because	e it had one or m	iore relate	
(a)	(q)	(c)	(p)	(e)	(#	(1)	( <u></u> )	(H)	(1)	( <u>]</u>	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total S income en	Share of end-of-year assets	Disproportionate allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or F managing e partner? 5) Yes No	Percentage ownership
<b>Part IV</b> Identification of Related Organizations Taxable as a Corporation or part IV organizations treated as a corporation or trust during the tax year.	ganizations Taxable	as a Corpo ing the tax y	ration or Trust. Co /ear.	omplete if th	e organization ans	or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	orm 990, Par	t IV, line 34	, because it had	one or m	ore related
(a)			(q)	(c)	(p)		(£)		(6)	( <b>4</b> )	(i)
Name, address, and EIN of related organization	eIN n	Prim	Primary activity	Legal domicile (state or foreign countrv)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income		Share of P end-of-year c assets	Percentage ownership	512(b) contro entit
Wiiseim of Art Cafe Inc - 33-1	33-1041277			(famo)	Oklahoma Citv						Yes No
ch Drive				<u> </u>	Museum of Art,						
Oklahoma City, OK 73102		Restaurant	t	OK I		C CORP	969	969,091.	144,169.	100%	Х
										ų (	1700 (000 -

Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum

Schedule R (Form 990) 2017

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Oklahoma City Museum of Art, Inc. Schedule R (Form 990) 2017 FKA Oklahoma City Art Museum

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	Ŷ
1 During the tax year, did the organization engage in any of the following transactions	s with one or more re	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			<b>1</b> a	×	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		X
c Gift, grant, or capital contribution from related organization(s)				10		×
Loans or loan guarantees to or for related organization(s)				10		×
				1		×
				2		
f Dividends from related organization(s)				1f		×
g Sale of assets to related organization(s)				19		×
				ţ		×
				1i		×
i Lease of facilities, equipment, or other assets to related organization(s)	•	· · · · · · · · · · · · · · · · · · ·		1i		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			÷		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m	Х	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n		X
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10		×
				2		
						>
					2	4
<b>q</b> Heimbursement paid by related organization(s) for expenses				ē	4	
r Other transfer of cash or property to related organization(s)				Ļ		×
s Other transfer of cash or property from related organization(s)				1s		X
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	ho must complete th	s line, including covered n	elationships and transaction thresholds.			
<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	volved		
(1) Museum of Art Cafe, Inc.	М	185,155.	Cash			
(2) Museum of Art Cafe, Inc.	A	59,482.	Cash			
(3) Museum of Art Cafe, Inc.	Ø	14,300.	Cash			
(4)						
(5)						

Schedule R (Form 990) 2017

**(6)** 732163 09-11-17

Page 4		(ənuə	(j) (k) General or Percentage managing ownership																Schedule R (Form 990) 2017
i31		ss reve	(j) General or managing partner? Yes NO																Form
284		r gros	Ger 1 par 4.		-		_	 	 _	 	 _	 	 _	 		 	 -	 	 lle R (
73-0528431		total assets o	(i) Code V-UBI ⊂ amount in box 20 <sup>m</sup> of Schedule K-1 ∟ (Form 1065)																Schedu
		sured by	(h) Dispropor- tionate allocations? Yes No																
	37.	which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) ain investment partnerships.	(g) Share of end-of-year assets																
	e organization answered "Yes" on Form 990, Part IV, line 37.	than five percent	(f) Share of total income																
	on Form	ed more	(e) Are all 501(c)(3) orgs.?				_		_										
	I "Yes" ∣	conduct nips.	ome pa ied, 5 under 4									 							
Inc.	zation answered	which the organization cond tain investment partnerships.	(d) Predominant income p (related, unrelated, excluded from tax under sections 512-514)																
um of Art, Art Museum	nplete if the organi		(c) Legal domicile (state or foreign country)																
City Muse 10ma City	<b>le as a Partnership.</b> Cor	itity taxed as a partnersh uctions regarding exclus	<b>(b)</b> Primary activity																
Oklahoma Schedule R (Form 990) 2017 FKA Oklah	Part VI Unrelated Organizations Taxable as a Partnership. Complete if th	Provide the following information for each entity taxed as a partnership through that was not a related organization. See instructions regarding exclusion for cert	(a) Name, address, and EIN of entity																

Provide additional information for responses to questions on Schedule R. See instructions.

000 <del>-</del>		UBLIC DISCLO				. 1			
Form <b>990-T</b>	Exempt Orga				ax Return	ר י	OMB No. 1545-0687		
	(and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning JUL 1, 2017 , and ending JUN 30, 2018 . 2017								
		v.irs.gov/Form990T for in					2017		
Department of the Treasury Internal Revenue Service	Do not enter SSN number	-				O 50	pen to Public Inspection for D1(c)(3) Organizations Only		
A Check box if		Check box if name c					er identification number yees' trust, see		
address changed		ty Museum o				instruct	tions.)		
B Exempt under section		a City Art I					B-0528431 ed business activity codes		
<b>X</b> 501( <b>c</b> )( <b>3</b> )		m or suite no. If a P.O. bo	k, see ins	structions.			structions.)		
408(e) 220(e) 408A 530(a)	415 COUCII D	prince, country, and ZIP of	forsign	nostal anda		-			
408A 530(a)		ty, OK 731.	•	postal code		4532	20		
C Book value of all assets at end of year	F Group exemption num		<u> </u>			1			
40,633,7	67. G Check organization typ		oration	501(c) trust	401(a	) trust	Other trust		
	n's primary unrelated business act								
	the corporation a subsidiary in an		it-subsid	iary controlled group?	► [	Yes	X No		
	ind identifying number of the pare					405	270 0202		
	Rita Craig, d Trade or Business Inc			(A) Income	ne number 🕨 ( (B) Expense		<u>278-8203</u> (C) Net		
1a Gross receipts or sale					(D) Expense	<b>\$</b>	(0) Net		
<ul> <li>b Less returns and allow</li> </ul>			1c	79,479.					
	Schedule A, line 7)		2	42,633.					
	line 2 from line 1c		3	36,846.			36,846.		
4 a Capital gain net incom	ne (attach Schedule D)		4a						
	4797, Part II, line 17) (attach Forr		4b						
	n for trusts		4c						
	artnerships and S corporations (at		5						
	le C) ed income (Schedule E)		7						
	valties, and rents from controlled		8						
	f a section 501(c)(7), (9), or (17) of	- , , , , , , , , , , , , , , , , , , ,	9						
	vity income (Schedule I)		10						
	Schedule J)		11						
•	structions; attach schedule) S		12	5,418.		_	5,418.		
13 Total. Combine lines	3 through 12 ns Not Taken Elsewhe	re (See instructions fo	13	42,264.			42,264.		
(Except for d	contributions, deductions mus	t be directly connected	with th	e unrelated business i	ncome.)				
14 Compensation of off	icers, directors, and trustees (Sch	edule K)				14	6,726.		
						15	27,785.		
	ance					16	1,379.		
						17			
	dule)					18	2 610		
19 Taxes and licenses	ana (Cao instructions for limitation	n rulao)				19	3,610.		
						22b			
4 Contributions to deferred compensation plans							<u>1,019.</u> 1,814.		
	5 Employee benefit programs								
27 Excess readership co	osts (Schedule J)			Coo Choh	omont ?	27	9,389.		
	tach schedule)					28	51,722.		
	eduction (limited to the amount or					31	-9,458.		
	axable income before specific ded					32	-9,458.		
<b>33</b> Specific deduction (	Generally \$1,000, but see line 33 i	nstructions for exceptions	)			_ 33	1,000.		
	taxable income. Subtract line 33		•				0 450		
line 32						34	-9,458.		

Oklahoma	City	Museum	of	Art,	Inc.
	-				

Form 990-T			Art Museum		73-05	28431	Page <b>2</b>
Part I		Tax Computation					
35	Orga	nizations Taxable as Corporations. See instru	uctions for tax computation.				
	Contr	olled group members (sections 1561 and 156	3) check here 🕨 🔲 See instructions	s and:			
а	Enter	your share of the \$50,000, \$25,000, and \$9,9	25,000 taxable income brackets (in that or	rder):			
	(1)	\$ (2) \$	(3) \$				
b	Enter	organization's share of: (1) Additional 5% tax	(not more than \$11,750) \$				
	(2) A	dditional 3% tax (not more than \$100,000)	\$				
C		ne tax on the amount on line 34			►	35c	0.
36	Trust	s Taxable at Trust Rates. See instructions for	tax computation. Income tax on the amo	unt on line 34	from:		
		Tax rate schedule or Schedule D (For	rm 1041)		►	36	
37		tax. See instructions				37	
38		native minimum tax				38	
39		n Non-Compliant Facility Income. See instru				39	
40		. Add lines 37, 38 and 39 to line 35c or 36, wh				40	0.
Part I	V	Tax and Payments					
41a	Forei	gn tax credit (corporations attach Form 1118;	trusts attach Form 1116)	41a			
b		credits (see instructions)					
c		ral business credit. Attach Form 3800					
- b		t for prior year minimum tax (attach Form 880					
e		credits. Add lines 41a through 41d				41e	
42		act line 41e from line 40				42	0.
43	Other	taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866	Other (attach schedule)		
44		tax. Add lines 42 and 43				44	0.
	Pavm	ents: A 2016 overpayment credited to 2017		45a			
		estimated tax payments					
		eposited with Form 8868				-	
J d		gn organizations: Tax paid or withheld at source				-	
		up withholding (see instructions)				-	
		t for small employer health insurance premiun					
י מ			orm 2439				
y		Form 4136	ther Total	450			
46		payments. Add lines 45a through 45g				46	
40	Fetim	ated tax penalty (see instructions). Check if Fo	orm 2220 is attached 🕨 🗌			40	
47		lue. If line 46 is less than the total of lines 44 a					0.
40 49		payment. If line 46 is larger than the total of li				40	0.
49 50		the amount of line 49 you want: Credited to 2			Refunded	50	0.
		Statements Regarding Certain		tion (see		00	
		y time during the 2017 calendar year, did the d			•		Yes No
51		a financial account (bank, securities, or other)	• •		•		TES NO
		N Form 114, Report of Foreign Bank and Final		-			
	here			ule loreigh coi	unu y		X
52		g the tax year, did the organization receive a d	listribution from or was it the granter of	or transforor t	o o foroign truct?		
52		S, see instructions for other forms the organization					
53		the amount of tax-exempt interest received or	-				
0	_	Inder penalties of perjury, I declare that I have examined		d statements, an	d to the best of my know	edge and belief, it	t is true.
Sign	cc	rrect, and complete. Declaration of preparer (other than	taxpayer) is based on all information of which pre	parer has any kn	owledge.	5	
Here			CEO				iss this return with
		Signature of officer	Date Title			the preparer show instructions)?	·
			1	Date		if PTIN	2 103 100
		Print/Type preparer's name	Preparer's signature	Dale			
Paid		W. Lyndel Lackey	W. Lyndel Lackey	04/16/	self- employe		234298
Prepa		Firm's name > HoganTaylor		04/10/			413977
Use C	nly		dway Ext, Suite 300	<u>ו</u>	Firm's EIN	- 13-1	
		Firm's address ► Oklahoma C		J	Dhone no	405-848	8-2020
			ICY, OK /JII4		I FIIUITE IIU.		m <b>990-T</b> (2017)
						For	m JJU-I (2017)

Oklahoma City Museum of Art, Inc. Form 990-T (2017) FKA Oklahoma City Art Museum

73-0528431

Schedule A - Cost of Goods	Sold. Ente	er method of invento	ory v	aluation 🕨 Cost			
1 Inventory at beginning of year	1	61,477.	6	Inventory at end of year		6	88,545.
2 Purchases	2	69,701.	7	Cost of goods sold. Subtract			
3 Cost of labor	3			from line 5. Enter here and in	Part I,		
4a Additional section 263A costs				line 2		7	42,633.
(attach schedule)	4a		8	Do the rules of section 263A	with respect to		Yes No
<b>b</b> Other costs (attach schedule)				property produced or acquire	d for resale) apply to		
5 Total. Add lines 1 through 4b		131,178.		the organization?			X
(1) (2) (3)							
(4)							
	2. Rent rece	ived or accrued					
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	entage of than	of rent for per	rsonal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	<b>3(a)</b> Deductions direct columns 2(a)	and 2(b) (attacl	h schedule)
(1)							
(2)							
(3)							

(4)						
Total	0.	Total		0.		
(c) Total income. Add totals of colun here and on page 1, Part I, line 6, colu	ımn (A)	►		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.
Schedule E - Unrelated D	ebt-Financed	Income (se	e instructions)			
			2. Gross income from		<ol> <li>Deductions directly connection to debt-finance</li> </ol>	
1. Description of del	ot-financed property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)						
_(4)						
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	e adjusted basis allocable to inced property	6. Column 4 divided by column 5		<ul> <li>Gross income</li> <li>reportable (column</li> <li>2 x column 6)</li> </ul>	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))

debt on or allocable to debt-financed	of or allocable to	by column 5	reportable (column	(column 6 x total of columns
property (attach schedule)	debt-financed property (attach schedule)		2 x column 6)	3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1,	Enter here and on page 1,
			Part I, line 7, column (A).	Part I, line 7, column (B).
Totals		▶	0.	0.
_Total dividends-received deductions in	ncluded in column 8			0.

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Schedule F - Interest, A	Annuitie	s, Royal	ties, an	d Rents	From Co	ntrolle	d Organiza			struction	
				Exempt (	Controlled O	rganizati	ons				
1. Name of controlled organizati	ion	<b>2.</b> Em identifi num	cation	3. Net unr (loss) (see	elated income instructions)		al of specified ments made	include	t of column 4 ed in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	zations										
7. Taxable Income		Inrelated incom see instructions		9. Total	of specified payr made	nents	<b>10</b> . Part of column in the controlling gross	mn 9 that ng organ s income	ization's		ductions directly connected n income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colun Enter here and line 8, c		1, Part I,		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals						►			0.		0.
Schedule G - Investme	nt Incon	ne of a S	Section	501(c)(7	'), (9), or (	17) Org	ganization				
(see instr	ructions)										
1. Desc	ription of inco	me			2. Amount of	income	<ol> <li>Deduction directly conner (attach sched)</li> </ol>	cted	<b>4.</b> Set- (attach s	asides chedule)	<b>5.</b> Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3)											
(4)					Enter here and	on nogo 1					Enter here and on page 1,
					Part I, line 9, co						Part I, line 9, column (B).
Totala				•		0.					0.
Totals Schedule I - Exploited	Evemnt	Activity	Income	o Other	Than Adv		a Income				0.
(see instru	-	Activity	mcome	e, ouier	man Au		ig income				
1. Description of exploited activity	<b>2.</b> G unrelated incom	Gross business le from business	directly of with pro of unr	penses connected oduction related s income	4. Net incon from unrelated business (co minus colum gain, comput through	l trade or blumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	hat ed	<b>6.</b> Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
			page 1	re and on I, Part I, col. (B).							Enter here and on page 1, Part II, line 26.
Totals		0.		0.							0.
Schedule J - Advertisir	-		nstruction	,	alidatad	Baaia					
Part I Income From I		ais Rep			solicated	Dasis					
1. Name of periodical		<b>2.</b> Gross advertising income		<b>3.</b> Direct ertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, comput nrough 7.	5. Circulat e income		6. Reade cost		<ol> <li>Excess readership costs (column 6 minus column 5, but not more than column 4).</li> </ol>
(1)											

	income	advertising costs	cols. 5 through 7.	income	00313	than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) 🕨	0.	0.				0.

 Oklahoma City Museum of Art, Inc.

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 Part II
 Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	<b>2.</b> Gross advertising income	<b>3.</b> Direct advertising costs	<b>4.</b> Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circ inco	culation ome		adership osts	7. Excess reader costs (column 6 m column 5, but not than column 4	ninus more
(1)									
(2)									
(3)									
(4)									
Totals from Part I 🛛 🕨 🕨	0.	0.							0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).						Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5) 🕨	0.	0.							0.
Schedule K - Compensation	n of Officers, I	Directors, and	Trustees (see ir	nstruction	is)				
1. Name			2. Title		3. Percent time devoted business	d to		pensation attributable related business	
(1)						%			
(2)						%			
(3)						%			
(4)						%			
Total. Enter here and on page 1, Part II, li	ine 14								0.

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Form 990-T	Other Income	Statement 1
Description		Amount
Qualified Transportation B	enefits	5,418.
Total to Form 990-T, Page	1, line 12	5,418.

Form 990-T	Other Deductions	Statement 2
Description		Amount
Advertising Audit and Accounting Store Bank/Credit Card Charges Dues and Subscriptions Employee Supplement Equipment Lease Office Supplies Postage Supplies Telephone Travel Miscellaneous Expense Training		$2,147. \\ 1,248. \\ 2,447. \\ 64. \\ 143. \\ 125. \\ 83. \\ 1,544. \\ 641. \\ 631. \\ 57. \\ 71. \\ 188. \\ \end{cases}$
Total to Form 990-T, Page 1, li	ine 28	9,389.

Form 990-T	Net	Operating Loss	Deduction	Statement 3
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/14	48,030.	33,916.	14,114.	14,114.
06/30/15	17,563.	0.	17,563.	17,563.
06/30/16	22,710.	0.	22,710.	22,710.
NOL Carryov	ver Available This	Year	54,387.	54,387.