



February 5, 2024

Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum 415 Couch Drive Oklahoma City, OK 73102 Attention: Rita Craig

Dear Rita:

Enclosed are the original and one copy of the 2022 Exempt Organization returns, as follows...

2022 Form 990

2022 Form 990-T

2022 Oklahoma Form 512E

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

The returns were prepared from the information provided by you. As we did not independently verify the data, we suggest that you review the returns carefully to be certain there are no omissions or misstatements of material facts.

Instructions covering the signing and filing of each return are attached to your copy of the returns.

In the event the returns are selected for audit, requests may be made for supporting documentation. As our workpapers contain only a summary of underlying information, all pertinent records should be retained for at least six years.

Thank you for giving us the opportunity to serve you. We appreciate your business and the confidence you place in us. Please contact us if we can be of further assistance.

Sincerely,

Michelle Mann

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2023

| Prepared For | : |
|---------------|---|
| | Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum 415 Couch Drive Oklahoma City, OK 73102 |
| Prepared By: | |
| | HoganTaylor LLP 1225 N Broadway Avenue, Suite 200 Oklahoma City, OK 73103 |
| Amount Due | or Refund: |
| | Not applicable |
| Make Check I | Payable To: |
| | Not applicable |
| Mail Tax Retu | ırn and Check (if applicable) To: |
| | Not applicable |

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2023

| Pre | рa | rec | ١F | or | : |
|-----|----|-----|----|----|---|
|-----|----|-----|----|----|---|

Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum 415 Couch Drive Oklahoma City, OK 73102

Prepared By:

HoganTaylor LLP 1225 N Broadway Avenue, Suite 200 Oklahoma City, OK 73103

Amount Due or Refund:

No amount is due.

Make Check Payable To:

No amount is due.

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS

Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum 415 Couch Drive Oklahoma City, OK 73102

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

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Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum 415 Couch Drive Oklahoma City, OK 73102

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

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Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Type or Taxpayer identification number (TIN) Oklahoma City Museum of Art, Inc. print FKA Oklahoma City Art Museum 73-0528431 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 415 Couch Drive return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. Oklahoma City, OK 73102 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) Rita Craig, CFO • The books are in the care of ▶ 415 Couch Drive - Oklahoma City, OK 73102 Telephone No. \triangleright (405) 278-8203 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. May 15, 2024 ____ , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or , and ending JUN 30, 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Mail to: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0045

Public Disclosure Copy **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

| A F | or the | lpha 2022 calendar year, or tax year beginning $$ JUL $$ $$ JUL $$ $$ 2 $$ 2 $$ $$ and ending | ıg Jt | JN 30, 2023 | |
|---------------|-------------------|--|----------|-------------------------------------|---|
| В | Check if | C Name of organization | | D Employer identifi | cation number |
| a | pplicabl | Oklahoma City Museum of Art, Inc. | | | |
| | Addre | SS TIVA Ol-1 - b - m - Oit 3 - b M c - m | | | |
| | Name chang | | | 73-05284 | 31 |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) Room | /suite | E Telephone numbe | |
| | Final return/ | 415 Couch Drive | | (405) 23 | |
| | termin ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 14,769,155. |
| | Ameno return | Oktanolia City, Ok 73102 | | H(a) Is this a group re | |
| | Application | F Name and address of principal officer: Alca S. Clary | | for subordinates | s? Yes X No |
| | pendir | same as c above | | H(b) Are all subordinates in | ncluded? Yes No |
| <u> 1 '</u> | ax-exe | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or | 527 | If "No," attach a | list. See instructions |
| | Nebsit | | | H(c) Group exemption | on number |
| | | | Year o | f formation: 1945 | M State of legal domicile: OK |
| Pa | art I | Summary | | | |
| a) | 1 | Briefly describe the organization's mission or most significant activities: The miss | | | |
| Governance | | Museum of Art is to "enrich lives through th | | | |
| rne | 2 | Check this box if the organization discontinued its operations or disposed of | more t | han 25% of its net as: | |
| ove. | 3 | Number of voting members of the governing body (Part VI, line 1a) | | | 43 |
| ত | ı | Number of independent voting members of the governing body (Part VI, line 1b) | | | 43 |
| es 6 | | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | | 82 |
| ξ | | Total number of volunteers (estimate if necessary) | | | 77 |
| Activities & | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. |
| | | | | Prior Year | Current Year |
| Φ | | Contributions and grants (Part VIII, line 1h) | | 7,687,513. | 4,784,298. |
| ž | 9 | Program service revenue (Part VIII, line 2g) | | 478,090. | 460,927. |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 651,072. | 829,211. |
| <u> </u> | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 306,776. | 410,382. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 9,123,451. | 6,484,818. |
| | 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. | |
| S | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 3,246,213. | 3,420,056. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| ğ | b | Total fundraising expenses (Part IX, column (D), line 25) 516,328. | | | |
| Û | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 3,550,203. | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 6,796,416. | 7,152,026. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 2,327,035. | -667,208. |
| Net Assets or | | | | inning of Current Year | End of Year |
| sets | 20 | Total assets (Part X, line 16) | 4 | 46,184,349. | 46,808,292. |
| t As | 21 | Total liabilities (Part X, line 26) | | 1,538,246. | 1,195,597. |
| 컐 | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 4 | 44,646,103. | 45,612,695. |
| | art II | Signature Block | | | |
| | | lties of perjury, I declare that I have examined this return, including accompanying schedules and st | | | y knowledge and belief, it is |
| true | , correc | t, and complete. Declaration of preparer (other than officer) is based on all information of which pre | eparer h | as any knowledge. | |
| | | Olerahura of efficaci | | Data | |
| Sig | | Signature of officer | | Date | |
| Her | е | Rita S. Craig, Chief Financial Officer | | | |
| | | Type or print name and title | I D | oto I.a F | DTIN |
| | | Print/Type preparer's name Preparer's signature | | ate Check Check | PTIN |
| Paid | | Michelle Mann Michelle Mann | U 2 | 2/05/24 self-emplo | |
| | arer | Firm's name HoganTaylor LLP | | Firm's EIN 7 | 3-1413977 |
| Use | Only | Firm's address 1225 N Broadway Avenue, Suite 200 | | | E 040 0000 |
| | | Oklahoma City, OK 73103 | | Phone no. 4 0 | 5-848-2020 |
| May | / the IF | RS discuss this return with the preparer shown above? See instructions | | | X Yes No |

4d Other program services (Describe on Schedule O.)

Total program service expenses

(Expenses \$ 459,384. including grants of \$

5,491,800.

Form **990** (2022)

| | | | 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 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 | | Х |
| 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 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, | <u> </u> | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | | | 1 |
| 8 | , , | | Х | |
| • | Schedule D, Part III | 8 | Λ | |
| 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? | | | 3,7 |
| | If "Yes," complete Schedule D, Part IV | 9 | | <u> </u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, 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 | X | |
| 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 | X | |
| 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 | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| - | the organization's liability for uncertain tax positions under FIN 48 (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 | | | |
| 124 | Schedule D, Parts XI and XII | 12a | | X |
| h | | IZa | | 1 |
| ь | Was the organization included in consolidated, independent audited financial statements for the tax year? | 40h | х | |
| 10 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b | 21 | Х |
| 13 | Did the appropriation projection of the control of the United Otelson | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | |
| 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 | | | _V |
| | 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 | | <u> X</u> |
| 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. See instructions | 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 | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | 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 | | Х |
| - | | _ | | _ |

| | Continued) | | Vaa | N _a |
|--------|--|------|-----|----------------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | Yes | No |
| 22 | | 22 | | x |
| 23 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| 23 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | , | 23 | Х | |
| 24 a | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| ZTU | 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 |
| h | 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 |
| h | 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 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | X | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | l |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | Х | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | X | _ |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | v | |
| 00 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Х | \vdash |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 20 | | X |
| 07 | 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 | | | x |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pai | rt V Statements Regarding Other IRS Filings and Tax Compliance | 1 00 | -2 | |
| | 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 40 | | | - 1 |
| | Enter the number of Forms W-2G included on 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 | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |
| 232004 | 4 12-13-22 | Form | 990 | (2022) |

| | | | | | Yes | No |
|-----|--|--|------------------------|-----|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | |
| | | 2a | 82 | | | |
| b | • | ns? | • | 2b | Х | |
| | 5:11 | | | За | Х | |
| | | | | 3b | Х | |
| | · | | | | | |
| | | | • | 4a | | Х |
| 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 A | ccour | nts (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? | | | 5с | | |
| | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | 6a | | X |
| b | | | | | | |
| | 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 ser | vices | provided to the payor? | 7a | X | |
| 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 | as rec | uired | | | |
| | to file Form 8282? | | · | 7с | | 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 co | ontra | ot? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | act? | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | rm 88 | 399 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | tion f | ile a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | l by th | ne | | | |
| | | | | 8 | | |
| 9 | | | | _ | | |
| a | | | | | | |
| | | | | 9b | | |
| 10 | * ** * - | ۱ | 1 | | | |
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| 122 | | $\overline{}$ | • | 120 | | |
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| - | - | | | 100 | | |
| b | | | | | | |
| | · | 13b | | | | |
| С | | | | | | |
| 14a | | | • | 14a | | Х |
| | · · · · · · · · · · · · · · · · · · · | polyment tax returns? go the year? ation on Schedule O ignature or other authority over, a or other financial accounts? ation on Schedule O ignature or other authority over, a or other financial accounts (FBAR). Ing the tax year? tax shelter transaction? 5a 100,000, and did the organization solicit at such contributions or gifts 6b 6tly for goods and services provided to the payor? 7a 7b orovided? 7c 7d personal benefit contract? 7e organization file Form 8899 as required? 7c 7g s, did the organization file a Form 1098-C? 7d fund maintained by the ? 8 ? 9a 10a 11a s against 11b 11b 12a 11a 11a 11b 12a 11a 11b 13a 13a 11b 11a 11b 11b 11a 11a 11b 11b 11a 11a | | | | |
| 15 | | | | | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 8b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountry such as a shark account, securities account, or other financial accounts (FBAR). Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? If "Yes," enter the organization in progranization file from 8866.77 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions and party for goods and services provided to the payor? If "Yes," did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to file Form 8282? Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If we | | | 15 | | Х |
| | | | | | | |
| 16 | | t inco | me? | 16 | | Х |
| | | | | | | |
| 17 | | tivitie | s | | | |
| | | | | 17 | | |
| | If "Yes," complete Form 6069. | | | | | |

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-----|---|-----------|---------|-------------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 43 | | | |
| | 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 on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 43 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, 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 | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| | The governing body? | 8a | х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| Ū | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | (This dection b requests information about policies not required by the internal nevertide dode.) | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 100 | | |
| _ | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| • | on Schedule O how this was done | 12c | х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | х | |
| | Other officers or key employees of the organization | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | Х |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | iou | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | 100 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed OK | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s | only) | availah | nle |
| .5 | for public inspection. Indicate how you made these available. Check all that apply. | , orny) | uvanal | <i>-</i> 10 |
| | | | | |
| 10 | (************************************** | lfinana | sial | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | ı ıırıand | iai | |
| 00 | statements available to the public during the tax year. | | | |
| 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 | | | |
| | TIS COUCH DIIVE, ORIGINA CICY, OR /JIVA | | | |

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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. See the instructions for the order in which to list the persons above.

| (A) Name and title | (B) Average | (do | not c | (C Posi heck i | C) ition | l than | one | (D) Reportable | (E) Reportable | (F) Estimated amount of |
|----------------------------|--|------------------|-------|----------------------|-------------|-----------|----------|---|---|--|
| | hours per week (list any hours for related organizations below line) | stee or director | | Officer Officer | | | tee) | compensation from the organization (W-2/1099-MISC/ 1099-NEC) | compensation from related organizations (W-2/1099-MISC/ 1099-NEC) | other compensation from the organization and related organizations |
| (1) Michael Anderson | 50.00 | | | | | | | | _ | |
| President and CEO | 5.00 | | | Х | | | | 184,898. | 0. | 9,558. |
| (2) Rita Craig | 50.00 | | | | | | | | _ | |
| Chief Financial Officer | 5.00 | | | Х | | | | 157,926. | 0. | 13,692. |
| (3) Meg Salyer | 5.00 | | | | | | | | _ | _ |
| Chairperson | | Х | | Х | | | | 0. | 0. | 0. |
| (4) Julie Hall | 4.00 | | | | | | | | _ | _ |
| Chairperson-Elect | | Х | | Х | | | | 0. | 0. | 0. |
| (5) Cynda C. Ottaway | 4.00 | | | | | | | | _ | _ |
| Immediate Past Chairperson | | Х | | Х | | | | 0. | 0. | 0. |
| (6) J. Edward Barth | 0.69 | | | | | | | | _ | _ |
| Vice-Chairperson | | Х | | Х | | | | 0. | 0. | 0. |
| (7) Bob Barnard | 0.88 | | | | | | | | | |
| Vice-Chairperson | | Х | | Х | | | | 0. | 0. | 0. |
| (8) Paula Barrington | 0.69 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0. |
| (9) Elby J. Beal | 0.69 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0. |
| (10) Jeremy Black | 0.65 | | | | | | | | | |
| Vice-Chairperson | | Х | | Х | | | | 0. | 0. | 0. |
| (11) Amy Bankhead | 0.46 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0. |
| (12) Allen Brown | 0.69 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0. |
| (13) Philip Busey, Jr. | 0.88 | | | | | | | | | |
| Vice-Chairperson | | Х | | Х | | | | 0. | 0. | 0. |
| (14) William M. Cameron | 0.69 | | | | | | | | | |
| Trustee | | Х | | | | | <u> </u> | 0. | 0. | 0. |
| (15) Teresa L. Cooper | 0.46 | | | | | | | | | |
| Trustee | | Х | | | | | <u> </u> | 0. | 0. | 0. |
| (16) Larry Davis | 0.46 | | | | | | | | | |
| Trustee | | Х | | | | | <u> </u> | 0. | 0. | 0. |
| (17) Karen R Delaney | 0.88 | | | | | | | | | |
| Vice-Chairperson | | Х | | Х | | | | 0. | 0. | 0 . Form 990 (2022) |

232007 12-13-22

Form **990** (2022)

| Part VII Section A Officers Directors Trus | | _ | | | | | | | | 40- | 1 7 T | | aye 🕻 |
|---|-------------------|-----------------------|-----------------------|--------------|--------------|---|--------|--------------------------|---------------------------|--------------|------------------|----------------|------------|
| Occilon A. Omeers, Directors, Trus | 1 | oloy | ees, | | | ghes | st C | | 1 ' | — | | | |
| (A) | (B) | | | Posi | C) ition | , | | (D) | (E) | | _ | (F) | |
| Name and title | Average hours per | | not c | heck i | more | than (| | Reportable | Reportable | | | timate | |
| | week | | , unle: cer ar | | | | | compensation from | compensation from related | ' | | nount other | OI |
| | (list any | tor | | | | | | the | organizations | , | | pensa | tion |
| | hours for | r director | | | | pe: | | organization | (W-2/1099-MIS | | | om th | |
| | related | stee o | rustee | | | ensat | | (W-2/1099-MISC/ | 1099-NEC) | | org | anizat | ion |
| | organizations | al trus | onal tı | | loyee | comp | | 1099-NEC) | | | | d relat | |
| | below line) | Individual trustee or | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | orga | anizati | ons |
| (18) Nancy Payne Ellis | 0.00 | 흐 | <u> </u> | 10 0 | - Xe | <u>= = = = = = = = = = = = = = = = = = = </u> | 요 | | | \dashv | | | |
| Lifetime Trustee | 0.00 | Х | | | | | | 0. | | 0. | | | 0. |
| (19) Jim English | 0.92 | | \vdash | | | | | 0. | | • | | | <u> </u> |
| Trustee | 0.52 | Х | | | | | | 0. | | 0. | | | 0. |
| (20) Ali Farzaneh | 0.69 | 25 | | | | | | | | • | | | • |
| Trustee | 0.03 | х | | | | | | 0. | | 0. | | | 0. |
| (21) Kirk Hammons | 0.92 | | \vdash | | | | | | | • | | | • |
| Secretary | 0.132 | х | | х | | | | 0. | | 0. | | | 0. |
| (22) Suzette Hatfield | 1.11 | † | | | | | | | | - | | | |
| Vice-Chairperson | | x | | х | | | | 0. | | 0. | | | 0. |
| (23) Frank D. Hill | 0.46 | | | | | | | | | | | | |
| Vice-Chairperson | | Х | | Х | | | | 0. | | 0. | | | 0. |
| (24) The Honorable Jerome A. Holmes | 0.69 | | | | | | | | | \neg | | | |
| Vice-Chairperson | | Х | | Х | | | | 0. | | 0. | | | 0. |
| (25) Becky Johnson | 0.46 | | | | | | | | | \Box | | | |
| Trustee | | Х | | | | | | 0. | | 0. | | | 0. |
| (26) Lauren Johnson | 0.69 | | | | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | | 0. | | | 0. |
| 1b Subtotal | | | | | | | | 342,824. | | 0. | 2 | 3,2 | <u>50.</u> |
| c Total from continuation sheets to Part V | I, Section A | | | | | | | 0. | | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 342,824. | | 0. | 2 | 3,2 | <u>50.</u> |
| 2 Total number of individuals (including but r | ot limited to th | ose | liste | d ab | ove |) wh | o re | eceived more than \$100, | ,000 of reportable | | | | _ |
| compensation from the organization | | | | | | | | | | | | | 2 |
| | | | | | | | | | | ſ | | Yes | No |
| 3 Did the organization list any former officer | • | | • | | • | • | • | • | • | | | | 77 |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | | 3 | | Х |
| 4 For any individual listed on line 1a, is the su | • | | | | | | | • | · · | | | 37 | |
| and related organizations greater than \$15 | | | | | | | | | | } | 4 | X | |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | ŀ | _ | | Х |
| rendered to the organization? f "Yes," con Section B. Independent Contractors | nplete Schedule | e J f | or su | ıch <u>r</u> | oers | on | | | | 1 | 5 | | Λ |
| Complete this table for your five highest co | mponeated inc | lono | ndo | ot co | ntr | acto | rc th | and received more than | \$100,000 of compo | oncat | tion fr | .m | |
| the organization. Report compensation for | | | | | | | | | | 51 15at | JOH HC | וווע | |
| (A) | trie Caleridai ye | cai c | JI IUII | ig w | ILIT | JI VVI | | (B) | Cai. | | (C | :) | |
| Name and business | address | NO | ONE | 3 | | | | Description of s | services | С | ompe | | n |
| | | | | | | | | · | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | П | | | | | | |
| | | | | | | | | | | | | | |
| | <u> </u> | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

See Part VII, Section A Continuation sheets

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2022)

\$100,000 of compensation from the organization

| Form 990 F'KA OKlai | IOIIIa CIL | . <u>y</u> | ΑT | L | Mи | ಶಿಲ | uiii | <u>.</u> | 73-052 | 0431 |
|--|--|------------------|-----------------------|-----------------|--------------|------------------------------|--------|--|--|--|
| Part VII Section A. Officers, Directors, Tru | stees, Key Er | nplo | yee | s, ar | nd H | lighe | est (| Compensated Employe | es (continued) | |
| (A) Name and title | (B) Average hours | (c) | heck | Pos | C) ition | | lv) | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | per week (list any hours for related organizations below line) | stee or director | Institutional trustee | Officer 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 |
| (27) Steven Kerr | 0.46 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0 |
| (28) Aaron Ketter | 1.11 | | | | | | | | _ | _ |
| Jice-Chairperson | | Х | | Х | | | | 0. | 0. | 0 |
| (29) Duke R. Ligon | 0.46 | | | | | | | | _ | _ |
| Vice-Chairperson | | Х | | Х | | | | 0. | 0. | 0 |
| (30) Penny M. McCaleb | 0.92 | | | | | | | | | |
| Vice-Chairperson | | Х | | X | | | | 0. | 0. | 0 |
| (31) Christina McQuistion | 0.69 | | | | | | | | _ | |
| Trustee (20) | 0.00 | Х | | | | | | 0. | 0. | 0 |
| (32) Virginia A. Meade | 0.69 | . , | | 37 | | | | | _ | _ ر |
| Vice-Chairperson (33) Charles E. Nelson | 0.00 | Х | | Х | | | | 0. | 0. | 0 |
| Lifetime Trustee | 0.00 | х | | | | | | 0. | 0. | 0 |
| (34) Phi Nguyen | 0.69 | Δ | | | | | | 0. | 0. | 0 |
| Trustee | 0.03 | Х | | | | | | 0. | 0. | 0 |
| (35) Caroline Patton | 0.69 | 22 | | | | | | 0. | 0. | |
| Trustee | 0.03 | х | | | | | | 0. | 0. | 0 |
| (36) Nikola Puffinbarger, M.D. | 0.92 | | | | | | | | • | |
| - , Trustee | | Х | | | | | | 0. | 0. | 0 |
| (37) G. Jeffrey Records, Jr. | 0.46 | | | | | | | - | - | |
| Trustee | | Х | | | | | | 0. | 0. | 0 |
| (38) Robert J. Ross | 0.46 | | | | | | | | | |
| Vice-Chairperson | | Х | | X | | | | 0. | 0. | 0 |
| (39) Chris Shilling | 0.46 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0 |
| (40) Amalia Miranda Silverstein, M.D | 0.88 | | | | | | | | | |
| Vice-Chairperson | | Х | | X | | | | 0. | 0. | 0 |
| (41) Jeanne Hoffman Smith, MSSW, ACS | 0.00 | | | | | | | | _ | _ |
| Trustee Emeritus | | Х | | | | | | 0. | 0. | 0 |
| (42) Ryan Tidwell | 0.46 | | | | | | | | | |
| Trustee | 0.45 | Х | | | | | | 0. | 0. | 0 |
| (43) Max Weitzenhoffer | 0.46 | | | | | | | | _ | |
| Trustee (AAA) Trustee | 0 00 | Х | | | | | | 0. | 0. | 0 |
| (44) Wanda Otey Westheimer | 0.00 | . | | | | | | | _ | |
| Trustee Emeritus | 4 00 | Х | | | | | | 0. | 0. | 0 |
| (45) Charles E. Wiggin | 4.00 | х | | х | | | | 0. | 0. | |
| Treasurer | | ^ | \vdash | | | | | J • | U • | 0 |
| | | 1 | | | | | | | | |
| | L | | | | | | | ļ | | |

| Pa | rt V | / | Statement of Re | ven | ue | | | | | | |
|--|------|--------|---|------------|------------------------|----------|---------------------|----------------------|--|--------------------------------------|---|
| | | | Check if Schedule O | cont | ains a res | onse | or note to any line | e in this Part VIII | | | |
| | | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ts s | 1 | а | Federated campaigns | | 1a | 1 | | | | | |
| ran | | b | Membership dues | | 1b | , | 596,923. | | | | |
| ă,s | | С | Fundraising events | | 1c | : | 506,337. | | | | |
| iift ar / | | d | Related organizations | | 1c | <u> </u> | | | | | |
| s, C imil | | е | Government grants (contr | ributi | ons) 1e | | 139,195. | | | | |
| tion | | f | All other contributions, gifts, | gran | ts, and | | | | | | |
| ibu | | | similar amounts not included | d abov | /e 1f | | 3,541,843. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | g | Noncash contributions included in | lines | 1a-1f 1 c | \$ | 74,881. | | | | |
| g G | | h | Total. Add lines 1a-1f | | | | | 4,784,298. | | | |
| | | | | | | | Business Code | | | | |
| ce | 2 | | Exhibits/Special Ev | | | | 711300 | 460,382. | 460,382. | | |
| ervi Ie | | b | Family Workshops, A | dult | Classe | s, | 611710 | 545. | 545. | | |
| n Si | | С | | | | | | | | | |
| Jran Rev | | d | | | | | | | | | |
| Program Service Revenue | | e | All alle and a second and a | | | | | | | | |
| - | | T ~ | All other program service | | | | | 460,927. | | | |
| | 3 | g | Total. Add lines 2a-2f Investment income (include | | | | | ±00,521. | | | |
| | | | | • | | - | | 500,626. | | | 500,626. |
| | 4 | | Income from investment | | | | T I | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | 5 | | Royalties | | • | | ŀ | 64,377. | | | 64,377. |
| | | | Tioyanioo | | (i) Re | | (ii) Personal | , | | | , |
| | 6 | а | Gross rents | 6a | 28 | ,825. | | | | | |
| | | b | Less: rental expenses | 6b | 1 | ,613. | | | | | |
| | | | Rental income or (loss) | 6с | 27 | ,212. | | | | | |
| | | d | Net rental income or (loss | s) <u></u> | | | | 27,212. | | | 27,212. |
| | 7 | а | Gross amount from sales of | | (i) Secu | rities | (ii) Other | | | | |
| | | | assets other than inventory | 7a | 8,143 | ,383. | 7,500. | | | | |
| | | b | Less: cost or other basis | | | | | | | | |
| υne | | | and sales expenses | 7b | | | - | | | | |
| Revenue | | | Gain or (loss) | 7с | | ,085. | | 200 505 | | | 200 505 |
| _ | | d | Net gain or (loss) | | | | | 328,585. | | | 328,585. |
| Othe | 8 | а | Gross income from fundraisi including \$ | | ents (not , 337. of | | | | | | |
| 0 | | | contributions reported on | | | | | | | | |
| | | | Part IV, line 18 | | - | 8a | 46,775. | | | | |
| | | b | Less: direct expenses | | | | | | | | |
| | | | Net income or (loss) from | | | | | -114,779. | | | -114,779. |
| | 9 | | Gross income from gamir | | | | | | | | |
| | | | Part IV, line 19 | | | . 9a | | | | | |
| | | | Less: direct expenses | | | . 9b | | | | | |
| | | | Net income or (loss) from | - | - | ies | | | | | |
| | 10 | а | Gross sales of inventory, | | | | , | | | | |
| | | | and allowances | | | - 1 | | | | | |
| | | | Less: cost of goods sold | | | | 298,872. | 160 270 | 116 110 | E2 166 | |
| | | С | Net income or (loss) from | sale | s of inven | ory | Business Code | 168,278. | 116,112. | 52,166. | |
| sn | 44 | _ | Parking Revenue | | | | 812930 | 226,850. | | | 226,850. |
| Deo Ue | 11 | | Sales Tax Retained | | | | 900099 | 38,444. | 38,444. | | 220,030. |
| ella Ven | | ~ | | | | | 20000 | JJ, 111. | 33,111. | | |
| Miscellaneous Revenue | | c d | All other revenue | | | | | | | | |
| Σ | | | Total. Add lines 11a-11d | | | | | 265,294. | | | |
| | 12 | | Total revenue. See instruction | | | | | 6,484,818. | 615,483. | 52,166. | 1032871. |
| | | | | | | | | | · ' | | - 000 |

Part IX | Statement of Functional Expenses

| 0001 | ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response | | his Part IX | ipiele coluinii (A). | |
|------|--|-----------------------|------------------------------|-------------------------------------|-----------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | | | | g | |
| | 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, | | | | |
| | trustees, and key employees | 376,186. | 120,617. | 211,061. | 44,508 |
| 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 | 2,519,502. | 1,823,741. | 451,216. | 244,545 |
| 8 | Pension plan accruals and contributions (include | 44 004 | 20 21- | 0.01= | 2 |
| | section 401(k) and 403(b) employer contributions) | 44,304. 455,022. | 38,317. | 2,217. | 3,770 |
| 9 | Other employee benefits | | 305,595. | 104,914. | 3,770 44,513 5,198 |
| 10 | Payroll taxes | 25,042. | 6,735. | 13,109. | 5,198 |
| 11 | Fees for services (nonemployees): | | | | |
| а | | F 100 | | F 100 | |
| b | | 5,109. | 12.666 | 5,109. | |
| С | 5 | 66,444. | 13,666. | 52,778. | |
| d | Lobbying | | | | |
| е | , F | 42.061 | | 42 061 | |
| f | Investment management fees | 43,861. | | 43,861. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) | | | | |
| 12 | Advertising and promotion | 61,134. | 34,712. | 1,671. | 24,751 |
| 13 | Office expenses | 14,792. | 13,673. | 671. | 448 |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 656,968. | 575,635. | 48,800. | 32,533 |
| 17 | Travel | 56,893. | 24,936. | 7,080. | 24,877 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 9,069. | | 9,069. | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 665,787. | 606,697. | 35,454. | 23,636 |
| 23 | Insurance | 53,572. | 33,215. | 17,143. | 3,214 |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | |
| а | Programming | 1,061,968. | 1,060,757. | 807. | 404 |
| b | 7 J. J. J. J. J. L. L. J. J. L. J. | 303,469. | 199,007. | 86,012. | 18,450 |
| С | Art Accessioned | 250,000. | 250,000. | 0. | 0 |
| d | Equipment Rental & Main | 165,572. | 136,519. | 17,432. | 11,621 |
| е | All other expenses | 317,332. | 247,978. | 35,494. | 33,860 |
| 25 | Total functional expenses. Add lines 1 through 24e | 7,152,026. | 5,491,800. | 1,143,898. | 516,328 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

Form **990** (2022)

| Fai | ιλ | Balance Sneet | | | | |
|-----------------------------|-----|---|-------------------|---------------------------------|--------|---------------------------|
| | | Check if Schedule O contains a response or note to any lin | ne in this Part X | | ······ | |
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 42,904. | 1 | 150,055. |
| | 2 | Savings and temporary cash investments | | 2,196,045. | 2 | 2,159,728. |
| | 3 | Pledges and grants receivable, net | | 2,102,904. | 3 | 1,302,873. |
| | 4 | Accounts receivable, net | | 1,111,850. | 4 | 1,018,092. |
| | 5 | Loans and other receivables from any current or former off | | | | |
| | | trustee, key employee, creator or founder, substantial cont | ributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | | 5 | |
| | 6 | | | | | |
| | | under section 4958(f)(1)), and persons described in section | 4958(c)(3)(B) | | 6 | |
| ι | 7 | Notes and loans receivable, net | | 7 | | |
| Assets | 8 | Inventories for sale or use | | 532,772. | 8 | 609,210. |
| As | 9 | Prepaid expenses and deferred charges | | 156,583. | 9 | 210,880. |
| | 10a | Land, buildings, and equipment: cost or other | | | | |
| | | basis. Complete Part VI of Schedule D 10a | 30,088,847. | | | |
| | b | Less: accumulated depreciation 10b | 14,140,201. | 16,398,834. | 10c | 15,948,646. |
| | 11 | Investments - publicly traded securities | | 18,760,863. | 11 | 20,271,619. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 4,881,594. | 12 | 5,137,189. |
| | 13 | Investments - program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | | 46,184,349. | 16 | 46,808,292. |
| | 17 | Accounts payable and accrued expenses | | 863,620. | 17 | 719,784. |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of S | | | 21 | |
| ű | 22 | Loans and other payables to any current or former officer, | director, | | | |
| litie | | trustee, key employee, creator or founder, substantial cont | ributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of these persons | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third p | arties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third part | ies | 674,626. | 24 | 475,813. |
| | 25 | Other liabilities (including federal income tax, payables to r | elated third | | | |
| | | parties, and other liabilities not included on lines 17-24). Co | omplete Part X | | | |
| | | of Schedule D | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 1,538,246. | 26 | 1,195,597. |
| | | Organizations that follow FASB ASC 958, check here | X | | | |
| ces | | and complete lines 27, 28, 32, and 33. | , | | | |
| lan | 27 | Net assets without donor restrictions | | 26,043,993. | 27 | 26,587,443. |
| Ba | 28 | Net assets with donor restrictions | <u></u> | 18,602,110. | 28 | 19,025,252. |
| pur | | Organizations that do not follow FASB ASC 958, check | here | | | |
| Net Assets or Fund Balances | | and complete lines 29 through 33. | J | | | |
| S | 29 | Capital stock or trust principal, or current funds | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or equipment for | und | | 30 | |
| t As | 31 | Retained earnings, endowment, accumulated income, or o | | | 31 | |
| Net | 32 | Total net assets or fund balances | | 44,646,103. | 32 | 45,612,695. |
| | 33 | Total liabilities and net assets/fund balances | | 46,184,349. | 33 | 46,808,292. |
| | | | | | | Form 990 (2022) |

| Form | 1990 (2022) FKA Oklahoma City Art Museum | 73- | -0528 | 431 | Pag | ge 12 |
|------|---|---------|-------|-------------|-----|--------------|
| Pa | rt XI Reconciliation of Net Assets | | , | | | |
| | 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 | | ,484 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | ,152 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | <u>-66'</u> | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | ,640 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 1 | ,63 | 3,8 | <u>00.</u> |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | 45 | ,612 | 2,6 | <u>95.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | X |
| | | | | | Yes | No |
| 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 on Schedule | Ο. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X |
| | 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: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | Х | |
| | 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 X Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | _ | 37 | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule C |). | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed aud | lit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | 000 | <u> </u> |
| | | | | Form | 990 | (2022) |

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Oklahoma City Museum of Art,

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FKA Oklahoma City Art Museum 73-0528431 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

73-0528431 Page 2

Schedule A (Form 990) 2022 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| Sec | ction A. Public Support | | | | | | |
|------|--|---------------------------|----------------------|-----------------------|----------------------------|--------------------|------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Gifts, grants, contributions, and | , , | ` , | ` , | ` , | ` ' | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 4363510. | 2902957. | 7116957. | 7687513. | 4784298. | 26855235. |
| 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 | | | | | | |
| 4 | Total. Add lines 1 through 3 | 4363510. | 2902957. | 7116957. | 7687513. | 4784298. | 26855235. |
| 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) | | | | | | 3110628. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 23744607. |
| | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 | Amounts from line 4 | 4363510. | 2902957. | 7116957. | 7687513. | 4784298. | 26855235. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 975,311. | 847,574. | 1111097. | 406,665. | 593,828. | 3934475. |
| 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.) | 192,181. | 159,120. | 122,699. | 183,070. | 312,069. | 969,139. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 31758849. |
| 12 | Gross receipts from related activities, | etc. (see instructio | ns) | | | 12 3 | ,744,853. |
| 13 | First 5 years. If the Form 990 is for th | ne organization's fir | st, second, third, f | ourth, or fifth tax y | ear as a section 5 | 01(c)(3) | |
| | organization, check this box and stop | here | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | |
| 14 | Public support percentage for 2022 (I | ine 6, column (f), di | ivided by line 11, c | olumn (f)) | | 14 | 74.77 % |
| 15 | Public support percentage from 2021 | Schedule A, Part I | II, line 14 | | | 15 | 7 4. 58 % |
| 16a | 33 1/3% support test - 2022. If the o | organization did no | t check the box or | n line 13, and line 1 | 4 is 33 1/3% or m | ore, check this bo | |
| | stop here. The organization qualifies | as a publicly suppo | orted organization | | | | X |
| b | 33 1/3% support test - 2021. If the o | organization did no | t check a box on li | ne 13 or 16a, and | line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qual | ifies as a publicly s | upported organiza | ition | | | |
| 17a | 10% -facts-and-circumstances test | - 2022. If the org | anization did not c | heck a box on line | 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the fact | s-and-circumstance | es test, check this | box and stop her | e. Explain in Part | VI how the organia | zation |
| | meets the facts-and-circumstances te | st. The organizatio | n qualifies as a pul | blicly supported or | ganization | | |
| b | 10% -facts-and-circumstances test | - 2021. If the org | anization did not c | heck a box on line | 13, 16a, 16b, or 1 | 7a, and line 15 is | 10% or |
| | more, and if the organization meets the | ne facts-and-circum | stances test, chec | ck this box and st | op here. Explain ir | n Part VI how the | |
| | organization meets the facts-and-circu | umstances test. Th | e organization qua | lifies as a publicly | supported organiz | ation | |
| 18 | Private foundation. If the organization | n did not check a l | oox on line 13, 16a | a, 16b, 17a, or 17b | , check this box ar | nd see instruction | s |
| | | | | | | Cabadula A | (Form 990) 2022 |

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.)

| Sed | ction A. Public Support | siow, picase comp | oicte i art ii.j | | | | |
|-----|--|--------------------|---------------------------|-----------------------|---------------------|---------------------|-----------|
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 | | | | | | |
| | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 6 | (a) 2010 | (6) 2019 | (6) 2020 | (4) 2021 | (6) 2022 | (i) iotai |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the | J | | , | • | () () | · — |
| | check this box and stop here | | | | | | |
| | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2022 (li | , ,,, | • | column (f)) | | 15 | % |
| | Public support percentage from 2021 | | | | | 16 | % |
| | ction D. Computation of Inves | | | . 10 1 (0) | | 14-1 | |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % 7 in |
| 198 | 33 1/3% support tests - 2022. If the | | | | | | |
| b | more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the | organization did r | not check a box or | line 14 or line 19a | a, and line 16 is m | ore than 33 1/3%, a | and |
| | line 18 is not more than 33 1/3%, che | ck this box and st | top here. The orga | anization qualifies a | as a publicly supp | orted organization | |
| 20 | Private foundation. If the organization | n did not check a | hox on line 14 19 | a or 19h check th | nis hox and see in | structions | |

232023 12-09-22

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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.)

| ſ | | Yes | No |
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| Par | TIV 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 on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | • | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI 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 | | | |
| | 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 Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, 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 Part VI 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 instructions). | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst | truction | s). | |
| 2 | Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b below. | | | |
| а | 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? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If IIVos II describe in Part VI the vale placed by the exemplation in this versul | 3h | | |

73-0528431 Page 6 FKA Oklahoma City Art Museum Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 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) 1 Aggregate fair market value of all non-exempt-use assets (see 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 c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2

Schedule A (Form 990) 2022

5

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

3

4 5

6

Enter greater of line 2 or line 3.

instructions)

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

| | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | | red) | J UJZUIJI Page / |
|----------|---|-------------------------------|---------------------------------------|-------------|---|
| Sect | on D - Distributions | <u> </u> | (OOTHER) | <i>100)</i> | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pri | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2022 | ıs | (iii) Distributable Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| а | From 2017 | | | | |
| b | From 2018 | | | | |
| С | From 2019 | | | | |
| d | From 2020 | | | | |
| е | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2022 distributable amount | | | | |
| i_ | Carryover from 2017 not applied (see instructions) | | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2022 distributable amount | | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| <u>a</u> | Excess from 2018 | | | | |
| <u>b</u> | Excess from 2019 | | | | |
| c | Excess from 2020 | | | | |
| d | Excess from 2021 | | | | |
| | | | | | |

Schedule A (Form 990) 2022

e Excess from 2022

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17a or 17b: Part III, line 12: |
|---------|---|
| | Part IV. Section A. lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV. Section B. lines 1 and 2; Part IV. Section C. |
| | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, |
| | Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. |
| | (See instructions.) |
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization
Oklahoma City Museum of Art, Inc.
FKA Oklahoma City Art Museum
73-0528431

| Filers of: | Section: |
|--|---|
| Form 990 or 990-EZ | \overline{X} 501(c)($\overline{3}$) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not 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 |
| | |
| , , | on is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. |
| General Rule | |
| - | tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. |
| Special Rules | |
| sections 509(a)(contributor, dur | tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ing 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; EZ, line 1. Complete Parts I and II. |
| contributor, dur literary, or educ | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering n (b) instead of the contributor name and address), II, and III. |
| year, contribution is checked, ento purpose. Don't | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the consexclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box er here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively able, etc., contributions totaling \$5,000 or more during the year\$ |
| answer "No" on Part IV, I | n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 illing requirements of Schedule B (Form 990) |

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

Schedule B (Form 990) (2022)

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

Employer identification number

73-0528431

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | al space is needed. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$\$ | 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 |
| 3 | | \$ 473,292. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$ 860,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$ <u>150,000</u> . | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2022)

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

Employer identification number

73-0528431

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | l space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$ 250,000. | 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>150,000</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 | | \$110,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10 | | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 11_ | | \$\$ | 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 |
| 12 | | \$ <u>139,195.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

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

Employer identification number

73-0528431

| Part II | Noncash Property (see instructions). Use duplicate copies of Pa | art II if additional space is needed. | |
|------------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | 10 Gift Cards - \$100 each | | |
| _1 | | | |
| | | \$1,000. | 09/16/22 |
| (a) No. | (b) | (c) FMV (or estimate) | (d) |
| rom Part I | Description of noncash property given | (See instructions.) | Date received |
| | | | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
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| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | | |
| (a) | ~ . | (c) | |
| No. from Part I | (b) Description of noncash property given | FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| - | | | |

Employer identification number

Name of organization

Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum 73-0528431 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

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

Employer identification number 73-0528431

| Pai | t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | nilar Funds or A | ccounts. Complete if the | | |
|-----|--|-------------------------------|-------------------------|---------------------------------|--|--|
| | | (a) Donor advised | funds | (b) Funds and other accounts | | |
| 1 | Total number at end of year | | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | |
| 4 | Aggregate value at end of year | | | | | |
| 5 | Did the organization inform all donors and donor advisors in w | riting that the assets held | l in donor advised fun | ds | | |
| | are the organization's property, subject to the organization's e | exclusive legal control? | | Yes No | | |
| 6 | Did the organization inform all grantees, donors, and donor ac | dvisors in writing that gran | t funds can be used o | only | | |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any | other purpose confer | ring | | |
| | impermissible private benefit? | | | Yes No | | |
| Pai | | | on Form 990, Part IV | , line 7. | | |
| 1 | Purpose(s) of conservation easements held by the organizatio | | | | | |
| | Preservation of land for public use (for example, recreat | ion or education) | Preservation of a hist | orically important land area | | |
| | Protection of natural habitat | | Preservation of a cert | ified historic structure | | |
| | Preservation of open space | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualific | ed conservation contribut | ion in the form of a co | | | |
| | day of the tax year. | | | Held at the End of the Tax Year | | |
| а | Total number of conservation easements | | | 2a | | |
| b | | | | 2b | | |
| | Number of conservation easements on a certified historic stru | | | 2c | | |
| d | Number of conservation easements included in (c) acquired at | | | | | |
| _ | historic structure listed in the National Register | | | 2d | | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or ter | minated by the organ | ization during the tax | | |
| | year | | | | | |
| 4 | Number of states where property subject to conservation ease | | | | | |
| 5 | Does the organization have a written policy regarding the periodical transfer of the periodical transf | | , | □ v □ N. | | |
| • | violations, and enforcement of the conservation easements it | | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | nandling of violations, and | enforcing conservation | on easements during the year | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year | | | | | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements | of section 170(h)(4)(B |)(i) | | |
| | | • | | | | |
| 9 | and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and | | | | | |
| | balance sheet, and include, if applicable, the text of the footnot | | • | | | |
| | organization's accounting for conservation easements. | 3 | | | | |
| Pai | t III Organizations Maintaining Collections of | Art, Historical Trea | sures, or Other S | Similar Assets. | | |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | 3, not to report in its rever | ue statement and bal | ance sheet works | | |
| | of art, historical treasures, or other similar assets held for publ | lic exhibition, education, o | or research in furthera | nce of public | | |
| | service, provide in Part XIII the text of the footnote to its finance | cial statements that descr | ibes these items. | | | |
| b | If the organization elected, as permitted under FASB ASC 958 | 3, to report in its revenue s | statement and balanc | e sheet works of | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or r | esearch in furtheranc | e of public service, | | |
| | provide the following amounts relating to these items: | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | \$ | | |
| | 400 A | | | ^ | | |
| 2 | If the organization received or held works of art, historical trea | sures, or other similar ass | ets for financial gain, | provide | | |
| | the following amounts required to be reported under FASB AS | SC 958 relating to these it | ems: | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | \$ | | |
| b | Assets included in Form 990, Part X | | | | | |

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

Schedule D (Form 990) 2022

| | dule D (Form 990) 2022 FKA OK16 TIII Organizations Maintaining C | ollections of Art | | | | r Othe | r Sir | | | S (contin | | age ∠ |
|-----|--|---|------------|---------------------|---|-----------|-----------------|--------|------------|-------------|---------|--------------|
| 3 | | | | | | | | | | 100 | ucu) | |
| Ü | Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): | | | | | | | | | | | |
| а | X Public exhibition d X Loan or exchange program | | | | | | | | | | | |
| b | X Scholarly research | e | | Sther | ialige progra | aiii | | | | | | |
| C | X Preservation for future generations | e | | Julei | | | | | | | | |
| 4 | Provide a description of the organization's co | lloctions and ovalain | how the | ov furthor th | o organizati | on's ovoi | mnt r | urnoc | o in Dar | + VIII | | |
| 5 | During the year, did the organization solicit or | | | | | | | | e III Fai | t AIII. | | |
| 3 | to be sold to raise funds rather than to be ma | | | | - | ai | | | Г | Yes | X | No |
| Pai | t IV Escrow and Custodial Arrang | | | | | | | | | | | <u> </u> |
| | reported an amount on Form 990, Par | | ic ii iiic | organization | Tanswered | 103 01 | 11 011 | 11 330 | , i ditiv, | 11110 0, 01 | | |
| 1a | Is the organization an agent, trustee, custodia | an or other intermedia | ary for c | ontributions | or other as | sets not | inclu | ded | | | | |
| | on Form 990, Part X? | | • | | | | | | Г | Yes | | No |
| h | If "Yes," explain the arrangement in Part XIII a | and complete the follo | owing ta | able. | | | | | | 100 | | , 110 |
| - | ii roo, oxpiaii iio arangemene iir arexiii e | aria complete trio ion | ownig to | | | | Γ | | | Amount | : | |
| c | Beginning balance | | | | | | | 1c | | | | |
| | Additions during the year | | | | | | г | 1d | | | | |
| | Distributions during the year | | | | | | | 1e | | | | |
| f | Ending balance | | | | | | | 1f | | | | |
| 22 | Did the organization include an amount on Fo | | | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | iity: | | | | |] |
| Par | | | | | | | 10. | | | | | |
| | | (a) Current year | | rior year | (c) Two yea | | | hree v | ears back | (e) Four | years | back |
| 1a | Beginning of year balance | 20,789,370. | _ ` _ | 268,241. | 18,17 | | | | 94,102 | | 397, | |
| | Contributions | 500,350. | | 578,431. | | 0,330. | | | • | <u> </u> | | |
| c | Net investment earnings, gains, and losses | 1,882,599. | <u> </u> | 259,613. | | 9,228. | | 5 | 27,579. | | 972, | 569. |
| d | Grants or scholarships | , , | | | , | • | | | , | | | |
| e | Other expenditures for facilities | | | | | | | | | | | |
| | and programs | 1,141,285. | 1, | 797,689. | 1,43 | 9,232. | | 1,0 | 43,766 | . | 676, | 033. |
| f | Administrative expenses | | | | | | | | | | | |
| | End of year balance | 22,031,034. | 20, | 789,370. | 21,26 | 3,241. | | 18,1 | 77,915. | . 18, | 694, | 102. |
| 2 | Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: | | | | | | | | | | | |
| а | Board designated or quasi-endowment43.1100% | | | | | | | | | | | |
| b | 2F F600 | | | | | | | | | | | |
| С | Term endowment 21.3300 | % | | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should equal 100%. | | | | | | | | | | | |
| За | 3a Are there endowment funds not in the possession of the organization that are held and administered for the | | | | | | | | | | | |
| | organization by: | | | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | | | 3a(i) | Х | |
| | (ii) Related organizations | | | | | | | | | 3a(ii) | | _X_ |
| b | If "Yes" on line 3a(ii), are the related organization | tions listed as require | ed on Sc | hedule R? | | | | | | . 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | vment fu | ınds. | | | | | | | | |
| Par | | | | | | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990, | , Part IV, | line 11a. S | ee Form 990 | , Part X, | line | 10. | | | | |
| | Description of property | (a) Cost or ot basis (investm | l II | (b) Cost basis (| | | Accun epreci | nulate | d | (d) Book | value | 9 |
| 12 | Land | - · · · · · · · · · · · · · · · · · · | .5110 | | 9,290. | ac. | , p. 001 | anon | | 3,429 | 2.2 | 90. |
| | Land Buildings | | | | 8,876. | 10, | 965 | . 81 | 10. | 11,933 | 3.06 | 56 |
| | Leasehold improvements | | | , | -,-,- | | | , 0 - | | ,_, | , , , , | |
| | Equipment | | | 1.40 | 7,038. | 1. | 390 | , 46 | 51. | - | 7,57 | 77. |
| | Other | | | | 3,643. | | | , 93 | | 578 | 3,71 | 13. |
| | I. Add lines 1a through 1e. (Column (d) must ed | | K colum | | | | | | | L5,948 | | |
| | aaaa. (colullii (d) iildst et | gaari onn ood, rail / | y coluiti | | · • · · · · · · · · · · · · · · · · · · | | | | | | | |

Schedule D (Form 990) 2022

(7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total (O. J. a. //) and and J. F. a. 200 D. J. V. and (D. V. a. J. D. V. and (D. V. a. J. D. V. and (D. V. a. J. A. J. D. V. a. J. D. V. and (D. V. a. J. A. J. D. V. and (D. V. a. J. A. J. D. V. a. J. D. V. and (D. V. a. J. A. J. D. V. and (D. V. a. J. A. J. D. V. a. J. D. V. and (D. V. a. J. A. J. D. V. and (D. V. a. J. A. J. D. V. a. J. A. J. D. V. and (D. V. a. J. A. J. A. J. D. V. a. J. A. J. D. J. A. | |

Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total (Only were (b) recent around Forms 2000 Book V and (D) line 25 | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

| Sche | dule D (Form 990) 2022 FKA OKTANOMA CITY AFT MUSEU | .III | 13- | U320431 | Page 4 |
|------|---|-------------------------|-------|--------------|--------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Statemen | its With Revenue per Re | turn. | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | 1 | |
| а | Net unrealized gains (losses) on investments | 2a | | 1 | |
| b | Donated services and use of facilities | 2b | | 1 | |
| С | Recoveries of prior year grants | 2c | | 1 | |
| d | Other (Describe in Part XIII.) | | | 1 | |
| е | Add lines 2a through 2d | | 2e | | |
| 3 | Subtract line 2e from line 1 | | 3 | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | I | |
| b | Other (Describe in Part XIII.) | 4b | | 1 | |
| С | Add lines 4a and 4b | | 4c | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | | |
| Pa | t XII Reconciliation of Expenses per Audited Financial Stateme | nts With Expenses per F | Retur | n. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 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 | |
| а | Donated services and use of facilities | 2a | | 1 | |
| b | Prior year adjustments | 2b | | I | |
| С | Other losses | 2c | | 1 | |
| d | Other (Describe in Part XIII.) | 2d | | 1 | |
| е | Add lines 2a through 2d | | 2e | <u> </u> | |
| 3 | Subtract line 2e from line 1 | | 3 | <u> </u> | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | 1 | |
| b | Other (Describe in Part XIII.) | 4b | | 1 | |
| С | Add lines 4a and 4b | | 4c | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | 5 | İ | |

Part 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

Schedule D (Form 990) 2022

| Part XIII Supplemental Information (continued) |
|---|
| collections plan or that are of poor quality or condition. Any funds made |
| available by the sale of unrestricted deaccessioned works are used for |
| acquisitions to strengthen the collection. |
| |
| Part III, line 4: |
| Special exhibitions, organized from the Museum's permanent collection or |
| hosted from other organizations, are displayed on the third floor |
| galleries. The Museum's permanent collection is displayed thematically |
| throughout the first and second 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. |
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SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

| | a City Museum of A | | Inc | · | | | ntification number |
|---|--|-------------------|-----------|-----------------------------------|----------|--------------------------|---------------------|
| | ahoma City Art Muse | | | | | 73-0528 | |
| Part I Fundraising Activities. required to complete this part | Complete if the organization answet. | red "Y | es" or | r Form 990, Part IV, I | ine 17. | Form 990-EZ | filers are not |
| 1 Indicate whether the organization rais | | g activ | rities. (| Check all that apply. | | | |
| a Mail solicitations | e Solicitat | tion of | non-g | overnment grants | | | |
| b Internet and email solicitations | f Solicitat | tion of | gover | nment grants | | | |
| c Phone solicitations | g Special | fundra | aising (| events | | | |
| d In-person solicitations | | | | | | | |
| 2 a Did the organization have a written of | | | | | tees, o | r | |
| key employees listed in Form 990, P | | | | | | Yes | |
| b If "Yes," list the 10 highest paid indiv | | ant to | agreer | nents under which th | ne fund | raiser is to be | • |
| compensated at least \$5,000 by the | organization. | | | | | | |
| | | (iii) fundr | Did | | (v) A | mount paid | (vi) Amount paid |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | have c | ustody | (iv) Gross receipts from activity | | retained by) ndraiser | to (or retained by) |
| or entity (idilatiaser) | | or cor contrib | utions? | Hom activity | | d in col. (i) | organization |
| | | Yes | No | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| Total | | | | | | | |
| Total 3 List all states in which the organizatio | n is registered or licensed to calicit a | | utiono | or has been notified | it is ov | omnt from ro | l |
| or licensing. | ir is registered or licerised to solicit o | OHIHO | utions | or rias been notined | 11 15 6 | empt nom re | gistration |
| | | | | | | | |
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232081 10-27-22

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

Schedule G (Form 990) 2022

FKA Oklahoma City Art Museum 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 gro | oss income on Form 990 | -EZ, lines 1 and 6b. List e | vents with gross receipt | s greater than \$5,000. |
|-----------------|------|--|-------------------------|-----------------------------|--------------------------|----------------------------|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | Renaissance | | | (add col. (a) through |
| | | | Ball | Art In Bloom | 1 | col. (c)) |
| 40 | | | (event type) | (event type) | (total number) | COI. (C)) |
| Revenue | | | | | | |
| eve | 1 | Gross receipts | 382,337. | 109,220. | 61,555. | 553,112. |
| Œ | | | | | | |
| | 2 | Less: Contributions | 372,387. | 90,500. | 43,450. | 506,337. |
| | | | | | | |
| | 3 | Gross income (line 1 minus line 2) | 9,950. | 18,720. | 18,105. | 46,775. |
| | | | | 1 000 | | 1 000 |
| | 4 | Cash prizes | | 1,000. | | 1,000. |
| | _ | Name and Advance | 386. | 293. | | 679. |
| S | 5 | Noncash prizes | 300. | 293. | | 079. |
| Direct Expenses | 6 | Rent/facility costs | | | | |
| (pe | 0 | nent/raciity costs | | | | |
| Ή | 7 | Food and beverages | 54,105. | 10,540. | 3,117. | 67,762. |
| ie | ′ | rood and beverages | 34,103. | 10,540. | 3,117. | 07,702. |
| | 8 | Entertainment | 8.416. | 2.578 | 3.800. | 14.794. |
| | 9 | Other direct expenses | 8,416. 32,344. | 2,578. | 3,800. 31,977. | 14,794. 77,319. |
| | 10 | | | | | 161,554. |
| | 11 | Net income summary. Subtract line 10 from lin | | | | -114,779. |
| Pa | rt I | Gaming. Complete if the organization a | answered "Yes" on Form | 990, Part IV, line 19, or r | eported more than | _ |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | |
| Φ | | | (a) Bingo | (b) Pull tabs/instant | (c) Other gaming | (d) Total gaming (add |
| Revenue | | | ., , | bingo/progressive bingo | | col. (a) through col. (c)) |
| že | | | | | | |
| _ | 1 | Gross revenue | | | | |
| | | Ocalications | | | | |
| es | 2 | Cash prizes | | | | |
| Expenses | 2 | Noncash prizes | | | | |
| Ř | 3 | Noncasii prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| ä | • | | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No No | No No | No 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) | | | |
| | | | | | | |
| | | ter the state(s) in which the organization condu | | | | |
| | | the organization licensed to conduct gaming ac | | | | Yes No |
| b | It " | No," explain: | | | | |
| | _ | | | | | |
| 102 | We | ere any of the organization's gaming licenses re | voked suspended orte | rminated during the tax v | ear? | Yes No |
| | | Yes," explain: | | | | 140 |
| _ | • | | | | | _ |
| | | | | | | |
| | | | | | | |

Schedule G (Form 990) 2022 232082 10-27-22

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

| Sch | edule G (Form 990) 2022 FKA Oklahoma City Art Museum 73- | -0528 | 431 | Page 3 |
|-----|--|--------------|-----------|----------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | ☐ No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| | The organization's facility | 13a | | % |
| | An outside facility | | | / 6 |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | 100 | · · · · · | 70 |
| '- | The the flame and address of the person who prepares the organization's gaming/special events books and records. | | | |
| | Nama | | | |
| | Name | | | |
| | | | | |
| | Address | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | ☐ 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 \$ | | | |
| c | : If "Yes," enter name and address of the third party: | | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Address | | | |
| | | | | |
| 16 | Gaming manager information: | | | |
| 10 | Gaining manager information. | | | |
| | Nama | | | |
| | 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 |
| h | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | ••• | | |
| ~ | 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 F | Part III lir | ac 0 (| 2h 10h |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | art III, III | 103 3, 3 | 56, 106, |
| | 13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | | |
| | | | | |
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number 73-0528431

| Pa | art I Questions Regarding Compensation | | | |
|----|---|----|-----|----------|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | X | |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee X Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | Х |
| | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | Х |
| | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | 7.7 |
| | The organization? | 5a | | X |
| b | Any related organization? | 5b | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | v |
| a | The organization? | 6a | | X |
| b | Any related organization? | 6b | | <u> </u> |
| 7 | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | 7 | | Х |
| 8 | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | -21 |
| 0 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 8 | | х |
| 9 | Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| , | Regulations section 53.4958-6(c)? | 9 | | |
| | 1 ogsitation occion oci-1000 o(0): | | | |

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space 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.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | compensation | | | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) |
|-------------------------|------|--------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) Michael Anderson | (i) | 174,898. | 10,000. | 0. | 5,681. | 3,877. | 194,456. | 0. |
| President and CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) Rita Craig | (i) | 147,926. | 10,000. | 0. | 9,815. | 3,877. | 171,618. | 0. |
| Chief Financial Officer | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| - | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | (5 |

| Part III Supplemental information |
|--|
| 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. |
| Part I, Line 1a: |
| Clothing and additional training & travel for the CEO approved by the |
| Board. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 73-0528431

| Pai | τι ιγ | pes of Property | | | | | | | | |
|-----|--------------|---|----------------|----------------------------|---------------------------------------|---------|----------------------------------|----------|--------|------------|
| | | | (a) | (b) | (c) | | (d) | | | |
| | | | Check if | Number of contributions or | Noncash contribut amounts reported | | Method of de noncash contribu | | | _ |
| | | | applicable | | Form 990, Part VIII, li | | noncash contribu | ilion ai | mounts | 5 |
| 1 | Art - Works | s of art | | | | | | | | |
| 2 | | ical treasures | | | | | | | | |
| 3 | | onal interests | | | | | | | | |
| 4 | | publications | | | | | | | | |
| 5 | | nd household goods | | | | | | | | |
| 6 | | other vehicles | | | | | | | | |
| 7 | | planes | | | | | | | | |
| 8 | Intellectua | | | | | | | | | |
| 9 | | - Publicly traded | Х | 2 | 54.0 | 27. | Fair Market | Va | lue | |
| 10 | | - Closely held stock | | | , | | | | | |
| 11 | | - Partnership, LLC, or | | | | | | | | |
| • • | trust intere | • | | | | | | | | |
| 12 | | - Miscellaneous | | | | | | | | |
| 13 | | onservation contribution - | | | | | | | | |
| | Historic str | ructures | | | | | | | | |
| 14 | Qualified o | onservation contribution - Other | | | | | | | | |
| 15 | | e - Residential | | | | | | | | |
| 16 | Real estate | e - Commercial | | | | | | | | |
| 17 | | e - Other | | | | | | | | |
| 18 | | s | | | | | | | | |
| 19 | | ntory | Х | 7 | 1,0 | 84. | Cost | | | |
| 20 | | medical supplies | | | • | | | | | |
| 21 | | | | | | | | | | |
| 22 | Historical a | | | | | | | | | |
| 23 | Scientific s | pecimens | | | | | | | | |
| 24 | | cal artifacts | | | | | | | | |
| 25 | • | Materials for F) | Х | 12 | 15,3 | 50. | Cost | | | |
| 26 | | Educational Sup | Х | 1 | 3,4 | 20. | Cost | | | |
| 27 | | Gifts | Х | 1 | 1,0 | 00. | Cost | | | |
| 28 | Other (|) | | | | | | | | |
| 29 | Number of | Forms 8283 received by the organiz | zation during | the tax year for co | ontributions | | | | | |
| | for which t | he organization completed Form 828 | 33, Part V, D | onee Acknowledg | ement 29 | 9 | | | | |
| | | | | | | | | | Yes | No |
| 30a | During the | year, did the organization receive by | / contributio | n any property rep | orted in Part I, lines 1 | throug | h 28, that it | | | |
| | | for at least 3 years from the date of t | | | | | | | | |
| | exempt pu | rposes for the entire holding period? |) | | | | | 30a | | X |
| b | If "Yes," de | escribe the arrangement in Part II. | | | | | | | | |
| 31 | Does the c | rganization have a gift acceptance p | oolicy that re | equires the review of | of any nonstandard co | ntribut | ions? | 31 | X | |
| 32a | Does the c | rganization hire or use third parties | or related or | ganizations to solid | cit, process, or sell nor | ncash | | | | _ _ |
| | contributio | ns? | | | | | | 32a | | Х |
| b | If "Yes," de | escribe in Part II. | | | | | | | | |
| 33 | If the organ | nization didn't report an amount in c | olumn (c) fo | r a type of property | for which column (a) | is chec | cked, | | | |
| | describe ir | Part II. | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

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

Employer identification number 73-0528431

| Form 990, Part I, Line 1, Description of Organization Mission: |
|---|
| Museum accomplishes this mission through its many activities. The |
| Museum actively collects works of art and displays them in galleries |
| open to the public. The Museum's permanent collection forms the basis |
| for special exhibitions on art historical topics and is used to conduct |
| research and disseminate new scholarship to the general public. The |
| Museum hosts special exhibitions organized by other institutions |
| permitting a range of subject matter and works of art outside the scope |
| of the Museum'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.

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

Expenses \$ 459,384. including grants of \$ 0. Revenue \$ 0.

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

The Executive Committee is comprised of the officers of the corporation and LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 Schedule O (Form 990) 2022 Page 2

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

Employer identification number 73-0528431

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:

McAfee & Taft - Museum's attorney and registered agent

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

Jeremy Black - Vice-Chairperson - Shareholder in McAfee & Taft

Coin Creative

Kimberley Worrell - Director of Development - Spouse of Erick Worrell

Erick Worrell - Marketing Contractor - Co-founder and Principal

Michael Anderson - Museum CEO - Husband of Lisa Broad

Lisa Broad - Head of Film Programming and Theatrical Operations - Wife of

Michael Anderson

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 by email.

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
whistleblower policy and compliance officer.

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

Board personnel committee reviews performance and approves CEO's

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

1 990. Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 73-0528431

OMB No. 1545-0047

| (a) | (b) | (c) | (d) | (6 | | (f) | | | |
|---|--|---|-------------------------------|---------------------------------------|-----------|---------------------------------|---------|------------------------------------|--|
| Name, address, and EIN (if applicable) of disregarded entity | Primary activity | Legal domicile (state o foreign country) | r Total inco | me End-of-ye | ar assets | ts Direct controllin entity | | Э | |
| useum Parking, LLC | | | | | | | | | |
| 15 Couch Drive | | | | | | Oklahoma Ci | ty Muse | um o | |
| Oklahoma City, OK 73102 | Parking Lot | Oklahoma | 226 | ,850. 3,5 | 572,854. | Art, Inc. | | | |
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| Part II Identification of Related Tax-Exempt Organizations during the tax year. | anizations. Complete if the organization | on answered "Yes" on Form 990 |), Part IV, line 34, I | pecause it had on | e or more | related tax-exe | mpt | | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | | (f) ct controlling entity | 1 | g) 512(b)(1 trolled tity? | |
| • | | .c.cig.r.cou.ru y, | | 501(c)(3)) | | | Yes | No | |
| | | | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) | | | | | | | | | | | | | | | | | | | |
|---|-------------------|---|---|--------------------|--|-------------------------|----------------------------|---|--|---|-------------------------------------|----------------|----------|---------|-----------|------------|-------|-----------|----------|
| (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | | (k) | | | | | | | | |
| Primary activity | Legal domicile | Direct controlling | Predominant income | Predominant income | Share of total | Share of total | Share of total | Share of total | Share of total | Share of total | Share of total | Share of total | Share of | Disprop | ortionate | Code V-UBI | Gener | al or Per | rcentage |
| | (state or | entity | (related, unrelated, lexcluded from tax under | income | | alloca | tions? | amount in box | partn | er? Ow | wnership | | | | | | | | |
| | country) | | sections 512-514) | | assets | Yes | No | K-1 (Form 1065) | Yes | No | | | | | | | | | |
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| | (b) | (b) (c) Primary activity Legal domicile (state or foreign | (b) (c) (d) | (b) (c) (d) (e) | (b) (c) (d) (e) (f) Primary activity Legal domicile (state or foreign foreign foreign foreign foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following for the following foreign for the following foreign for the following foreign for the following for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign foreign foreign foreign for the following foreign for the following foreign foreign foreign foreign foreign foreign foreign for the following foreign f | (b) (c) (d) (e) (f) (g) | (b) (c) (d) (e) (f) (g) (l | (b) (c) (d) (e) (f) (g) (h) Primary activity Legal Direct controlling Predominant income Share of total Share of | (b) (c) (d) (e) (f) (g) (h) (i) Primary activity Legal Direct controlling Predominant income Share of total Share of Disconnections Code VI IBI | (b) (c) (d) (e) (f) (g) (h) (i) (j) Primary activity (Legal Direct controlling Predominant income Share of total Share of Discontinuity (Code VI IBI General | (b) (c) (d) (e) (f) (g) (h) (i) (j) | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | ent | tion b)(13) rolled ity? |
|--|--------------------------------|---|-------------------------------|---|--|--|--------------------------------|-----|----------------------------------|
| Museum of Art Cafe, Inc 33-1041277 | | | Oklahoma City | | | | | Yes | No |
| 415 Couch Drive | - | | Museum of Art, | | | | | | i |
| Oklahoma City, OK 73102 | Restaurant | OK | Inc. | C CORP | 11,899. | 9,645. | 100% | Х | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

Yes No

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

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

| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | | X |
|--------------|---|------------------------|---|---|------------|-------|------|
| | | | | | 1b | | X |
| С | Gift, grant, or capital contribution from related organization(s) | | | | 1c | | X |
| d | Loans or loan guarantees to or for related organization(s) | | | | 1d | | Х |
| | Loans or loan guarantees by related organization(s) | | | | 1e | | Х |
| | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | X |
| g | Sale of assets to related organization(s) | | | | 1g | | X |
| h | Purchase of assets from related organization(s) | | | | 1h | | X |
| i | Exchange of assets with related organization(s) | | | | 1i | | X |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | <u>1j</u> | | X |
| | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | X |
| I | Performance of services or membership or fundraising solicitations for related organization | | | | 11 | X | |
| | n Performance of services or membership or fundraising solicitations by related organization | | | | 1m | | X |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) |) | | | 1n | | X |
| 0 | Sharing of paid employees with related organization(s) | | | | 10 | | X |
| | | | | | | | |
| | Reimbursement paid to related organization(s) for expenses | | | | 1 p | | X |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | | X |
| | | | | | | | 37 |
| | | | | | 1r | | X |
| | 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 m | nust complete th | <u>is line, including covered re</u> T | lationships and transaction thresholds. | | | |
| | (a) Name of related organization | (b) | (c) | (d) | اممنامة | | |
| | INAME OF Telated Organization | Transaction type (a-s) | Amount involved | Method of determining amount inv | oivea | | |
| | | ,, , , | | | | | |
| 1 \ . | Museum of Art Cafe, Inc. | L | 34,257.0 | ash | | | |
| <u>', '</u> | itaboam of the oute, the | | 31/23/1 | 34511 | | | |
| 2) | | | | | | | |
| <u>-,</u> | | | | | | | |
| 3) | | | | | | | |
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| 4) | | | | | | | |
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| 5) | | | | | | | |
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| 6) | | | | | | | |
| 3216 | 63 09-14-22 | 4.0 | | Schedule | R (For | n 990 | 2022 |
| | | 10 | | | | | |

Schedule R (Form 990) 2022

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are all partners sec 501(c)(3) orgs.? | (g) Share of end-of-year assets | Disprition allocat | opor- late tions? | General manage partner | (k) Percentage ownership |
|--|--------------------------------|---|---|---------------------------------------|--|--------------------|-------------------------|------------------------|--------------------------|
| | | | | | | | | | |
| | | | | | | | | | |
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Schedule R (Form 990) 2022

232165 09-14-22

Form **8879-TE**

THIS IS NOT A FILEABLE COPY *****

| RS | e-file | Signat | ture 🛭 | ∙uth | 10ri: | zati | ion |
|----|--------|--------|--------|------|-------|------|-----|
| | for a | Tax E | xemp | ot E | ntity | y | |

JUN 30 , 20 2 3 , 2022, and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

| Name o | | Museum of Art, Inc | • | EIN or SSN |
|---|---|---|---|---|
| | | City Art Museum | | 73-0528431 |
| Name a | nd title of officer or person subject to | | | |
| | | Chief Financial | Officer | |
| Part | Type of Return and | d Return Information | | |
| Form 5 or 10a which | 5330 filers may enter dollars and observed below, and the amount on that li | rou are using this Form 8879-TE and encents. For all other forms, enter whole done for the return being filed with this for nter -0-). But, if you entered -0- on the re | dollars only. If you check the box on rm was blank, then leave line 1b, 2 k | line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 5, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, |
| 1a | Form 990 check here | b. Total revenue. if any (Form | 990 Part VIII column (A) line 12) | 1b |
| 2a | Form 990-EZ check here | | | 2b |
| 3a | Form 1120-POL check here | | | 3b |
| за 4а | Form 990-PF check here | | /E 000 DE D 11/ 11 E | ١ |
| | ••• | b Polones due /Form 9969 li | ncome (Form 990-FF, Fait V, line 5 |) 4b |
| 5a | Form 8868 check here | b Balance due (Form 8888, III | ne 3c) | 50 |
| 6a – | Form 990-T check here | b lotal tax (Form 990-1, Part | III, line 4) | 6b |
| 7a | Form 4720 check here | | | 7b |
| 8a | Form 5227 check here | b FMV of assets at end of tax | , , | 8b |
| 9a | Form 5330 check here | b Tax due (Form 5330, Part II) | • | 9b |
| | Form 8038-CP check here | | requested (Form 8038-CP, Part III, | |
| Part | | gnature Authorization of Offic | <u>-</u> | |
| Under | penalties of perjury, I declare that | t $oxed{X}$ I am an officer of the above entit | | |
| of enti | ty) | | _ , (EIN) an | d that I have examined a copy of the |
| of any entry t financi later th payme persor | refund. If applicable, I authorize to the financial institution account al institution to debit the entry to han 2 business days prior to the pent of taxes to receive confidential | for rejection of the transmission, (b) the he U.S. Treasury and its designated Fin indicated in the tax preparation softwarthis account. To revoke a payment, I mayment (settlement) date. I also authorial information necessary to answer inquimy signature for the electronic return and the content of the settlement of the electronic return and the content of the content | nancial Agent to initiate an electronic ire for payment of the federal taxes of just contact the U.S. Treasury Finan ize the financial institutions involved ries and resolve issues related to the | c funds withdrawal (direct debit) owed on this return, and the cial Agent at 1-888-353-4537 no in the processing of the electronic e payment. I have selected a |
| | X Lauthorize HoganTay1 | or LLP | t | to enter my PIN 28431 |
| | <u> </u> | ERO firm name | | Enter five numbers, but |
| | | | | do not enter all zeros |
| | with a state agency(ies) regular on the return's disclosure con As an officer or person subject return. If I have indicated with | ar 2022 electronically filed return. If I have ating charities as part of the IRS Fed/Stasent screen. It to tax with respect to the entity, I will ain this return that a copy of the return is enter my PIN on the return's disclosure | ate program, I also authorize the aformation and a state my PIN as my signature on the second filed with a state agency(ies) | orementioned ERO to enter my PIN e tax year 2022 electronically filed |
| | | *** THIS IS NOT A FI | | Duty |
| Signatur | | | LEABLE COPY | Date |
| | EFIN/PIN. Enter your six-digit ele | | | |
| | • | · | 73766775001 | |
| | er (EFIN) followed by your five-digi | t self-selected PIN. | Do not enter all zeros | |
| submi | y that the above numeric entry is | t self-selected PIN. my PIN, which is my signature on the 2 th the requirements of Pub. 4163, Mod | Do not enter all zeros 022 electronically filed return indica | ted above. I confirm that I am |

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Type or Taxpayer identification number (TIN) Oklahoma City Museum of Art, Inc. print FKA Oklahoma City Art Museum 73-0528431 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 415 Couch Drive return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. Oklahoma City, OK 73102 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) Rita Craig, CFO • The books are in the care of ▶ 415 Couch Drive - Oklahoma City, OK 73102 Telephone No. \triangleright (405) 278-8203 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and TINs of all members the extension is for. May 15, 2024 ____ , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup X tax year beginning JUL 1, 2022 , and ending JUN 30, 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

Mail to: Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0045

instructions

Extended to May 15, 2024 Form 990-T **Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2022 or other tax year beginning JUL~1, 2022 and ending JUN~30, 2023Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Open to Public Inspection for 501(c)(3) Organizations Only Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Name of organization (Check box if name changed and see instructions.) Check hox if address changed. Oklahoma City Museum of Art, Inc. **B** Exempt under section Print FKA Oklahoma City Art Museum 73-0528431 Group exemption number (see instructions) X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. Type 220(e) 415 Couch Drive 408(e) 408A]530(a) City or town, state or province, country, and ZIP or foreign postal code Oklahoma City, OK]529(a) [73102 529A Check box if 46,808,292. C Book value of all assets at end of year ... an amended return. X 501(c) corporation 501(c) trust 401(a) trust State college/university Other trust Check organization type Claim a refund shown on Form 2439 Н Check if filing only to Claim credit from Form 8941 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. Rita Craig, CFO (405) 278-8203 The books are in care of Telephone number Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 2 Reserved 2 3 Add lines 1 and 2 3 0. Charitable contributions (see instructions for limitation rules) 4 4 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 0. Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 7 Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 Trusts. Section 199A deduction. See instructions 9 1,000. Total deductions. Add lines 8 and 9 10 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 11 Tax Computation Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Schedule D (Form 1041) Tax rate schedule or 2 3 3 **Proxy tax.** See instructions 4 Other tax amounts. See instructions 4 Alternative minimum tax (trusts only) 5 5 6 Tax on noncompliant facility income. See instructions 6

LHA

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2022)

| Part | III Tax and P | ayments | | | | | | | <u> </u> |
|----------------|----------------------|-------------------------------------|---|----------------------|--------------------------|-------------------|--|------|----------|
| 1a | Foreign tax credit | (corporations attach For | m 1118; trusts attach Form | 1116) | 1a | | | | , |
| b | Other credits (see | instructions) | | | 1b | | | | |
| С | General business | credit. Attach Form 3800 | O (see instructions) | | 1c | | | | |
| d | | | orm 8801 or 8827) | | | | | | |
| е | Total credits. Add | d lines 1a through 1d | | | | | 1e | | |
| 2 | Subtract line 1e fr | | | | | | | | 0. |
| 3 | Other amounts du | ie. Check if from: F | orm 4255 | I1 Forn | n 8697 | Form 8866 | | | |
| | | o | ther (attach statement) | | | | . 3 | | |
| 4 | Total tax. Add line | es 2 and 3 (see instruction | ons) Check if ind | cludes tax pre | viously deferred | under | | | |
| | section 1294. Ente | er tax amount here | | | | | 4 | | 0. |
| 5 | Current net 965 ta | ax liability paid from Form | n 965-A, Part II, column (k) . | | | | . 5 | | 0. |
| 6a | Payments: A 2021 | I overpayment credited t | o 2022 | | 6a | | | | |
| b | 2022 estimated ta | x payments. Check if se | ction 643(g) election applies | ; | 6b | | | | |
| С | Tax deposited wit | | | | 6c | | | | |
| d | | | d at source (see instructions | | | | | | |
| е | Backup withholdir | ng (see instructions) | | | 6e | | | | |
| f | | | premiums (attach Form 894 | | 6f | | | | |
| g | | | : Form 2439 | | _ | | | | |
| | | | | | | | | | |
| 7 | | 0 0 | | | | | _ 7 | | |
| 8 | • | , | heck if Form 2220 is attache | | | L | □ 8 | | |
| 9 | | | of lines 4, 5, and 8, enter am | | | | | | |
| 10 | | | otal of lines 4, 5, and 8, ente | | paid | | | | |
| 11 Dort | | | dited to 2023 estimated ta | | tion (| Refunde | d 11 | | |
| Part | | | ain Activities and Oth | | ·- | | | T., | г |
| 1 | | • | , did the organization have a | | - | | - | Yes | No |
| | | | or other) in a foreign country | | - | • | | | |
| | | , Report of Foreign Bank | and Financial Accounts. If ' | 'Yes," enter tr | ne name of the fo | oreign countr | У | | v |
| _ | here | | | | | | | | X |
| 2 | - | · · | eceive a distribution from, or | - | | | | | х |
| | | | | | | | | | |
| • | • | | ne organization may have to ceived or accrued during the | | | \$ | | | |
| 3 | | e-2018 NOL carryovers h | = | | | | norm (O) (Or | | |
| 4 | • | • | reduce the NOL carryover s | | | | | | |
| 5 | | | ness Activity Code and avail | - | • | = | | | |
| 5 | | • | imed on any Schedule A, Pa | • | • | | | | |
| | the amounts show | | ctivity Code | art II, III le 17 IG | | ost-2017 NOI | | - | |
| | | | 59420 | | \$ | 051-2017 1101 | 19,594. | - | |
| | | | 33420 | | \$ | | 10,004. | - | |
| 6a | Did the organization | on change its method of | accounting? (see instruction | l | Ψ | | | | х |
| b | Ū | · · | ed the change on Form 990 | , | -PF or Form 112 | 982 If "No " | | | |
| | explain in Part V | _ | ou the onange on romi coo | , 000 L2, 000 | 11,01101111112 | .0. 11 140, | | | |
| Part | | ental Information | | | | | | 1 | |
| | | | o. Also, provide any other ad | Iditional inform | nation See instr | ıctions | | | |
| Trovido | the explanation re | quired by Fart IV, into or | o. 7 1100, provide arry other ad | attional inform | nation. God motiv | actions. | | | |
| | | | | | | | | | |
| | Under penalties of | perjury, I declare that I have exam | nined this return, including accompany | ying schedules and | d statements, and to the | e best of my know | wledge and belief, it is tr | ıe, | |
| Sign | correct, and compl | ete. Declaration of preparer (othe | r than taxpayer) is based on all informa | chief | Financia Financia | al i | | | |
| Here | | | | Offic | | | May the IRS discuss the preparer shown bel | | vith |
| | Signature of off | icer | Date | Title | - | | instructions)? X | | No |
| | Print/Type n | reparer's name | Preparer's signature | | Date | Check | if PTIN | _ | |
| Paid | | , | | | | self- employe | I | | |
| | Michel | le Mann | Michelle Man | ın | 02/05/24 | | P01064 | 1483 | |
| Prepa Use C | "C' = . | | • | | . , – | Firm's EIN | 73-141 | | 7 |
| 026 (| iny Financial | | roadway Avenue | , Suite | 200 | | | | |
| | Firm's addre | | City, OK 7310 | | | Phone no. | 405-848-2 | 020 | |
| 223711 0 | 1-16-23 | | | | | | Form | 90-T | (2022) |

| Form 990-T | Pre-201 | .8 Net Operating | Loss Deduction | Statement 1 |
|------------|--------------------|-------------------------------|-------------------|------------------------|
| Tax Year | Loss Sustained | Loss Previously Applied | Loss Remaining | Available This Year |
| 06/30/14 | 48,030. | 48,030. | 0. | 0. |
| 06/30/15 | 17,563. | 1,517. | 16,046. | 16,046. |
| 06/30/16 | 22,710. | 0. | 22,710. | 22,710. |
| 06/30/18 | 14,876. | 0. | 14,876. | 14,876. |
| NOL Carryo | ver Available This | Year | 53,632. | 53,632. |

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only Oklahoma City Museum of Art, Inc. Name of the organization B Employer identification number FKA Oklahoma City Art Museum 73-0528431 459420 D Sequence: Unrelated business activity code (see instructions) Describe the unrelated trade or business Museum Store Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses **1a** Gross receipts or sales 144,816. **b** Less returns and allowances 92,650. Cost of goods sold (Part III, line 8) 2 52,166. 52,166. Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 11 11 Advertising income (Part IX) Other income (see instructions; attach statement) 12 12 13 52,166. **Total.** Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 7,665. Compensation of officers, directors, and trustees (Part X) 37,586. 2 2 Salaries and wages 3 Repairs and maintenance 3 4 4 Interest (attach statement). See instructions 5 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return 8b 8 9 Depletion _____ 9 10 Contributions to deferred compensation plans 10 9,858. Employee benefit programs 11 11 12 Excess exempt expenses (Part VIII) 12 Excess readership costs (Part IX) 13 13 10,571. Other deductions (attach statement)

See Statement 2 14 65,680. Total deductions. Add lines 1 through 14 15 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2022

16

-13,514.

-13,514.

0.

17

18

column (C) Deduction for net operating loss. See instructions

| Page | |
|------|--|
| | |

| Part | III Cost of Goods Sold Enter me | thod of inventory valuation | n Cost | | Page Z |
|------|--|------------------------------|---------------------------|--------------|----------|
| 1 | | thou of inventory valuation | | 1 | 165,159. |
| 2 | Purchases | | | | 116,346. |
| 3 | Cost of labor | | | | 0. |
| 4 | Additional section 263A costs (attach statement) | | | | 0. |
| 5 | Other costs (attach statement) | | | | 0. |
| 6 | Total. Add lines 1 through 5 | | | | 281,505. |
| 7 | | | | | 188,855. |
| 8 | Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter | | | _ | 92,650. |
| 9 | Do the rules of section 263A (with respect to property | | | | Yes X No |
| Part | | | | | |
| 1 | Description of property (property street address, city, | | | | |
| • | A | otato, zii oodoj. Oncok ii | a dadi doc. Occ mondo | otiono. | |
| | В | | | | |
| | c \square | | | | |
| | D | | | | |
| | | Α | В | С | |
| 2 | Rent received or accrued | | | | |
| a | From personal property (if the percentage of | | | | |
| u | rent for personal property is more than 10% | | | | |
| | but not more than 50%) | | | | |
| b | From real and personal property (if the | | | | |
| D | percentage of rent for personal property exceeds | | | | |
| | 500/ '''' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | | | | |
| С | Total rents received or accrued by property. | | | | |
| · | Add lines 2a and 2b, columns A through D | | | | |
| | Add lifted 2a and 2b, coldining A through b | | | | |
| 3 | Total rents received or accrued. Add line 2c columns A | Δ through D. Enter here a | nd on Part I line 6 colu | umn (Δ) | 0. |
| Ū | Deductions directly connected with the income | Tillough B. Enter here a | | arriir (A) | |
| 4 | in lines 2(a) and 2(b) (attach statement) | | | | |
| • | in integration and z(g) (attach statement) | | | | |
| 5 | Total deductions. Add line 4 columns A through D. E | nter here and on Part I li | ne 6. column (B) | | 0. |
| Part | | see instructions) | 5, 55.6 (2) | | |
| 1 | Description of debt-financed property (street address, | | eck if a dual-use. See ir | nstructions. | |
| • | A | o,, o.a.o, <u>_</u> ooao,. o | | | |
| | В | | | | |
| | c \square | | | | |
| | D | | | | |
| | | Α | В | С | |
| 2 | Gross income from or allocable to debt-financed | | | | |
| _ | property | | | | |
| 3 | Deductions directly connected with or allocable | | | | |
| Ū | to debt-financed property | | | | |
| а | Straight line depreciation (attach statement) | | | | |
| b | Other deductions (attach statement) | | | | |
| | Total deductions (add lines 3a and 3b, | | | | |
| С | • | | | | |
| 4 | columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable | | | | |
| - | to debt-financed property (attach statement) | | | | |
| 5 | Average adjusted basis of or allocable to debt- | | | | |
| _ | financed property (attach statement) | | 0.4 | 0/ | |
| 6 | Divide line 4 by line 5 | | % | % | <u>%</u> |
| 7 | Gross income reportable. Multiply line 2 by line 6 | | 1.12-7 (2) | | |
| 8 | Total gross income (add line 7, columns A through D |). Enter here and on Part | I, line /, column (A) | | 0. |
| _ | | Г | Т | Γ | |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | an Barti III | - /D) | 0. |
| 10 | Total allocable deductions. Add line 9, columns A th | | | | 0. |
| | Total dividends-received deductions included in line | ฮ เป | | | U • |

| Part | VI Interest, Annu | uities, Ro | oyalties, and Re | ents fror | n Control | led Or | ganization | s (see inst | ructions) | Page 3 |
|--------|-----------------------------------|---------------|--|--------------|--|---|--|---|---|---|
| | | - | | | | | Exempt Contro | , | | |
| | Name of controlle organization | d | 2. Employer identification number | | | al of specified nents made start is included controlling a tion's gross | | olumn 4 ded in the organiza- | 6. Deductions directly connected with income in column 5 | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | | 1 | | 1 | Controlled O | - | | | | |
| 7 | . Taxable Income | ir | Net unrelated ncome (loss) e instructions) | | otal of specif syments mad | | that is inc | of column 9 cluded in the organization' income | | Deductions directly connected with come in column 10 |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | | | | | | | Enter here | nns 5 and 10. and on Part I column (A) | , Ente | d columns 6 and 11. er here and on Part I, line 8, column (B) |
| Totals | | | | | | | | |). | 0. |
| Part | VII Investment | Income | of a Section 50 | 1(c)(7), (| 9), or (17) | Orgai | nization (s | ee instructio | ns) | |
| | 1. Desc | cription of | income | | 2. Amou incor | | 3. Deduction directly connumber (attach states | ected (attac | Set-asides h statemer | 5. Total deductions and set-asides (add cols 3 and 4) |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | Add amou | ınte in | | | | Add amounts in |
| Totals | | | | | column 2 here and o line 9, colu | . Enter n Part I, | | | | column 5. Enter here and on Part I, line 9, column (B) |
| Part | VIII Exploited E | xempt A | Activity Income | , Other 1 | Than Adve | | g Income | see instruction | ons) | - |
| 1 | Description of exploite | ed activity: | | - | | | | | | |
| 2 | Gross unrelated busin | ess incom | e from trade or busi | ness. Ente | r here and o | n Part I, | line 10, colum | n (A) | _ 2 | |
| 3 | Expenses directly con | nected wit | h production of unre | elated busi | iness income | e. Enter l | here and on Pa | art I, | | |
| | line 10, column (B) | | | | | | | | . 3 | |
| 4 | Net income (loss) from | | | | | | | | | |
| | lines 5 through 7 | | | | | | | | . 4 | |
| 5 | Gross income from ac | tivity that i | is not unrelated busi | iness incor | me | | | | 5 | |
| 6 | Expenses attributable | | | | | | | | . 6 | |
| 7 | Excess exempt expen | | | 6, but do no | ot enter mor | e than th | he amount on I | ine | | |
| | 4. Enter here and on F | Part II, line | 12 | | | | | | . 7 | |

Schedule A (Form 990-T) 2022

| Part | IX Advertising Income | | | | | |
|--------------------------|---------------------------------------|-------------------------|---|------------------------|-------------------------------------|------------------------------------|
| 1 | Name(s) of periodical(s). Check | box if reporting two o | r more periodicals on a d | consolidated basis. | | |
| | A | | | | | |
| | В | | | | | |
| | c 🗆 | | | | | |
| | D | | | | | |
| Enter a | amounts for each periodical listed | above in the corresp | onding column. | | | |
| | • | • | Α | В | С | D |
| 2 | Gross advertising income | | | | | |
| | Add columns A through D. Ente | | ine 11, column (A) | | • | 0. |
| а | 9 | , | , | | | |
| 3 | Direct advertising costs by perio | odical | | | | |
| а | Add columns A through D. Ente | | ine 11, column (B) | | | 0. |
| | - | | | | | |
| 4 | Advertising gain (loss). Subtract | : line 3 from line | | | | |
| | 2. For any column in line 4 show | ving a gain, | | | | |
| | complete lines 5 through 8. For | any column in | | | | |
| | line 4 showing a loss or zero, do | not complete | | | | |
| | lines 5 through 7, and enter zero | o on line 8 | | | | |
| 5 | Readership costs | | | | | |
| 6 | Circulation income | | | | | |
| 7 | Excess readership costs. If line | | | | | |
| | line 5, subtract line 6 from line 5 | 5. If line 5 is less | | | | |
| | than line 6, enter zero | | | | | |
| 8 | Excess readership costs allowed | | | | | |
| | deduction. For each column sho | owing a gain on | | | | |
| | line 4, enter the lesser of line 4 of | or line 7 | | | | |
| а | Add line 8, columns A through D | D. Enter the greater of | the line 8a, columns tot | al or zero here and or | 1 | |
| _ | Part II, line 13 | | | | | 0. |
| Part | | fficers Directors | s and Truetaas 💪 | ee instructions) | | |
| | X Compensation of O | Thocis, Directors | s, and musices (Si | | | |
| | | moers, Director. | | | 3. Percentage | 4. Compensation |
| . GIT | 1. Name | moors, Directors | 2. Title | | 3. Percentage of time devoted | attributable to |
| | | moors, Directors | | | of time devoted to business | |
| 1) | | moors, Directors | | | of time devoted to business % | attributable to |
| 1) | | moers, Directors | | | of time devoted to business % | attributable to |
| 1) 2) 3) | | moers, Directors | | | of time devoted to business % | attributable to |
| 1) 2) 3) | | moers, Directors | | | of time devoted to business % | attributable to |
| 1) 2) 3) 4) | 1. Name | moors, Directors | | | of time devoted to business % | attributable to unrelated business |
| (1) (2) (3) (4) | 1. Name 1. Name | | 2. Title | | of time devoted to business % | attributable to |
| (1) (2) (3) (4) | 1. Name 1. Name | | 2. Title | | of time devoted to business % | attributable to unrelated business |
| 1) 2) 3) 4) | 1. Name 1. Name | | 2. Title | | of time devoted to business % | attributable to unrelated business |
| (1) (2) (3) (4) | 1. Name 1. Name | | 2. Title | | of time devoted to business % | attributable to unrelated business |
| (1) (2) (3) (4) | 1. Name 1. Name | | 2. Title | | of time devoted to business % | attributable to unrelated business |
| (1) (2) (3) (4) | 1. Name 1. Name | | 2. Title | | of time devoted to business % | attributable to unrelated business |
| (1) (2) (3) (4) | 1. Name 1. Name | | 2. Title | | of time devoted to business % | attributable to unrelated business |
| (1) (2) (3) (4) | 1. Name 1. Name | | 2. Title | | of time devoted to business % | attributable to unrelated business |
| (1) (2) (3) (4) | 1. Name 1. Name | | 2. Title | | of time devoted to business % | attributable to unrelated business |
| (1) (2) (3) (4) | 1. Name 1. Name | | 2. Title | | of time devoted to business % | attributable to unrelated business |
| (1) (2) (3) (4) | 1. Name 1. Name | | 2. Title | | of time devoted to business % | attributable to unrelated business |
| (1) (2) (3) (4) | 1. Name 1. Name | | 2. Title | | of time devoted to business % | attributable to unrelated business |
| (1) (2) (3) (4) | 1. Name 1. Name | | 2. Title | | of time devoted to business % | attributable to unrelated business |
| (1) (2) (3) (4) | 1. Name 1. Name | | 2. Title | | of time devoted to business % | attributable to unrelated business |
| (1) (2) (3) (4) | 1. Name 1. Name | | 2. Title | | of time devoted to business % | attributable to unrelated business |
| (1) (2) (3) (4) | 1. Name 1. Name | | 2. Title | | of time devoted to business % | attributable to unrelated business |
| (1) (2) (3) (4) | 1. Name 1. Name | | 2. Title | | of time devoted to business % | attributable to unrelated business |

| Form 990-T (A) | Other Deducti | ons | Statement 2 |
|---|--|-------------------|------------------------|
| Description | | | Amount |
| Bank/Credit Card Charges Dues and Subscriptions Postage Supplies Travel | 4,617. 144. 2,137. 3,198. 475. | | |
| Total to Schedule A, Part II | 10,571. | | |
| 990-T Sch A Post-20 | 17 Net Operating | Loss Deduction | Statement 3 |
| Tax Year Loss Sustained | Loss Previously Applied | Loss Remaining | Available This Year |
| 06/30/20 06/30/21 8,927. 10,667. | 0. 0. | 8,927. 10,667. | 8,927. 10,667. |
| NOL Carryover Available This | 3 Year | 19,594. | 19,594. |

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum 415 Couch Drive Oklahoma City, OK 73102

Oklahoma Tax Commission P.O. Box 26800 Oklahoma City, OK 73126-0800

Oklahoma Return of Organization Exempt from Income Tax Section 501(c) of the Internal Revenue Code



| · · · · · · · · · · · · · · · · · · · | | | | |
|---|----------|---------------------------|------------|--|
| PART 1 For the year January 1 - December 31, 2022, or other taxable year beginning: JUL 1 2022 endin | g: J | UN 30 | 2023 | |
| Name of Organization Federal Employer Identification Number | | Date Qualified for Tax Ex | | |
| OKLAHOMA CITY MUSEUM OF ART, INC. F 73-0528431 | | 11/20/194 | 46 | |
| Address (Number and Street) | | | - v | |
| 415 COUCH DRIVE | | | | |
| City State or Province Country | | ZIP or Foreign Po | ostal Code | |
| OKLAHOMA CITY OKLAHOMA | | 73102 | | |
| Place an 'X' if: (1) Initial Return (2) Final Return (3) Amended return (See Scheo | lule 512 | :E-X on page 2) | | |
| PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME (Please read instructions on pages 3-4) Total Federal | | Allocable | Oklahoma | |
| A Total unrelated trade or business income - applicable Federal Form(s) 990 | | | | |
| B Total unrelated trade or business deductions - applicable Fed. Form(s) 990 1,000.0 | 0 0 | 1,000.00 | | |
| C Unrelated business taxable income - enter here and on line 1 below -1,000.0 | 0 0 | -1 | ,000.00 | |
| INCOME SUBJECT TO TAX | | | | |
| <u> </u> | | | | |
| Unrelated business taxable income - from statement above (allocable to Oklahoma) | 1 | | -1,000 00 | |
| 2 Other net income - provide schedule | . 2 | | 00 | |
| 3 Oklahoma Capital Gain deduction (provide Form 561-C) | 3 | | 00 | |
| 4 Oklahoma taxable income (total of lines 1, 2 and 3) | 4 | | -1,000 00 | |
| TAX COMPUTATION | | | | |
| Tax at 4% of line 4. If trust - see rate schedule on page 3 and place an '1' in the box. If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and | | | | |
| enter a '2' in the box. If making an Okla. installment payment pursuant to IRC Sec. 965(h) and 68 OS Sec. 2368(K), add the installment payment here and enter a "3" in the box | 5 | | 00 | |
| 6 Less: Other Credits Form (total from Form 511CR) | _ 6 | | 00 | |
| | | | | |
| Balance of tax due (line 5 minus line 6, but not less than zero) | 7 | | 00 | |
| 8 2022 Oklahoma estimated tax and extension payments and prior year carryforward | 8 | | 00 | |
| 9 Oklahoma withholding (provide Form 1099, Form 500A, Form 500B or other withholding statement) | 9 | | 00 | |
| Amount paid with original return and amount paid after it was filed (amended return only) | 10 | | 00 | |
| Any refunds or overpayment applied (amended return only) | 11 | (|) 00 | |
| 12 Total of lines 8 through 11 | . 12 | | 00 | |
| Overpayment (if line 12 is larger than line 7 enter amount overpaid) | 13 | | 00 | |
| 14 Amount of line 13 to be credited to 2023 estimated tax (original return only) | 14 | | 00 | |

2022 Form 512-E - Page 2 Oklahoma Return of Organization Exempt from Income Tax



| ne of Organization: KLAHOMA CITY MUSEUM OF ART, INC. F Federal Employer Identification Number: 73-0528431 | | |
|--|---------------------|-----------------------------------|
| Amount from line 14. Line 15 provides you the opportunity to make a financial gift from your refund to a variety of Okla organizations. Place the line number of the organization from page 4 of this form in the box below | homa w and enter | 00 |
| the amount you are donating. If giving to more than one organization, put a "99" in the box and a schedule showing how you would like your donation split. | ttach a | |
| Donations from your refund \$2 \$5 \$5 | 15 | 00 |
| 16 Add lines 14 and 15 and enter amount | 16 | 00 |
| Amount to be refunded to you (line 13 minus line 16) | Refund 17 | 00 |
| Direct Deposit Note: Is this refund going to or through an account that is located outside Deposit my refund in my: Checking Account | of the United Sta | |
| deposit. See Direct Deposit Information on page 5 for details. Routing Number: | Gavings A | Account |
| Account Number: | | |
| Tax Due (if line 7 is larger than line 12 enter tax due) | 4 115) 40 | |
| Donation: Public School Classroom Support Fund (For information regarding this fund, see page 4 | | |
| For delinquent payment, add penalty of 5% plus interest at 1.25% per month | | |
| Underpayment of estimated tax interest Annual | ized 21 | 00 |
| Total tax, penalty and interest due - Add lines 18-21; pay in full with return | alance Due 22 | 00 |
| Under penalty of perjury, I declare the information contained in this document, attachments and schedules are true and correct to the best of Signature of Officer or Trustee Date Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer. RITA S. CRAIG Title Phone Number CHIEF FINANCIAL O Phone Number 405-848-202 | NN NN | Date Preparer's PTIN: P01064483 |
| SCHEDULE 512-E-X: AMENDED RETURN SCHEDULE (See instructions on page 3) | | |
| A Did you file an amended Federal income tax return? Provide a copy of the amended Federal return and a copy of "Statement of Adjustment", IRS refure B. If this return is being filed due to a Federal audit, provide a complete copy of the RAR. C Explanation or reason for amended return (Provide all necessary schedules): | nd check or depo | osit slip. |

Public Disclosure Copy Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

| A I | For the | 2022 calendar year, or tax year beginning ULL 1, 2022 and en | nding J | <u>UN 30, 2023</u> | | | |
|-------------------------|---|---|-------------|-------------------------------------|-------------------------------|--|--|
| В | Check if | C Name of organization | | D Employer identific | cation number | | |
| 8 | applicable | Oklanoma City Museum of Art, inc. | | | | | |
| | Addres | FKA Oklahoma City Art Museum | | | | | |
| | Name change | Doing business as | | 73-05284 | 31 | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | loom/suite | E Telephone number | • | | |
| | Final return/ | 415 Couch Drive | | (405) 23 | 6-3100 | | |
| | termin- ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 14,769,155. | | |
| | Ameno return | Oktanoma City, Ok 73102 | | H(a) Is this a group return | | | |
| | Application | F Name and address of principal officer: Rita S. Craig | | for subordinates? Yes X No | | | |
| | pendin | g same as C above | | H(b) Are all subordinates in | cluded? Yes No | | |
| Ι. | Гах-ехе | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or | 527 | If "No," attach a | list. See instructions | | |
| J١ | Websit | e: www.okcmoa.com | | H(c) Group exemption | n number | | |
| ΚF | orm of | organization: X Corporation Trust Association Other | L Year | of formation: 1945 N | 1 State of legal domicile; OK | | |
| Pa | art I | Summary | | | | | |
| | 1 | Briefly describe the organization's mission or most significant activities: $\underline{	exttt{The}}$ $\underline{	exttt{m}}$. | issio | n of the Okl | lahoma City | | |
| ၁င္ | : | Museum of Art is to "enrich lives through | the v | risual arts. | " The | | |
| na. | 2 | Check this box if the organization discontinued its operations or dispose | d of more | than 25% of its net ass | sets. | | |
| Ş. | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 43 | | |
| Ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 43 | | |
| ο S | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | | 82 | | |
| itie | 6 | Total number of volunteers (estimate if necessary) | | | 77 | | |
| Activities & Governance | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 52,166. | | |
| ⋖ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. | | |
| | | | | Prior Year | Current Year | | |
| a) | 8 | Contributions and grants (Part VIII, line 1h) | | 7,687,513. | 4,784,298. | | |
| Ž | 9 | Program service revenue (Part VIII, line 2g) | | 478,090. | 460,927. | | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 651,072. | 829,211. | | |
| œ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 306,776. | 410,382. | | |
| | 1 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 9,123,451. | 6,484,818. | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | |
| s | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 3,246,213. | 3,420,056. | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | |
| be | . b | Total fundraising expenses (Part IX, column (D), line 25) 516,32 | 8. | | | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 3,550,203. | 3,731,970. | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 6,796,416. | 7,152,026. | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 2,327,035. | -667,208. | | |
| or | 3 | | Beg | ginning of Current Year | End of Year | | |
| Net Assets or | 20 | Total assets (Part X, line 16) | | 46,184,349. | 46,808,292. | | |
| ASS | 21 | Total liabilities (Part X, line 26) | | 1,538,246. | 1,195,597. | | |
| Feet Feet | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 44,646,103. | 45,612,695. | | |
| Pa | art II | Signature Block | | | | | |
| Und | er pena | lties of perjury, I declare that I have examined this return, including accompanying schedules a | and stateme | nts, and to the best of my | knowledge and belief, it is | | |
| true | , correc | t, and complete. Declaration of preparer (other than officer) is based on all information of whic | h preparer | has any knowledge. | | | |
| | | | | | | | |
| Signature of officer | | Date | | | | | |
| Her | ·e | Rita S. Craig, Chief Financial Officer | | | | | |
| | | Type or print name and title | | | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check Check | PTIN | | |
| Paid | i | Michelle Mann Michelle Mann | 0 | 2/05/24 self-employ | | | |
| Pre | parer | Firm's name HoganTaylor LLP | | Firm's EIN 7 | 3-1413977 | | |
| Use | Use Only Firm's address 1225 N Broadway Avenue, Suite 200 | | | | | | |
| | | Oklahoma City, OK 73103 | | Phone no. 40 | 5-848-2020 | | |
| May | √ the IF | S discuss this return with the preparer shown above? See instructions | | | X Yes No | | |

| | Oklahoma City Museum of Art, Inc. | | |
|----------------|--|---------------------|----------|
| | | 3-0528431 | Page 2 |
| Pa | art III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | Х |
| 1 | Briefly describe the organization's mission: | | |
| • | The mission of the Oklahoma City Museum of Art is to enrice | h lives | |
| | through the visual arts. | 11 11 100 | |
| | chrough 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? | Yes | X No |
| | 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? | Yes | X No |
| | 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 mea | asured by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t | | |
| | revenue, if any, for each program service reported. | ,, | |
| 4a | 4 016 051 | 546 | 363. |
| 4 a | Exhibitions: The Museum organizes and presents exhibitions | | |
| | its primary areas of focus - 19th and 20th century America | | <u> </u> |
| | | | |
| | contemporary art, and studio glass. Additionally, the Mus | | |
| | traveling exhibitions organized by art museums throughout | | |
| | with a diversity of art historical themes and styles. Rece | | S |
| | include True Nature: Rodin and the Age of Impressionism, | | |
| | Monet, Degas: The Mellon Collection of French Art from the | | |
| | Museum of Fine Arts and The Painters of Pompeii: Roman Fre | scoes from | l |
| | the National Archealogical Museum, Naples. The Museum draw | s visitors | |
| | from 50 states and 6 foreign countries with attendance of | over 60,00 | 0 |
| | guests and an economic impact of over \$5,000,000 to the ci | ty. Total | |
| | attendance to the Museum exceeds 100,000 visitors annually | | |
| 4b | 414 003 | | 954. |
| 710 | Education: The Museum's division of Learning offers classe | | |
| | tours, outreach programs, distance learning and gallery-ba | | |
| | experiences for visitors of all ages, with special program | | 119 |
| | | | han |
| | visitors with accessibility needs. The various programs se | rve more c | пап |
| | 15,000 children and adults per year. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | C (Code:) (Expenses \$ 401,172. including grants of \$) (Revenue \$ | 64. | 166. |
| | Film: The Museum's Film Program is the region's finest pro | gram in | |
| | independent and foreign cinema. The Museum presents over 3 | 00 screeni | กสร |
| | annually every Thursday-Sunday, serving over 15,000 people | | 1195 |
| | amidally every indisday-sunday, serving over 13,000 people | . • | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | , | |
| 4.1 | d. Oltomorphic (Consider a Object to O) | | |

Form **990** (2022)

459,384. including grants of \$

5,491,800.

Part IV Checklist of Required Schedules

| | · | | Yes | No |
|-----|--|--------------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes." complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 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 Rev. Proc. 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 | | <u> </u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, 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 | X | |
| 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 | | | 37 |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| 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 | l | | v |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | <u>X</u> |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | |
| Ť | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | х |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 400 | | Х |
| h | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? | 12a | | |
| b | | 12b | х | |
| 13 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | 21 | X |
| 14a | | 14a | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 174 | | |
| D | 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 | | х |
| 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 | | Х |
| 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 | | Х |
| 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. See instructions | 17 | | Х |
| 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? If "Yes." | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| | 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 | | Х |

10230205 795132 OKC003

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|--------|---|------------|-----|-----------|
| 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 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? 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 | | |
| С | 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 | | |
| 25a | 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 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) 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 the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | _X_ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | X | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | _X_ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | _X_ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? 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 | | | |
| | Part V, line 1 | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | X | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | <u> X</u> |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | <u> X</u> |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| Da | Note: All Form 990 filers are required to complete Schedule O | 38 | X | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | <u> </u> |
| | 5. " | | Yes | No |
| _ | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 40 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b 0 | | | |
| b | Enter the Hamber of Fermi W Zer included of time fat. Enter of inflood applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 4. | Х | |
| 00000 | (gambling) winnings to prize winners? | 1c Form | | (2022) |
| 232002 | . 12-13-22 | FOHII | 555 | (2022) |

| | | | | | Yes | No |
|--------|--|--------|------------------------|----------|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 82 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retur | ns? | • | 2b | Х | |
| За | 5.11 | | | За | Х | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | | | 3b | Х | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | accou | nt)? | 4a | | Х |
| 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 A | ccour | its (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | ction? | | 5b | | Х |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5с | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | e orga | anization 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 contribution | ons o | r 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 set | rvices | provided to the payor? | 7a | X | |
| 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 | as req | uired | | | |
| | to file Form 8282? | I | | 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 c | | :t? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr | | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, airp | | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | by tr | e | _ | | |
| • | | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | 9a | | |
| a b | Did the constraint and in the contract of the | | | 9a 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | อม | | |
| 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: | | | | | |
| | Gross income from members or shareholders | 11a | | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | |
| | amounts due or received from them.) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041 | ? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| а | 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 | | 1 | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | |
| 14a | | | | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu | | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | | | | | |
| | excess parachute payment(s) during the year? | | | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | 77 |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investmen | t inco | me? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | |
| | If "Yes," complete Form 6069. | | | | | |

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-----|--|----------|---------|----------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 43 | | | |
| | 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 on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 43 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | 1 | | |
| _ | officer, director, trustee, or key employee? | 2 | Х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | _ | | |
| Ū | | 3 | | Х |
| 4 | of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| | Billion and the state of the st | 6 | | X |
| 6 | Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | - | | |
| 7a | | | | х |
| | more members of the governing body? | 7a | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | v |
| _ | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | 37 | |
| a | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | 7.7 |
| 0 | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | 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, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed OK | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) | s only) | availat | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | d finan | cial | |
| = | statements available to the public during the tax year. | | | |
| 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 (2022)

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

| Check this box if neither the organization n | or any related | orga | niza | tion | con | nper | nsate | ed any current officer, d | irector, or trustee. | |
|--|---------------------|-----------------------|-----------------------|---------|--------------|---------------------------------|--------|---------------------------|---|-----------------------|
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average | (do | not c | Posi | | | one | Reportable | Reportable | Estimated |
| | hours per | box | , unles | ss per | rson i | s both | n an | compensation | compensation | amount of |
| | week | | | - | | 1 | 100) | from | from related | other |
| | (list any hours for | director | | | | _ | | the organization | organizations (W-2/1099-MISC/ | compensation from the |
| | related | 9e or (| stee | | | nsated | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | truste | al tru | | oyee | n be | | 1099-NEC) | , | and related |
| | below | Individual trustee or | Institutional trustee | er | Key employee | Highest compensated employee | ner | | | organizations |
| | line) | Indi | Inst | Officer | Key | High | Former | | | |
| (1) Michael Anderson | 50.00 | - | | 7.7 | | | | 104 000 | • | 0 550 |
| President and CEO | 5.00 | | | Х | | | | 184,898. | 0. | 9,558. |
| (2) Rita Craig | 50.00 | - | | 37 | | | | 157 006 | 0 | 12 602 |
| Chief Financial Officer (3) Meg Salyer | 5.00 | | | Х | | | | 157,926. | 0. | 13,692. |
| Chairperson | 3.00 | Х | | х | | | | 0. | 0. | 0. |
| (4) Julie Hall | 4.00 | ^ | | Δ | | | | 0. | 0. | 0. |
| Chairperson-Elect | 4.00 | Х | | Х | | | | 0. | 0. | 0. |
| (5) Cynda C. Ottaway | 4.00 | 25 | | 22 | | | | • | • | . |
| Immediate Past Chairperson | 1.00 | х | | х | | | | 0. | 0. | 0. |
| (6) J. Edward Barth | 0.69 | T- | | | | | | | | |
| Vice-Chairperson | | х | | х | | | | 0. | 0. | 0. |
| (7) Bob Barnard | 0.88 | | | | | | | | - | - |
| Vice-Chairperson | | Х | | Х | | | | 0. | 0. | 0. |
| (8) Paula Barrington | 0.69 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0. |
| (9) Elby J. Beal | 0.69 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0. |
| (10) Jeremy Black | 0.65 | | | | | | | | | |
| Vice-Chairperson | | Х | | Х | | | | 0. | 0. | 0. |
| (11) Amy Bankhead | 0.46 | 1 | | | | | | | | _ |
| Trustee | | Х | | | | | | 0. | 0. | 0. |
| (12) Allen Brown | 0.69 | | | | | | | | | |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (13) Philip Busey, Jr. | 0.88 | ., | | 7.7 | | | | | | 0 |
| Vice-Chairperson | 0.60 | Х | | Х | | | | 0. | 0. | 0. |
| (14) William M. Cameron | 0.69 | . , | | | | | | | 0 | 0 |
| Trustee | 0.46 | Х | | | | | | 0. | 0. | 0. |
| (15) Teresa L. Cooper Trustee | 0.46 | Х | | | | | | 0. | 0. | 0. |
| (16) Larry Davis | 0.46 | ^ | \vdash | | | | | 0. | U • | 0. |
| Trustee | 0.40 | Х | | | | | | 0. | 0. | 0. |
| | | 1 4 | | | ı | 1 | i | 1 0 • | ı • | U • |
| (17) Karen R Delaney | 0.88 | | | | | | | - | | |

232007 12-13-22 Form **990** (2022)

| Part VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees, | and | d Hig | ghes | st Co | ompensated Employee | s (continued) | | | | |
|---|---------------------|-----------------------|-----------------------|--------------|--------------|------------------------------|----------|---------------------------------|------------------------------|----------|---------|-----------------|------------|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | | | (F) | |
| Name and title | Average | (do | | Pos | | ነ than | one | Reportable | Reportable | Э | Es | stimat | ed |
| | hours per | box | , unle | ss pe | rson i | is both | n an | compensation | compensation | | ar | nount | |
| | week | _ | Cei ai | lu a u | T | Tirus | 100) | from | from related | | | other | |
| | (list any hours for | director | | | | | | the | organizatior (W-2/1099-MI | | 1 | pensa rom th | |
| | related | e or d | tee | | | sated | | organization (W-2/1099-MISC/ | 1099-NEC | | 1 | janiza | |
| | organizations | ruste | ll trus | | ee ee | mpen | | 1099-NEC) | 1099-1120 | , | 1 ~ | d rela | |
| | below | Individual trustee or | Institutional trustee | | n plo | st co | er | | | | 1 | anizat | |
| | line) | Indivi | Instit | Officer | Key employee | Highest compensated employee | Former | | | | | | |
| (18) Nancy Payne Ellis | 0.00 | | | | | | | | | | | | |
| Lifetime Trustee | | Х | | | | | | 0. | | 0. | | | 0. |
| (19) Jim English | 0.92 | | | | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | | 0. | | | 0. |
| (20) Ali Farzaneh | 0.69 | | | | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | | 0. | | | 0. |
| (21) Kirk Hammons | 0.92 | | | | | | | | | | | | |
| Secretary | | Х | | Х | | | | 0. | | 0. | | | 0. |
| (22) Suzette Hatfield | 1.11 | | | | | | | | | | | | |
| Vice-Chairperson | | Х | | Х | | | | 0. | | 0. | | | 0. |
| (23) Frank D. Hill | 0.46 | | | | | | | | | | | | |
| Vice-Chairperson | | Х | | Х | | | | 0. | | 0. | | | 0. |
| (24) The Honorable Jerome A. Holmes | 0.69 | | | | | | | | | | | | |
| Vice-Chairperson | | Х | | Х | | | | 0. | | 0. | | | 0. |
| (25) Becky Johnson | 0.46 | | | | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | | 0. | | | 0. |
| (26) Lauren Johnson | 0.69 | | | | | | | | | | | | |
| Trustee | | X | | | | | | 0. | | 0. | | | 0. |
| 1b Subtotal | | | | | | | | 342,824. | | 0. | 2 | 3,2 | |
| c Total from continuation sheets to Part VI | I, Section A | | | | | | | 0. | | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 342,824. | | 0. | 2 | 3,2 | <u>50.</u> |
| 2 Total number of individuals (including but r | ot limited to th | ose | liste | d ab | oove | e) wh | o re | eceived more than \$100 | 000 of reportabl | е | | | _ |
| compensation from the organization | | | | | | | | | | | | | 2 |
| | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer | , director, trust | ee, k | кеу е | empl | loye | e, or | higl | hest compensated emp | loyee on | | | | |
| line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | | 3 | | X |
| 4 For any individual listed on line 1a, is the su | ım of reportab | le co | mpe | ensa | tion | and | oth | er compensation from t | he organization | | | | |
| and related organizations greater than \$150 | | | | | | | | | | | 4 | Х | _ |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | | | | |
| rendered to the organization? If "Yes, " con | nplete Schedul | e J f | or su | ıch <u>i</u> | pers | on | | | | | 5 | | X |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| 1 Complete this table for your five highest co | | | | | | | | | | pensa | tion fr | om | |
| the organization. Report compensation for | the calendar y | ear e | endir | ng w | ith c | or wi | thin | the organization's tax y | ear. | _ | | | |
| (A) | | | | _ | | | | (B) | | _ ا | | C) | |
| Name and business | address | N | INC | <u> </u> | | | \dashv | Description of s | ser vices | <u> </u> | Compe | risatio | л |
| | | | | | | | | | | | | | |
| | | | | | | | \dashv | | | | | | |
| | | | | | | | - 1 | | | l | | | |

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

See Part VII, Section A Continuation sheets

Form **990** (2022)

| Form 990 FKA Oklah | noma Cit | У | Ar | ·t_ | Mu | se | um | l . | 73-052 | 8431 |
|--|-------------------|--------------------|----------------------|---------|--------------|------------------------------|--------|---------------------|----------------------------------|-----------------------|
| Part VII Section A. Officers, Directors, Tru | stees, Key Er | nplo | yee | s, a | nd H | lighe | est (| Compensated Employe | es (continued) | |
| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
| Name and title | Average | | | Pos | ition | | | Reportable | Reportable | Estimated |
| | hours | (c | heck | all | that | app | ly) | compensation | compensation | amount of |
| | per | | | | | a a | | from | from related | other |
| | week (list any | tor | | | | Highest compensated employee | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | hours for | or director | | | | ed em | | (W-2/1099-MISC) | (** 27 1000 141100) | organization |
| | related | tee or | ustee | | | ensate | | | | and related |
| | organizations | al trus | nal tr | | loyee | dwoc | | | | organizations |
| | below | Individual trustee | nstitutional trustee | Officer | Key employee | hest | Former | | | |
| | line) | n n | si Si | #0 | .e | Hig | For | | | |
| (27) Steven Kerr | 0.46 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0. |
| (28) Aaron Ketter | 1.11 | ļ | | | | | | | | |
| Vice-Chairperson | | Х | | Х | | | | 0. | 0. | 0. |
| (29) Duke R. Ligon | 0.46 | ļ | | | | | | | | |
| Vice-Chairperson | | Х | | Х | | | | 0. | 0. | 0. |
| (30) Penny M. McCaleb | 0.92 | ļ | | l | | | | | • | |
| Vice-Chairperson | 0.60 | Х | | Х | | | | 0. | 0. | 0. |
| (31) Christina McQuistion | 0.69 | | | | | | | | • | • |
| Trustee | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (32) Virginia A. Meade | 0.69 | - | | ٦, | | | | _ | 0 | • |
| Vice-Chairperson | 0 00 | Х | | Х | | | | 0. | 0. | 0. |
| (33) Charles E. Nelson | 0.00 | - | | | | | | _ | 0 | • |
| Lifetime Trustee | 0.60 | Х | | | | | | 0. | 0. | 0. |
| (34) Phi Nguyen | 0.69 | х | | | | | | 0. | 0 | 0 |
| Trustee (35) Caroline Patton | 0.69 | Α | | | | | | 0. | 0. | 0. |
| Trustee | 0.69 | х | | | | | | 0. | 0. | 0. |
| (36) Nikola Puffinbarger, M.D. | 0.92 | Δ | | | | | | 0. | 0. | 0. |
| Trustee | 0.92 | Х | | | | | | 0. | 0. | 0. |
| (37) G. Jeffrey Records, Jr. | 0.46 | Λ | | | | | | 0. | 0. | 0. |
| Trustee | 0.40 | Х | | | | | | 0. | 0. | 0. |
| (38) Robert J. Ross | 0.46 | 22 | | | | | | 0. | 0. | · |
| Vice-Chairperson | 0.40 | Х | | х | | | | 0. | 0. | 0. |
| (39) Chris Shilling | 0.46 | 25 | | | | | | 0. | <u> </u> | - 0 |
| Trustee | 0.40 | Х | | | | | | 0. | 0. | 0. |
| (40) Amalia Miranda Silverstein, M.D | 0.88 | | | | | | | • | | |
| Vice-Chairperson | | х | | х | | | | 0. | 0. | 0. |
| (41) Jeanne Hoffman Smith, MSSW, ACS | 0.00 | | | | | | | • | • | |
| Trustee Emeritus | | Х | | | | | | 0. | 0. | 0. |
| (42) Ryan Tidwell | 0.46 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0. |
| (43) Max Weitzenhoffer | 0.46 | | | | | | | | - | - |
| Trustee | | Х | | | | | | 0. | 0. | 0. |
| (44) Wanda Otey Westheimer | 0.00 | | | | | | | | | |
| Trustee Emeritus | | Х | L | L | L | | L | 0. | 0. | 0. |
| (45) Charles E. Wiggin | 4.00 | | | | | | | | | |
| Treasurer | | Х | | Х | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |
| Total to Fait VII, Occion A, IIIIe To | | | | | | | | I | | |

| ra | rt V | / | Statement of Re | ven | ue | | | | | |
|----------------------------|------|-------------|--|----------------------------|------------------------|----------------------------------|------------------------|--|--------------------------------------|---|
| | | | Check if Schedule O | conta | ins a respons | e or note to any line | | | | |
| | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue exclude from tax under sections 512 - 51 |
| and Other Similar Amounts | 1 | b c d | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contri | | 1b 1c 1d | 596,923. 506,337. 139,195. | | | | |
| and Other Si | | f g | All other contributions, gifts, similar amounts not included Noncash contributions included in | grant d abov lines 1 | s, and e 1f | 3,541,843. 74,881. | 4,784,298. | | | |
| <i>)</i> (0 | | <u>''</u> | Total: Add lines fa ff | | | Business Code | | | | |
| n | 2 | а | Exhibits/Special Ev | ents | | 711300 | 460,382. | 460,382. | | |
| Program service Revenue | _ | - | Family Workshops, A | dult | Classes, | 611710 | 545. | 545. | | |
| Reve | | d e | | | | | | | | |
| <u>-</u> ا | | | All other program service | | | | 150 05= | | | |
| | | | Total. Add lines 2a-2f | | | | 460,927. | | | |
| | 3 | | Investment income (included other similar amounts) Income from investment of | | | | 500,626. | | | 500,62 |
| | 5 | | Royalties | | · · | · . | 64,377. | | | 64,37 |
| | Ŭ | | Tioyunios | | (i) Real | (ii) Personal | , - | | | , |
| | 6 | а | Gross rents | 6a | 28,825 | | | | | |
| | | | Less: rental expenses | 6b | 1,613 | | | | | |
| | | | Rental income or (loss) | 6c | 27,212 | | | | | |
| | | | Net rental income or (loss) | | · · · · · | • 1 | 27,212. | | | 27,21 |
| | | | Gross amount from sales of | " | (i) Securities | (ii) Other | 27,222. | | | 2,,22 |
| | ′ | а | | 7- | | | | | | |
| | | L | assets other than inventory | 7a | 0,143,303 | 7,300. | | | | |
| a) | | D | Less: cost or other basis | 76 | 7,822,298 | . 0. | | | | |
| Revenue | | _ | and sales expenses | 7b 7c | 321,085 | | | | | |
| eve | | | Gain or (loss) | | - | | 328,585. | | | 328,58 |
| Other R | 8 | а | Net gain or (loss) Gross income from fundraisi including \$ | ng eve | ents (not | | 320,303. | | | 320,30. |
| | | | contributions reported on Part IV, line 18 | line ' | 1c). See | a 46,775. | | | | |
| | | b | Less: direct expenses | | <u>8</u> | b 161,554. | | | | |
| | | С | Net income or (loss) from | fundı | raising event <u>s</u> | | -114,779. | | | -114,77 |
| | 9 | а | Gross income from gamir | ng act | tivities. See | | | | | |
| | | | Part IV, line 19 | | 9 | а | | | | |
| | | b | Less: direct expenses | | <u>9</u> | b | | | | |
| | | С | Net income or (loss) from | gami | ng activities_ | | | | | |
| | | | Gross sales of inventory, and allowances | | 10 | Da 467,150. | | | | |
| | | | Less: cost of goods sold | | | 298,872. | 160 270 | 116 110 | E2 166 | |
| _ | | С | Net income or (loss) from | sales | of inventory | | 168,278. | 116,112. | 52,166. | |
| <u>s</u> | مد | _ | Darking Powerus | | | Business Code | 226 050 | | | 226 054 |
| e co | 11 | а | Parking Revenue | | | 812930 | 226,850. | 1 | - | 226,85 |
| en de | | b | Sales Tax Retained | | | 900099 | 38,444. | 38,444. | - | |
| Miscellaneous Revenue | | С | | | | - | | 1 | - | |
| Ĭ | | | All other revenue | | | | 265 204 | | | |
| | 12 | | Total. Add lines 11a-11d Total revenue. See instruction | | | | 265,294. 6,484,818. | | 52,166. | 1032871 |

| Sect | ion 501(c)(3) and 501(c)(4) organizations must comp | | | nplete column (A). | |
|--------|---|----------------|-----------------------------|---------------------------------|-------------------------|
| | Check if Schedule O contains a response | (A) | (B) | (C) | (D) |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | 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, | 376,186. | 120 617 | 211 061 | 11 500 |
| _ | trustees, and key employees | 370,100. | 120,617. | 211,061. | 44,508 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| 7 | persons described in section 4958(c)(3)(B) | 2,519,502. | 1,823,741. | 451,216. | 244,545 |
| 7 8 | Pension plan accruals and contributions (include | 2,317,3020 | 1,023,141. | 4J1, Z1U • | 244,343 |
| 0 | section 401(k) and 403(b) employer contributions) | 44,304. | 38,317. | 2,217. | 3 770 |
| 9 | Other employee benefits | 455,022. | 305,595. | 104,914. | 3,770 44,513 |
| 10 | Payroll taxes | 25,042. | 6,735. | 13,109. | 5,198 |
| 11 | Fees for services (nonemployees): | 23,0120 | 077331 | 13/1031 | 3,130 |
| | Management | | | | |
| b | | 5,109. | | 5,109. | |
| c | | 66,444. | 13,666. | 52,778. | |
| d | | , | , | , | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 43,861. | | 43,861. | |
| g | | | | | |
| _ | column (A), amount, list line 11g expenses on Sch O.) | | | | |
| 12 | Advertising and promotion | 61,134. | 34,712. | 1,671. | 24,751 |
| 13 | Office expenses | 14,792. | 13,673. | 671. | 448 |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 656,968. | 575,635. | 48,800. | 32,533 |
| 17 | Travel | 56,893. | 24,936. | 7,080. | 24,877 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | _ | | | |
| 20 | Interest | 9,069. | | 9,069. | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 665,787. | 606,697. | 35,454. | 23,636. |
| 23 | Insurance | 53,572. | 33,215. | 17,143. | 3,214 |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| а | Programming | 1,061,968. | 1,060,757. | 807. | 404 |
| b | Administrative | 303,469. | 199,007. | 86,012. | 18,450 |
| С | 7 7 | 250,000. | 250,000. | 0. | 0 . |
| d | Equipment Rental & Main | 165,572. | 136,519. | 17,432. | 11,621 |
| е | All other expenses | 317,332. | 247,978. | 35,494. | 33,860 |
| 25 | Total functional expenses. Add lines 1 through 24e | 7,152,026. | 5,491,800. | 1,143,898. | 516,328 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

Form **990** (2022)

| Pai | rt X | Balance Sheet | | | |
|-----------------------------|------|--|---------------------------------|-----------------|---------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 42,904. | 1 | 150,055. |
| | 2 | Savings and temporary cash investments | 2,196,045. | 2 | 2,159,728. |
| | 3 | Pledges and grants receivable, net | 2,102,904. | 3 | 1,302,873. |
| | 4 | Accounts receivable, net | | 4 | 1,018,092. |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| Ŋ | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | 609,210. |
| ĕ | 9 | Prepaid expenses and deferred charges | 156,583. | 9 | 210,880. |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 30,088,84 | 7. | | |
| | b | Less: accumulated depreciation 10b 14,140,20 | 1. 16,398,834. | 10c | 15,948,646. |
| | 11 | Investments - publicly traded securities | 18,760,863. | 11 | 20,271,619. |
| | 12 | Investments - other securities. See Part IV, line 11 | 4,881,594. | 12 | 5,137,189. |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | | 16 | 46,808,292. |
| | 17 | Accounts payable and accrued expenses | 863,620. | 17 | 719,784. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| es | 22 | Loans and other payables to any current or former officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| jab. | | controlled entity or family member of any of these persons | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | 4-1 444 | 23 | 475 012 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 674,626. | 24 | 475,813. |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | 1,538,246. | 25 | 1,195,597. |
| | 26 | Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here | 1,330,240. | 26 | 1,195,597. |
| ű | | • | | | |
| nce | 07 | and complete lines 27, 28, 32, and 33. | 26,043,993. | 27 | 26,587,443. |
| ala | 27 | Net assets without donor restrictions | 10 (00 110 | 28 | 19,025,252. |
| d B | 28 | Net assets with donor restrictions | 10,002,110. | 28 | 19,025,252. |
| Ë | | Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. | | | |
| ٩ | 200 | , | | 20 | |
| əts | 29 | Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund | | 29 30 | |
| SS | 30 | | | <u>30</u> 31 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated income, or other funds | | 32 | 45,612,695. |
| ž | 32 | Total liebilities and not assets/fund balances | 16 101 210 | 33 | 46,808,292. |
| | 33 | Total liabilities and net assets/fund balances | 40,104,343• | აა | 1 -0,000,494. |

Form **990** (2022)

| Pa | rt XI Reconciliation of Net Assets | | | | | |
|----|--|--------|-----|-----|-----|-------------|
| | 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 | | | | <u> 18.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | | 26. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | | 08. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 44, | 546 | 5,1 | 03. |
| 5 | Net unrealized gains (losses) on investments | 5 | 1, | 533 | 3,8 | 00. |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | 45, | 512 | 2,6 | 95. |
| Pa | rt XII Financial Statements and Reporting | | - | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | X |
| | | | | | Yes | No |
| 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 on Schedule | Ο. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X |
| | 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: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | L | 2b | Х | |
| | 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 X Consolidated basis Both consolidated and separate basis | | | | | |
| С | 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 | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | L | 3а | | х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | | | |
| | and a substantial property of the state of t | | | OI- | | l |

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Oklahoma City Museum of Art,

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FKA Oklahoma City Art Museum 73-0528431 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022

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

Part II (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.)

| Sec | tion A. Public Support | | | | | | |
|------|---|----------------------|----------------------|-----------------------|----------------------------|---------------------|------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 4363510. | 2902957. | 7116957. | 7687513. | 4784298. | 26855235. |
| 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 | | | | | | |
| 4 | Total. Add lines 1 through 3 | 4363510. | 2902957. | 7116957. | 7687513. | 4784298. | 26855235. |
| 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) | | | | | | 3110628. |
| | Public support. Subtract line 5 from line 4. | | | | | | 23744607. |
| | tion B. Total Support | | | | | | T |
| | ndar year (or fiscal year beginning in) | (a) 2018 4363510. | (b) 2019 2902957. | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total 26855235. |
| | Amounts from line 4 | 4303310. | 2902957. | 7116957. | 7687513. | 4/84298. | <u> </u> |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 075 211 | 017 571 | 1111097. | 106 665 | E02 020 | 2024475 |
| _ | and income from similar sources | 975,311. | 847,574. | 1111097. | 400,005. | 593,828. | 3934475. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| 40 | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital assets (Explain in Part VI.) | 192 181 | 159 120 | 122 699 | 183 070 | 312 069 | 969,139. |
| 11 | Total support. Add lines 7 through 10 | 152,101. | 133,120. | 122,000 | 103,070. | | 31758849. |
| | Gross receipts from related activities, | etc (see instruction | ine) | | | | ,744,853. |
| | First 5 years. If the Form 990 is for th | • | , | fourth or fifth tax v | | • | 7,11,033. |
| | organization, check this box and stor | - | | | | | |
| Sec | etion C. Computation of Publi | | | | | | |
| | Public support percentage for 2022 (li | | | column (f)) | | 14 | 74.77 % |
| | Public support percentage from 2021 | | • | *** | | 15 | 74.58 % |
| | 33 1/3% support test - 2022. If the o | | | | | ore, check this bo | |
| | stop here. The organization qualifies | | | | | | T |
| b | 33 1/3% support test - 2021. If the o | organization did no | t check a box on l | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the facts | _ | | | | | |
| | meets the facts-and-circumstances te | st. The organizatio | n qualifies as a pu | blicly supported or | ganization | | |
| b | 10% -facts-and-circumstances test | - 2021. If the org | anization did not d | heck a box on line | | | |
| | more, and if the organization meets th | ne facts-and-circum | stances test, ched | ck this box and st | op here. Explain ir | n Part VI how the | |
| | organization meets the facts-and-circu | umstances test. Th | e organization qua | alifies as a publicly | supported organiz | ation | |
| 18 | Private foundation. If the organizatio | n did not check a l | oox on line 13, 16a | a, 16b, 17a, or 17b | , check this box ar | nd see instructions | s |
| | | | | | | Schedule A | (Form 990) 2022 |

73-0528431 Page 3

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.)

| Sed | ction A. Public Support | siow, picase comp | oicte i art ii.j | | | | |
|-----|--|--------------------|---------------------------|-----------------------|---------------------|---------------------|-----------|
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 | | | | | | |
| | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 6 | (a) 2010 | (6) 2019 | (6) 2020 | (4) 2021 | (6) 2022 | (i) iotai |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the | J | | , | • | () () | · — |
| | check this box and stop here | | | | | | |
| | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2022 (li | , ,,, | • | column (f)) | | 15 | % |
| | Public support percentage from 2021 | | | | | 16 | % |
| | ction D. Computation of Inves | | | . 10 1 (0) | | 14-1 | |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % 7 in |
| 198 | 33 1/3% support tests - 2022. If the | | | | | | |
| b | more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the | organization did r | not check a box or | line 14 or line 19a | a, and line 16 is m | ore than 33 1/3%, a | and |
| | line 18 is not more than 33 1/3%, che | ck this box and st | top here. The orga | anization qualifies a | as a publicly supp | orted organization | |
| 20 | Private foundation. If the organization | n did not check a | hox on line 14 19 | a or 19h check th | nis hox and see in | structions | |

10230205 795132 OKC003

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 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 (as 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disqualified persons (as defined on 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 on 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 line 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.)

| | Yes | No |
|-------------|--------|------|
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| 10a | | |
| 10b | | |
| ule A (Forn | n 990) | 2022 |

Sched

| Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either acces or together with personal described on lines 11b and 11c blow, if you governing body or authorised controlled on line 11a above? b A family member of a porson described on line 11a above? c A 35% controlled entity of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a to or 11b above? If yes' (a line 11a, 11b, or 11c, provide described provided in the 11a or 11b above? If yes' (a line 11a, 11b, or 11c, provide described provided in 11b or 11b above? If yes' (a line 11a, 11b, or 11c, provide described provided in 11b or 11b above? If yes' (a line 11a, 11b, or 11c, provide described provided | Pai | T IV Supporting Organizations (continued) | | | |
|--|-----|--|-----------|-----|-----|
| a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b alone, the governing body of a supported organization? b A Amily member of a person described on line 11a above? c A 35% controlled writty of a person described on line 11a above? c A 35% controlled writty of a person described on line 11a above? 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of organization have the power to regularly appoint or elect at least a majority of the organization of organization have the power to regularly appoint or elect at least a majority of the organization of organization have the power to regularly appoint or elect at least a majority of the organization of organization or the supported organization orga | | | | Yes | No |
| 11a blow, the governing body of a supported organization? b A family member of a person described on line 11a on 11b above? If "Yes" to line 11a, 11b, or 11c, provide a 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide a 1b Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to require yaporit or elect at least a majority of the organizations for one or more supported organizations have the power to require yaporit or elect at least a majority of the organizations of effectively operated, supervised, or controlled the organization as activities. If the organization had more than one supported supported organization of the transfer organization of the transfer organization of the transfer organization organization and the supported organization organiz | 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | l |
| b A Astive controlled entity of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide deal in Pert VI. Section B. Type I Supporting Organizations Did the growing body, members of the governing body, officers acting in their official capacity, or membership of one or not supported organization three than the expense of the governing body and the complete organization of the provision of the proposes of the supported organization? If "Yes," explain in Part VI have providing such benefit carred out the proposes of the supported organization of the provision of the provision of the proposes of the supported organization of the provision | а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| b A Astive controlled entity of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide deal in Pert VI. Section B. Type I Supporting Organizations Did the growing body, members of the governing body, officers acting in their official capacity, or membership of one or not supported organization three than the expense of the governing body and the complete organization of the provision of the proposes of the supported organization? If "Yes," explain in Part VI have providing such benefit carred out the proposes of the supported organization of the provision of the provision of the proposes of the supported organization of the provision | | 11c below, the governing body of a supported organization? | 11a | | i |
| c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide setatic in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their difficial capacity, or membership of one or more supported organizations have the prevent or populary appoint or elect at least a majority of the organization officers, effectively operated, supervised, or controlled the organization setativities if the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were effected organization and water conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization share than the supported organization of the trust of the purposes of the supported organization by that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's II *No.* describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled the interport of management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management of the supported organizations. 1 Did the organization provide to each of its supported organization, and (ii) copies of the organization's provided organization or the query of the Care of the supported organization organization and the supported organization organiz | b | | 11b | | |
| Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or exist at least a majority of the organization of officers, directors, or trustases at all times during the tax year? // 1/h or 'decobile in PAT VI) now the supported organization officers, directors, or trustases are all exists an exported organization describe his power to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operated by supervised, or controlled the supporting organization of the than the supported organization(s) that operated, supervised, or controlled the supported organization of the than the supported organization of the supported organizations. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s). If 'No,' describe in PAT VI how control or management of the supported organizations? 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, and (ii) oppose of the organization maintained a close and continuous working reliabionship with the supported organization(s). 2 Were any of the Great Society of the fifth organization is supported organizations and provided organizations is unported organizations and | | , | | | |
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization sofficers, effectively operated supervised or controlled the supported organization is officers, effectively operated supervised or controlled their supported organization of the organization is officers, effectively operated supervised or controlled their supported organization operated for the benefit of any supported organization operated for the benefit of any supported organization operated for the benefit of any supported organization operated in the supported organization operated organization operated organization operated organization operated organization operated organization operated organization of the supported organizations of the supported organizations of the supported organizations or trustees of each of the organization of supported organizations or trustees of each of the organization of supported organizations or trustees of each of the organization is supported organizations. 1 Were a majority of the organization is supported organizations, by the last day of the fifth month of the organization or support of organizations. 2 In the organization provide to each of its supported organizations, by the last day of the fifth month of the organization is governing bourseles. 3 In the organization provide to each of its supported organizations, by the last day of the fifth month of the organization is governing bourseles. 4 In the organization is powerning bourseles of the date of notification, and (ii) copies of the organization is governing bourseles of the date of notification, and (iii) copies of the organization is powerning bourseles of the date of notification, to the extent not previously provided? 2 Were any of the organization is officers, directors, or trustees either (i) appointed or elected by the supported organization is an expensive organiza | _ | | 11c | | |
| Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of one or more supported organization have the power to regularly appoint or elect at least a majority of the organization of officers, directors, or intraless at all times during the tax year? // 1/h ² o ² ceptible in PRT VI how the supported organization of directors, directors, or intraless are all calls and powers to appoint and/or remove diffices, directors, or intraless were all callscade among the supported organizations and what conditions or restrictions; if any, applied to such powers during the tax year. 1 Did the organization operated by supervised, or controlled the supporting organization of the than the supported organization of the than the supported organization of the them the supported organization of the supported organization. 2 Did the organization periodic such periodic organizations. 3 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's apported organization of the supported organization's according organization's or trustees during the tax year also a majority of the directors or trustees of each of the organization's understance or trustees of each of the organization's understance or trustees of each of the organization's understance or trustees of each of the supported organization's tax year, (i) a vortice of each of the supported organization or tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization by other organization or interest each of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of | Sec | tion B. Type I Supporting Organizations | | | |
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organization have the power to regularly appoint or elect at least a majority of the cognization (secretic poyerated. Supervised, or controlled the organization searches at all times during the tax year? If "\n\0," describe in Part VI how the supported organization (secretic poyerated. Supervised, or controlled the organization searches how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization of what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization of the tax year organization (s) that operated, supported organization (s) that operated, supported organization (s) that operated, supported organization of the proposes of the supported organization of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization or unangement of the supporting Organization's supported organization or unangement of the supporting Organization's supported organization or unangement of the supporting organization was wested in the same persons that controlled or managed the supported organization's governing documents in reflect on the date of notification, and (iii) copies of the organization's governing documents in reflect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (ii) appointed or elected by the supported organization's governing documents in reflect on the date of notification, to the variant not previously and | | | | Vas | No |
| more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offices, directors, or trustees at all times during the tax year? If No, describe in Part VI have 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 offices, directors, or trustees ware allocated among the supported organization operate for the benefit of any supported organization had more than one supported organization's described or the benefit of any supported organization and that the supported organization's than the supported organization's supervised, or controlled the supporting organization. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting Organization was vested in the same persons (that controlled or managed the supported organization) was vested in the same persons (that controlled or managed the supported organization) was vested in the same persons (that controlled or managed the supported organization) was vested in the same persons (that controlled or managed the supported organization) is 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 (ii) opies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization of the electronic place of the supported organization's investment policies and in directing the use of the organization's and organization's investment policies and in directing the use of the organization's and or | 4 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | 163 | 140 |
| 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 organizations activities. If the organization are than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization of what conditions or restrictions, if any, applied to such powers during the tax year. 2. Did the organization operate for the benefit of any supported organization other than the supported organization of the tax year. Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organization of the variety of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's supported organization's understand of the supported organization's supported organization's understand or management of the supporting organization was vested in the same persons that controlled or managed the supported organization's supported organization's understand organization's tax year, (i) 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 organization's organization's organization's organization's organization's described on line 2, above, did the organization's supported organization's provided on in the governing body of a supported organization's understand or | • | | | | |
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| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | _ | | 3a | | |
| | b | · | | | |
| | | | 3b | | |

FKA Oklahoma City Art Museum Schedule A (Form 990) 2022

| Pa | t V Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Organi | zations | |
|------|---|-----------------|----------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyi | ng trust on N | ov. 20, 1970 (<i>explain in</i> | Part VI). See instructions |
| | All other Type III non-functionally integrated supporting organizations mus | | | |
| Sect | on A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| | on B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | on C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-function | ally integrated | d Type III supporting orga | nization (see |
| | instructions) | , , | ,, ii 59- | • |

Schedule A (Form 990) 2022

| Pa | rt V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | nizations _{(continu} | ued) | |
|------|---|-------------------------------|---------------------------------------|------|---|
| Sect | ion D - Distributions | | | | Current Year |
| _1_ | Amounts paid to supported organizations to accomplish exe | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| _3_ | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | 3 | |
| _4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| _5 | Qualified set-aside amounts (prior IRS approval required - pri | ovide details in Part VI) | | 5 | |
| _6_ | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| _7_ | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2022 | าร | (iii) Distributable Amount for 2022 |
| _1_ | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| а | From 2017 | | | | |
| b | From 2018 | | | | |
| С | From 2019 | | | | |
| d | From 2020 | | | | |
| е | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2022 distributable amount | | | | |
| i_ | Carryover from 2017 not applied (see instructions) | | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2022 distributable amount | | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | I | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| | Excess from 2022 | | | | |
| | | | | | |

Schedule A (Form 990) 2022

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17a or 17b: Part III, line 12: |
|---------|---|
| | Part IV. Section A. lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV. Section B. lines 1 and 2; Part IV. Section C. |
| | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, |
| | Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. |
| | (See instructions.) |
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization
Oklahoma City Museum of Art, Inc.
FKA Oklahoma City Art Museum
73-0528431

| Filers of: | Section: |
|--|---|
| Form 990 or 990-EZ | \overline{X} 501(c)($\overline{3}$) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not 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 |
| | |
| , , | on is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. |
| General Rule | |
| - | tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. |
| Special Rules | |
| sections 509(a)(contributor, dur | tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ing 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; EZ, line 1. Complete Parts I and II. |
| contributor, dur literary, or educ | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering n (b) instead of the contributor name and address), II, and III. |
| year, contribution is checked, ento purpose. Don't | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the consexclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box er here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively able, etc., contributions totaling \$5,000 or more during the year\$ |
| answer "No" on Part IV, I | n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 illing requirements of Schedule B (Form 990) |

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

Schedule B (Form 990) (2022)

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

Employer identification number

73-0528431

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | ntributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|------------|---|--|--|--|--|--|
| (a) | (b) | (c) | (d) | | | |
| | Name, address, and ZIP + 4 | * \$ 482,000. | Person X Payroll | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 2 | | \$ <u>151,000.</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 | | | |
| 3 | | \$ 473,292. | Person X Payroll | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 4 | | \$\$ | Person X Payroll | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 5 | | \$860,000. | 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 | | | |
| 6 | | \$\$ | Person X Payroll | | | |

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

Employer identification number

73-0528431

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|------------|--|----------------------------|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 7 | Name, address, and Zir + + | \$ 250,000. | 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 | | \$\$ | 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 | | \$110,000. | Person X Payroll | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 10 | | \$\$ | 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 | | |
| 11_ | | \$100,000. | 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 | | |
| 12 | | \$139,195. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |

Name of organization
Oklahoma City Museum of Art, Inc.
FKA Oklahoma City Art Museum 73-0528431

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I 10 Gift Cards - \$100 each 1 1,000. 09/16/22 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Name of organization **Employer identification number** Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum 73-0528431 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22 Schedule B (Form 990) (2022)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

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

Employer identification number 73-0528431

| Par | organizations Maintaining Donor Adviser organization answered "Yes" on Form 990, Part IV, lin | | milar Funds or A | ccounts. Complete if the |
|-----|---|-------------------------------|--------------------------|---------------------------------|
| | organization answered Tes Offi Offi 330, Factiv, iii | (a) Donor advised | d funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | | • • |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets hel | d in donor advised fun | ds |
| | are the organization's property, subject to the organization's | | | |
| 6 | Did the organization inform all grantees, donors, and donor a | | | |
| | for charitable purposes and not for the benefit of the donor o | | | |
| | impermissible private benefit? | | | Yes No |
| Par | | ganization answered "Yes | " on Form 990, Part IV | , line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | | |
| | Preservation of land for public use (for example, recrea | tion or education) | Preservation of a hist | orically important land area |
| | Protection of natural habitat | | Preservation of a cert | ified historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | fied conservation contribu | tion in the form of a co | nservation easement on the last |
| | day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | 2a |
| b | | | | 2b |
| С | Number of conservation easements on a certified historic stru | ucture included in (a) | | 2c |
| d | Number of conservation easements included in (c) acquired a | after July 25,2006, and no | t on a | |
| | historic structure listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, transferred, relatively | eased, extinguished, or te | erminated by the organ | ization during the tax |
| | year | | | |
| 4 | Number of states where property subject to conservation eas | sement is located | | |
| 5 | Does the organization have a written policy regarding the per | riodic monitoring, inspecti | on, handling of | |
| | violations, and enforcement of the conservation easements it | t holds? | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and | d enforcing conservation | on easements during the year |
| | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enfo | orcing conservation ea | sements during the year |
| _ | | | 4-04-141/5 | |
| 8 | Does each conservation easement reported on line 2(d) abov | | | |
| _ | and section 170(h)(4)(B)(ii)? | | | |
| 9 | In Part XIII, describe how the organization reports conservation | | | |
| | balance sheet, and include, if applicable, the text of the footn | note to the organization's | financial statements th | at describes the |
| Par | organization's accounting for conservation easements. t III Organizations Maintaining Collections of | Art. Historical Trea | sures or Other S | Similar Assets |
| | Complete if the organization answered "Yes" on Form | | .04.00, 0. 04.10. 0 | mai 7,000tol |
| 12 | If the organization elected, as permitted under FASB ASC 95 | | nue statement and hal | ance sheet works |
| ··u | of art, historical treasures, or other similar assets held for pub | • | | |
| | service, provide in Part XIII the text of the footnote to its finar | | | nee of public |
| h | If the organization elected, as permitted under FASB ASC 95 | | | e sheet works of |
| - | art, historical treasures, or other similar assets held for public | • | | |
| | provide the following amounts relating to these items: | caribition, education, or | research in furtherane | e of public service, |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | \$ |
| | | | | |
| 2 | If the organization received or held works of art, historical trea | | | |
| _ | the following amounts required to be reported under FASB A | | | p |
| а | Revenue included on Form 990, Part VIII, line 1 | | | \$ |
| b | Assets included in Form 990, Part X | | | |

232051 09-01-22

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

Schedule D (Form 990) 2022

| | dule D (Form 990) 2022 FKA OK16 † III Organizations Maintaining C | ollections of Art | | | | r Other | Simila | | 1_ | tinued) | Page Z |
|-------------|---|-------------------------------|---------------|--------------------|---------------------|-------------|-------------------------|------------|-----------------|-----------------|---------------|
| | | | - | | | | | | 100 | <u>.iriuea)</u> | |
| 3 | Using the organization's acquisition, accession | on, and other records | s, check any | or the r | ollowing that | . make si | grillicant | use of its | 5 | | |
| | collection items (check all that apply): | | ᠍. | | | | | | | | |
| a | X Public exhibition | d | | | hange progra | am | | | | | |
| b | X Scholarly research | е | Oth | er | | | | | | | |
| С | X Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | | | | | | | se in Pa | rt XIII. | | |
| 5 | During the year, did the organization solicit or | r receive donations o | f art, histor | cal treas | sures, or othe | er similar | assets | _ | | _ | |
| _ | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No. |
| Pai | t IV Escrow and Custodial Arrang | | te if the org | anizatio | n answered ' | 'Yes" on | Form 990 |), Part IV | ', line 9, d | or | |
| | reported an amount on Form 990, Par | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | | | | | | | _ | | _ | ¬ |
| | on Form 990, Part X? | | | | | | | L | Yes | L | No |
| b | If "Yes," explain the arrangement in Part XIII a | and complete the foll | owing table | : | | | | | A | | |
| | | | | | | | | | Amou | nτ | |
| | Beginning balance | | | | | | | | | | |
| | Additions during the year | | | | | | | | | | |
| е | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | | | | | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | 21, for escr | ow or cu | ıstodial acco | unt liabili | ity? | L | Yes | L | No |
| _ | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | <u> L</u> | |
| Pai | t V Endowment Funds. Complete it | f the organization and | swered "Ye | s" on Fo | rm 990, Part | | | | | | |
| | | (a) Current year | (b) Prior | year | (c) Two yea | rs back | (d) Three | years bac | k (e) Fo | ur years | s back |
| 1a | Beginning of year balance | 20,789,370. | 21,26 | 8,241. | 18,177 | 7,915. | 18,6 | 94,102 | . 1 | 3,397 | ,566. |
| b | Contributions | 500,350. | 3,57 | 8,431. | 140 | 330. | | | | | |
| | Net investment earnings, gains, and losses | 1,882,599. | -2,25 | 9,613. | 4,38 | 9,228. | 5 | 27,579 | | 972 | ,569. |
| d | Grants or scholarships | | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | | |
| | and programs | 1,141,285. | 1,79 | 7,689. | 1,43 | 9,232. | 1,0 | 43,766 | | 676 | ,033. |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | 22,031,034. | 20,78 | 9,370. | 21,268 | 3,241. | 18,1 | 77,915 | . 1 | 3,694 | ,102. |
| 2 | Provide the estimated percentage of the curre | | | | | | · | • | | | |
| | Board designated or quasi-endowment | 43.1100 | % | (4) | ,, | | | | | | |
| | Permanent endowment 35.5600 | % | | | | | | | | | |
| | 01 2200 | | | | | | | | | | |
| · | The percentages on lines 2a, 2b, and 2c shou | · - | | | | | | | | | |
| 32 | Are there endowment funds not in the posses | | tion that are | hold ar | nd administer | ed for th | _ | | | | |
| Ou | organization by: | 331011 Of the organiza | tion that are | ricia ai | ia aarriiriistoi | ca ioi tii | C | | | Yes | No |
| | , | | | | | | | | 3a(i | | + |
| | (i) Unrelated organizations | | | | | | | | | ′ | X |
| | (ii) Related organizations | | | | | | | | 3a(ii | 4— | +21 |
| _ | If "Yes" on line 3a(ii), are the related organization. | | | | | | | | <u>3b</u> | | |
| Dai | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipment | | vment tuna | S. | | | | | | | |
| ı aı | Complete if the organization answered | | Dart IV lin | ۵ 11a S | 66 Form 990 | Dart Y | line 10 | | | | |
| | · · · · · · · · · · · · · · · · · · · | | · · · · · · | | | | | | () 5 | | |
| | Description of property | (a) Cost or ot basis (investm | | ` ' | or other (other) | | ccumulate preciation | | (a) Bo | ok valı | ue |
| | | ` ` | ierit) | | , , | uel | preciation | | 2 // | 20 0 | 000 |
| | Land | | | | 9,290. | 10 (| 265 0 | 10 | | | 290. |
| | Buildings | | | ۷,89 | 8,876. | τυ, | 965,8 | TO• | 11,9 | 33,0 | 100. |
| | Leasehold improvements | | | 1 40 | 7 020 | 4 - | 200 4 | <u> </u> | | | |
| d | Equipment | | | | 7,038. | | 399,4 | | | | <u> 77.</u> |
| | Other | | | | 3,643. | | 774,9 | | | 78,7 | |
| <u>Tota</u> | . Add lines 1a through 1e. (Column (d) must ed | qual Form 990, Part) | K. column (E | 3). <i>line</i> 10 | 0c.) | | | | 15,94 | 18,6 | 46. |

Schedule D (Form 990) 2022

| | ry Museum of A | | |
|--|------------------------------|-----------------------------------|-----------------------------|
| Schedule D (Form 990) 2022 FKA Oklahoma | a City Art Mus | eum | 73-0528431 Page 3 |
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line 1 | 1b. See Form 990, Part X, line 12 | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost | or end-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) Beneficial Interest in | | | |
| (B) OCCF | 5,137,189. | End-of-Year Mar | ket Value |
| (C) | 3 / 13 / / 103 (| Dila di real mar | nee varae |
| (D) | | | |
| | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | 5,137,189. | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. | 5,137,109. | | |
| | Faura 000 Dart IV line 1 | 1 - C Farma 000 Bart V line 10 | |
| Complete if the organization answered "Yes" o | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost | or end-of-year market value |
| (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 | on Form 990, Part IV, line 1 | 1d. See Form 990, Part X, line 15 | |
| (a) [| Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 15.) | | |
| Part X Other Liabilities. | - , | | • |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line 1 | 1e or 11f. See Form 990, Part X, | line 25. |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| | | | |
| <u>(7)</u> (8) | | | |
| 101 | | | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

(9)

| SCHE | dule D (Form 990) 2022 | | | age ¬ |
|------|--|--------------------|-----------------|-------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Stat | ements With Revenเ | ie per Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, lin | e 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| 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 | | 3 | |
| 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 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Sta | tements With Expen | ses per Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, lin | e 12a. | | |
| 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 | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| С | Add lines 4a and 4b | | 146 | |
| _ | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt 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

Schedule D (Form 990) 2022

| Part XIII Supplemental Information (continued) |
|---|
| collections plan or that are of poor quality or condition. Any funds made |
| available by the sale of unrestricted deaccessioned works are used for |
| acquisitions to strengthen the collection. |
| |
| Part III, line 4: |
| Special exhibitions, organized from the Museum's permanent collection or |
| hosted from other organizations, are displayed on the third floor |
| galleries. The Museum's permanent collection is displayed thematically |
| throughout the first and second 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. |
| |
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| |

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Oklahoma City Museum of Art, Inc. Employer identification number Name of the organization FKA Oklahoma City Art Museum 73-0528431 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. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2022

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

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 (add col. (a) through Ball Art In Bloom col. (c)) (event type) (event type) (total number) 382,337 109,220. 61,555. 553,112. Gross receipts 506<u>,337</u>. 43,450 2 Less: Contributions 372,387. 90,500. 9,950. 18,105 Gross income (line 1 minus line 2) 18,720. 46,775. 1,000. 1,000. 4 Cash prizes 386. 679. 5 Noncash prizes 293. Direct Expenses Rent/facility costs 67,762. 54,105. 10,540. 3,117. 7 Food and beverages 3,800. 8,416. 14,794. 2,578. Entertainment 32,344. 77,319. Other direct expenses 161,554. 10 Direct expense summary. Add lines 4 through 9 in column (d) -114,779. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes 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** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

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

| Sche | dule G (Form 990) 2022 FKA Oklahoma City Art Museum 73- | 0528431 | Page 3 |
|------|--|---------------------|---------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | ☐ No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | Yes | ☐ No |
| | Indicate the percentage of gaming activity conducted in: | | |
| а | The organization's facility | 13a | % |
| | An outside facility | 13b | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | • | |
| | | | |
| | Name | | |
| | | | |
| | Address | | |
| | Address | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | ☐ 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: | | |
| | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| а | | Yes | □ No |
| | retain the state gaming license? | . La res | ∟ No |
| | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| Par | organization's own exempt activities during the tax year \$ | | 0h 10h |
| rai | | ırt III, Ilnes 9, s | 90, 100, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | |
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SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number 73-0528431

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, Х trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Written employment contract Compensation committee X Compensation survey or study Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a Х 4b **b** Participate in or receive payment from a supplemental nonqualified retirement plan? X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space 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.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of W | /-2 and/or 1099-MISO compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) | |
|--------------------------|------|---------------------------|-------------------------------------|---|-----------------------------------|-------------------------|------------------------------------|---|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 | |
| (1) Michael Anderson (i) | | 174,898. | 10,000. | 0. | 5,681. | 3,877. | 194,456. | 0. | |
| President and CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (2) Rita Craig | (i) | 147,926. | 10,000. | 0. | 9,815. | 3,877. | 171,618. | 0. | |
| Chief Financial Officer | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
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| | (ii) | | | | | | | | |
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| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |

Schedule J (Form 990) 2022

| Part III Supplemental Information |
|--|
| 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. |
| Part I, Line 1a: |
| Clothing and additional training & travel for the CEO approved by the |
| Board. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Oklahoma City Museum of Art, Inc.

Employer identification number

| | FKA Oklahoma | City | Art Museur | n | 73-0 | 528 | 431 | |
|-----|---|-------------------------------|---|---|--------------------------------------|---------|------------|----------|
| Par | t I Types of Property | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d Method of d noncash contrib | etermir | _ | s |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | X | 2 | 54,027. | Fair Market | : Va | <u>lue</u> | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | X | 7 | 1,084. | Cost | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other (Materials for F) | X | 12 | , | | | | |
| 26 | Other (Educational Sup) | X | 1 | | | | | |
| 27 | Other (Gifts) | X | 1 | 1,000. | Cost | | | |
| 28 | Other () | | | | | | | |
| 29 | Number of Forms 8283 received by the organization | zation durino | g the tax year for co | ontributions | | | | |
| | for which the organization completed Form 828 | 83, Part V, D | Oonee Acknowledg | ement 29 | | | | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | y contributio | n any property rep | orted in Part I, lines 1 throug | gh 28, that it | | | |
| | must hold for at least 3 years from the date of | the initial co | ntribution, and whi | ich isn't required to be used | for | | | |
| | exempt purposes for the entire holding period? | ? | | | | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance p | oolicy that re | equires the review of | of any nonstandard contribu | tions? | 31 | Х | <u> </u> |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash | | | | | | | |
| | contributions? | | | | | | | X |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | r a type of property | for which column (a) is che | cked, | | | |
| | describe in Part II. | | | | | | | |
| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022 | | | | | | | |

Schedule M (Form 990) 2022

Oklahoma City Museum of Art, Inc. 73-0528431 FKA Oklahoma City Art Museum Schedule M (Form 990) 2022 Page 2 **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Internal Revenue Service Name of the organization

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

Employer identification number 73-0528431

OMB No. 1545-0047

Inspection

| Form 990, Part I, Line 1, Description of Organization Mission: |
|---|
| Museum accomplishes this mission through its many activities. The |
| Museum actively collects works of art and displays them in galleries |
| open to the public. The Museum's permanent collection forms the basis |
| for special exhibitions on art historical topics and is used to conduct |
| research and disseminate new scholarship to the general public. The |
| Museum hosts special exhibitions organized by other institutions |
| permitting a range of subject matter and works of art outside the scope |
| of the Museum'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.

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

Expenses \$ 459,384. including grants of \$ 0. Revenue \$ 0.

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

The Executive Committee is comprised of the officers of the corporation and LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 <u>Schedule O (Form 990) 2022</u> Page **2**

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

Employer identification number 73-0528431

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:

McAfee & Taft - Museum's attorney and registered agent

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

Jeremy Black - Vice-Chairperson - Shareholder in McAfee & Taft

Coin Creative

Kimberley Worrell - Director of Development - Spouse of Erick Worrell

Erick Worrell - Marketing Contractor - Co-founder and Principal

Michael Anderson - Museum CEO - Husband of Lisa Broad

Lisa Broad - Head of Film Programming and Theatrical Operations - Wife of

Michael Anderson

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 by email.

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
whistleblower policy and compliance officer.

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

Board personnel committee reviews performance and approves CEO's

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 73-0528431

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total inco | (e) me End-of-year | assets | Direct c | (f) ontrolling ntity | J |
|---|---|---|-------------------------------|---------------------------------------|-----------|-------------------|-----------------------------------|------------------------------------|
| Museum Parking, LLC 415 Couch Drive | | | | | | Oklahoma Cit | v Muse | um of |
| Oklahoma City, OK 73102 | Parking Lot | Oklahoma | 226 | ,850. 3,57 | | Art, Inc. | • | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organizations during the tax year. | I tions. Complete if the organization ar | swered "Yes" on Form 990, | Part IV, line 34, b | ecause it had one | or more r | related tax-exer | mpt | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | ı | t controlling cor | | 3) 512(b)(13) colled ity? |
| | | 3 ,, | | 501(c)(3)) | | | Yes | No |
| | | | | | | | | |
| | | | | | | | | |
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Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| 1 3 | , , , | 1 | | | | _ | | T | _ | | |
|------------------|-------------------|---|---|-----------------|--|-------------------------|----------------------------|---|--|---|-------------------------------------|
| (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | | (k) |
| Primary activity | Legal domicile | Direct controlling | Predominant income | Share of total | Share of | Disprop | ortionate | Code V-UBI | Gener | al or Per | rcentage |
| | (state or | entity | (related, unrelated, lexcluded from tax under | income | | alloca | tions? | amount in box | partn | er? Ow | wnership |
| | country) | | sections 512-514) | | assets | Yes | No | K-1 (Form 1065) | Yes | No | |
| | | | | | | | | | | | |
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| | (b) | (b) (c) Primary activity Legal domicile (state or foreign | (b) (c) (d) | (b) (c) (d) (e) | (b) (c) (d) (e) (f) Primary activity Legal domicile (state or foreign foreign foreign foreign foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following for the following for the following for the following for the following foreign for the following for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign foreign for the following foreign for the following foreign for the following foreign for the following foreign for the following foreign foreign foreign foreign foreign foreign foreign foreign foreign foreign foreign foreign foreign foreign foreign foreign | (b) (c) (d) (e) (f) (g) | (b) (c) (d) (e) (f) (g) (l | (b) (c) (d) (e) (f) (g) (h) Primary activity Legal Direct controlling Predominant income Share of total Share of | (b) (c) (d) (e) (f) (g) (h) (i) Primary activity Legal Direct controlling Predominant income Share of total Share of Disconnections Code VI IBI | (b) (c) (d) (e) (f) (g) (h) (i) (j) Primary activity (Legal Direct controlling Predominant income Share of total Share of Discontinuity (Code VI IBI General | (b) (c) (d) (e) (f) (g) (h) (i) (j) |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | ent | tion b)(13) rolled tity? |
|--|-----------------------------|--|-------------------------------|---|--|--|--------------------------------|-----|-----------------------------------|
| Museum of Art Cafe, Inc 33-1041277 | | | Oklahoma City | | | | | 163 | NO |
| 415 Couch Drive | | | Museum of Art, | | | | | | |
| Oklahoma City, OK 73102 | Restaurant | OK | Inc. | C CORP | 11,899. | 9,645. | 100% | Х | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

1a

Yes No

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

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

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

| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | <u> </u> |
|------|---|----------------------------------|------------------------------|---|------------|-------|----------|
| С | Gift, grant, or capital contribution from related organization(s) | | | | 1c | | Х |
| | | | | | 1d | | X |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | X |
| | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | X |
| g | Sale of assets to related organization(s) | | | | 1g | | X |
| h | Purchase of assets from related organization(s) | | | | 1h | | X |
| i | Exchange of assets with related organization(s) | | | | 1i | | X |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | X |
| | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | X |
| ı | Performance of services or membership or fundraising solicitations for related organizations | tion(s) | | | 11 | X | |
| n | n Performance of services or membership or fundraising solicitations by related organizat | tion(s) | | | 1m | | X |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) |) | | | 1n | | X |
| 0 | Sharing of paid employees with related organization(s) | | | | 10 | | X |
| | | | | | | | |
| | Reimbursement paid to related organization(s) for expenses | | | | 1 p | | X |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | | X |
| | | | | | | | |
| | Other transfer of cash or property to related organization(s) | | | | 1r | | X |
| 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 m | nust complete th | s line, including covered re | lationships and transaction thresholds. | | | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount in | nvolved | | |
| 1)] | Museum of Art Cafe, Inc. | L | 34,257.0 | Cash | | | |
| | | | | | | | |
| 2) | | | | | | | |
| ٥, | | | | | | | |
| 3) | | | | | | | |
| 41 | | | | | | | |
| 4) | | | | | | | |
| 5) | | | | | | | |
| 5) | | | | | | | |
| 6) | | | | | | | |
| | 63 09-14-22 | | | Schedul | R (For | n 990 |) 2022 |
| | | | | | | | |

Schedule R (Form 990) 2022

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are all partners sec 501(c)(3) orgs.? | (g) Share of end-of-year assets | Disprition allocat | opor- late tions? | General manage partner | (k) Percentage ownership |
|--|-------------------------|---|---|---------------------------------------|--|--------------------|-------------------------|------------------------|--------------------------|
| | | | | | | | | | |
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| | | | | | | | | | 000) 0000 |

Schedule R (Form 990) 2022

| Form 990-T | | Extended to May 15, 2024 Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) | | OMB No. 1545-0047 | | | | |
|--|------------|--|---------------------------|--|--|--|--|--|
| | For ca | lendar year 2022 or other tax year beginning $\ \ \underline{JUL} \ 1$, $\ 2022$, and ending $\ \ \underline{JUN} \ 30$, $\ 202$ | <u> 23</u> . | 2022 | | | | |
| Department of the Treasury Internal Revenue Service | ı | Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). | (| Open to Public Inspection for 501(c)(3) Organizations Only | | | | |
| A Check box if address changed. | | DEmplo | yer identification number | | | | | |
| B Exempt under section | Print | Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum | 73-0528431 | | | | | |
| X 501(c)(3) 408(e) 220(e) | or Type | Number, street, and room or suite no. If a P.O. box, see instructions. 415 Couch Drive | | exemption number nstructions) | | | | |
| 408A 530(a) 529A | | City or town, state or province, country, and ZIP or foreign postal code Oklahoma City, OK 73102 | F . | Check box if | | | | |
| | С Во | ok value of all assets at end of year | 1 | an amended return. | | | | |
| G Check organization | | X 501(c) corporation 501(c) trust 401(a) trust Other trust | State | college/university | | | | |
| H Check if filing only to | | Claim credit from Form 8941 Claim a refund shown on Form 2439 | | | | | | |
| | | ation filing a consolidated return with a 501(c)(2) titleholding corporation | | | | | | |
| J Enter the number of | attach | ed Schedules A (Form 990-T) | | 1 | | | | |
| K During the tax year, | was the | e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? | | Yes X No | | | | |
| If "Yes," enter the na | ame an | d identifying number of the parent corporation. | | | | | | |
| L The books are in car | | | (405 |) 278-8203 | | | | |
| Part I Total Unr | elate | d Business Taxable Income | | | | | | |
| 1 Total of unrelated | busine | ss taxable income computed from all unrelated trades or businesses (see | | | | | | |
| instructions) | | | 1 | 0. | | | | |
| 2 Reserved | | | 2 | | | | | |
| 3 Add lines 1 and 2 | | | 3 | | | | | |
| 4 Charitable contrib | utions (| see instructions for limitation rules) | 4 | 0. | | | | |
| 5 Total unrelated bu | siness | taxable income before net operating losses. Subtract line 4 from line 3 | 5 | | | | | |
| 6 Deduction for net | operati | ng loss. See instructions | 6 | 0. | | | | |
| 7 Total of unrelated | busine | ss taxable income before specific deduction and section 199A deduction. | | | | | | |
| Subtract line 6 from | m line 5 | 5 | 7 | | | | | |
| 8 Specific deduction | ı (gene | rally \$1,000, but see instructions for exceptions) | 8 | 1,000. | | | | |
| 9 Trusts. Section 19 | 99A de | duction. See instructions | 9 | | | | | |
| 10 Total deductions. | . Add li | nes 8 and 9 | 10 | 1,000. | | | | |
| 11 Unrelated busine | ss taxa | able income. Subtract line 10 from line 7. If line 10 is greater than line 7, | | | | | | |
| enter zero | | | 11 | 0. | | | | |
| Part II Tax Com | | | | | | | | |
| | | s corporations. Multiply Part I, line 11 by 21% (0.21) | 1 | 0. | | | | |
| | _ | ates. See instructions for tax computation. Income tax on the amount on | | | | | | |
| Part I, line 11 from | | Tax rate schedule or Schedule D (Form 1041) | 2 | _ | | | | |
| 3 Proxy tax. See ins | | | 3 | _ | | | | |
| 4 Other tax amounts | | | 4 | | | | | |
| 5 Alternative minimu | | • | 5 | | | | | |
| 6 Tay on noncomn | iont fo | cility income. See instructions | 1 6 1 | | | | | |

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

Firm's address Oklahoma City, OK 73103 Phone no. 405-848-2020

223711 01-16-23 Form **990-T** (2022)

Michelle Mann

1225 N Broadway Avenue,

Preparer

Use Only

Michelle Mann

Firm's name

HoganTaylor LLP

Firm's EIN

P01064483

73-1413977

02/05/24

Suite 200

| Form 990-T | Pre-201 | .8 Net Operating | Loss Deduction | Statement 1 |
|-------------|--------------------|-------------------------------|-------------------|------------------------|
| Tax Year | Loss Sustained | Loss Previously Applied | Loss Remaining | Available This Year |
| 06/30/14 | 48,030. | 48,030. | 0. | 0. |
| 06/30/15 | 17,563. | 1,517. | 16,046. | 16,046. |
| 06/30/16 | 22,710. | 0. | 22,710. | 22,710. |
| 06/30/18 | 14,876. | 0. | 14,876. | 14,876. |
| NOL Carryov | ver Available This | Year | 53,632. | 53,632. |

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

| | Go to www.irs.gov/Form990T for ment of the Treasury I Revenue Service Do not enter SSN numbers on this form as it r | |). | Open to Public 501(c)(3) Organ | Inspection for nizations Only | | | |
|--|---|------|---------|---|-------------------------------|--------|--------------|--------|
| A N | lame of the organization Oklahoma City Museum o FKA Oklahoma City Art Museum | f Ar | t, Inc | • | B Employer | | cation numbe | |
| <u>c u</u> | Unrelated business activity code (see instructions) 45942 | 0 | | | D Sequenc | e: | 1 of | 1 |
| | Manager Observe | | | | | | | |
| <u>E </u> | Describe the unrelated trade or business Museum Store | Ī | | | | | I | |
| Pai | TI Unrelated Trade or Business Income | | (A) Inc | ome | (B) Expense | es | (C) | Net |
| 12 | Gross receipts or sales 144,816. | 1 | | | | | | |
| | Less returns and allowances c Balance | 1c | 144 | ,816. | | | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | | ,650. | | | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | | ,166. | | | 5 | 2,166. |
| | Capital gain net income (attach Schedule D (Form 1041 or Form | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| | 1120)). See instructions | 4a | | | | | | |
| h | Net gain (loss) (Form 4797) (attach Form 4797). See instructions) | 4b | | | | | | |
| | Capital loss deduction for trusts | 4c | | | | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach | 10 | | | | | | |
| Ū | statement) | 5 | | | | | | |
| 6 | Rent income (Part IV) | 6 | | | | | | |
| 7 | Unrelated debt-financed income (Part V) | 7 | | | | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | | | | |
| • | organization (Part VI) | 8 | | | | | | |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | | | | | | |
| Ŭ | organizations (Part VII) | 9 | | | | | | |
| 10 | Exploited exempt activity income (Part VIII) | 10 | | | | | | |
| 11 | Advertising income (Part IX) | 11 | | | | | | |
| 12 | Other income (see instructions; attach statement) | 12 | | | | | | |
| 13 | Total. Combine lines 3 through 12 | 13 | 52 | ,166. | | | 5 | 2,166. |
| | | | | • | Ded | -11 | • | |
| Pai | Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in | | | is on aea | uctions. Deal | uction | s must be |) |
| 1 | Compensation of officers, directors, and trustees (Part X) | | | | | 1 | | 7,665. |
| 2 | Salaries and wages | | | | | 2 | 3 | 7,586. |
| 3 | Repairs and maintenance | | | | | 3 | | |
| 4 | Bad debts | | | | | 4 | | |
| 5 | Interest (attach statement). See instructions | | | | | 5 | | |
| 6 | Taxes and licenses | | | | | 6 | | |
| 7 | Depreciation (attach Form 4562). See instructions | | | 7 | | | | |
| 8 | Less depreciation claimed in Part III and elsewhere on return | | | 8a | | 8b | | |
| 9 | Depletion | | | | | 9 | | |
| 10 | Contributions to deferred compensation plans | | | | | 10 | | |
| 11 | Employee benefit programs | | | | | 11 | | 9,858. |
| 12 | Excess exempt expenses (Part VIII) | | | | | 12 | | |
| 13 | Excess readership costs (Part IX) | | | | | 13 | | |
| 14 | Other deductions (attach statement) | | See | e Stat | ement 2 | 14 | | 0,571. |
| 15 | Total deductions. Add lines 1 through 14 | | | | | 15 | | 5,680. |
| 16 | Unrelated business income before net operating loss deduction. S | | | | | | | |
| | column (C) | | | | | 16 | 1 | 3,514. |
| 17 | Deduction for net operating loss. See instructions | | | | | 17 | | 0. |

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2022

-13,514.

| Part | III Cost of Goods Sold Enter met | hod of inventory valuat | ion Cost | | | <u> </u> |
|-----------|---|---------------------------|---------------------------|---------------|--|----------|
| 1 | Inventory at beginning of year | • | | | 1 | 165,159. |
| 2 | Purchases | | | | 2 | 116,346. |
| 3 | Cost of labor | | | | 3 | 0. |
| 4 | Additional section 263A costs (attach statement) | | | | 4 | 0. |
| 5 | Other costs (attach statement) | | | | 5 | 0. |
| 6 | | | | | 6 | 281,505. |
| | Total. Add lines 1 through 5 | | | | 7 | 188,855. |
| 7 | Inventory at end of year | | _ | | | 92,650. |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter | • | | | 8 | Yes X No |
| 9 Part | Do the rules of section 263A (with respect to property IV Rent Income (From Real Property and | | 4 1 1 2 | | ····· | Tes A NO |
| | | | - | | <u>, </u> | |
| 1 | Description of property (property street address, city, s | itate, ZIP code). Check | if a dual-use. See instru | ictions. | | |
| | A | | | | | |
| | В | | | | | |
| | c | | | | | |
| | D | T | | | | |
| | | Α | В | С | | D |
| 2 | Rent received or accrued | | | | | |
| а | From personal property (if the percentage of | | | | | |
| | rent for personal property is more than 10% | | | | | |
| | but not more than 50%) | | | | | |
| b | From real and personal property (if the | | | | | |
| _ | percentage of rent for personal property exceeds | | | | | |
| | | | | | | |
| С | Total rents received or accrued by property. | | | | | |
| C | A 1.11' O 10' 1 A 11 1 D | | | | | |
| | Add lines 2a and 2b, columns A through D | | | | | |
| • | Total contains a six of an arranged Add Co. Or column A | Harris D. Establis | and an Dart Library | L | | 0. |
| 3 | Total rents received or accrued. Add line 2c columns A | tnrougn D. Enter nere | and on Part I, line 6, co | olumn (A) | | T |
| | Deductions directly connected with the income | | | | | |
| 4 | in lines 2(a) and 2(b) (attach statement) | | | | | |
| | | | | | | 0 |
| Dord. | Total deductions. Add line 4 columns A through D. Er | nter here and on Part I, | line 6, column (B) | | | 0. |
| Part | 1= | , | | | | |
| 1 | Description of debt-financed property (street address, | city, state, ZIP code). C | check if a dual-use. See | instructions. | | |
| | A | | | | | |
| | В | | | | | |
| | c | | | | | |
| | D | Т | Г | | | |
| | | Α | В | C | | D |
| 2 | Gross income from or allocable to debt-financed | | | | | |
| | property | | | | | |
| 3 | Deductions directly connected with or allocable | | | | | |
| | to debt-financed property | | | | | |
| а | Straight line depreciation (attach statement) | | | | | |
| b | Other deductions (attach statement) | | | | | |
| С | Total deductions (add lines 3a and 3b, | | | | | |
| | columns A through D) | | | | | |
| 4 | Amount of average acquisition debt on or allocable | | | | | |
| • | to debt-financed property (attach statement) | | | | | |
| 5 | Average adjusted basis of or allocable to debt- | | | | | |
| 3 | • . | | | | | |
| • | financed property (attach statement) | | 0.4 | | 0.4 | , |
| 6 | Divide line 4 by line 5 | | % | | % | 6 % |
| 7 | Gross income reportable. Multiply line 2 by line 6 | • | | | | |
| 8 | Total gross income (add line 7, columns A through D) | . Enter here and on Pa | rt I, line /, column (A) | | _ | 0. |
| _ | | | Т | | | |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | (T) | | |
| 10 | Total allocable deductions. Add line 9, columns A the | | | | | 0. |
| 11 | Total dividends-received deductions included in line | · IU | | | | U • |

| Sched | ule A (Form 990-T) 2022 VI Interest, Annu | iities P | nvalties and Da | ants from | n Control | led Or | nanization | S (00 | o inctruct | ions) | | Page 3 |
|----------------|--|--------------|--|--------------------------|--|---|--|--------------|--------------------------|---------------|---|---|
| rait | micrest, Amit | aidos, n | Januos, and ne | J.11.3 11.01 | 55111101 | | Exempt Contro | | e instruct | | | |
| | Name of controlle organization | d | 2. Employer identification number | 3. Net unrelated 4. Tota | | al of specified ments made | al of specified 5. Part of colu | | mn 4 in the aniza- | | Deductions directly connected with come in column 5 | |
| (1) | | | | | | | | 1.00 | g. 000 ii. 0 | 751115 | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| | | 1 | No | | Controlled O | | ions | | | | | |
| 7 | . Taxable Income | ir | Net unrelated acome (loss) e instructions) | | otal of specit yments mad | | that is inc controlling gross | luded i | n the ation's | | cor | ductions directly nnected with ne in column 10 |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | _ |
| (4) | | | | | | | | | | | | |
| Tatala | | | | | | | Add colum Enter here line 8, c | and on | Part I, | Ent | er he | olumns 6 and 11. ere and on Part I, 8, column (B) |
| Totals Part | VII Investment | Income | of a Section 50 | 1(c)(7) (| 9) or (17) | Orgai | nization (s | aa inati | ructions) | | | 0. |
| | | cription of | | <u> </u> | 2. Amou incor | nt of | 3. Deduction directly connected (attach states | ons ected | 4. Set- (attach st | | ' | 5. Total deductions and set-asides (add cols 3 and 4) |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| Totals | | | | | Add amor column 2 here and o line 9, colu | . Enter n Part I, umn (A) 0 • | | | | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| Part | VIII Exploited E | xempt A | Activity Income, | Other 1 | Than Adve | ertisin | g Income (| see ins | tructions) | | | |
| 1 | Description of exploite | ed activity: | | | | | | | | | | |
| 2 | Gross unrelated busin | | | | | | • | | | 2 | | |
| 3 | Expenses directly con | | | | | | | | | | | |
| _ | line 10, column (B) | | | | | | | | | 3 | | |
| 4 | Net income (loss) from | | | | | | · . | | | , | | |
| 5 | lines 5 through 7 Gross income from ac | | e not unrelated busi | | | | | | | <u>4</u> 5 | | |
| 5 6 | Expenses attributable | | | | | | | | | 6 | | |
| 7 | Excess exempt expen | | | | | | | | | | | |
| • | 4 Enter here and on F | | | ,, 501 00 110 | C. SINOI 11101 | c andir ti | io amount on i | | | , | | |

Schedule A (Form 990-T) 2022

| Pac | ıe | 4 |
|-----|----|---|
| | | |

| Part | IX Advertising Income | | | | | r age - |
|------------|--|---------------|-----------------------|---------------------|-----------------|--------------------|
| 1 | Name(s) of periodical(s). Check box if reporting | na two or | more periodicals on a | consolidated basis | S. | |
| • | A | 19 1110 01 | more periodicale erra | oonoonaaroa baok | . | |
| | В | | | | | |
| | | | | | | |
| | <u>c</u> | | | | | |
| | D | | | | | |
| Enter | amounts for each periodical listed above in the | correspo | _ | т _ | | |
| | | | Α | В | С | D |
| 2 | Gross advertising income | | | <u>l</u> | | |
| | Add columns A through D. Enter here and or | n Part I, lir | ne 11, column (A) | | | 0. |
| а | | | | | | |
| 3 | Direct advertising costs by periodical | | | | | |
| а | Add columns A through D. Enter here and or | n Part I, lir | ne 11, column (B) | | | 0. |
| | | | | | | |
| 4 | Advertising gain (loss). Subtract line 3 from li | ne | | | | |
| | 2. For any column in line 4 showing a gain, | | | | | |
| | complete lines 5 through 8. For any column i | n | | | | |
| | line 4 showing a loss or zero, do not complet | | | 1 | | |
| | lines 5 through 7, and enter zero on line 8 | | | 1 | | |
| 5 | Readership costs | | | | | |
| 6 | Circulation income | | | 1 | | |
| 7 | Excess readership costs. If line 6 is less than | | | | | |
| ' | line 5, subtract line 6 from line 5. If line 5 is le | | | 1 | | |
| | | | | | | |
| • | than line 6, enter zero | | | | | |
| 8 | Excess readership costs allowed as a | | | | | |
| | deduction. For each column showing a gain | | | | | |
| | line 4, enter the lesser of line 4 or line 7 | | | | | |
| а | Add line 8, columns A through D. Enter the g | | | tal or zero here an | d on | 0 |
| David | Part II, line 13 | | and Twisters | | | 0. |
| Part | X Compensation of Officers, Di | rectors | , and Trustees (s | ee instructions) | 1 | |
| | | | | | 3. Percentage | 4. Compensation |
| | 1. Name | | 2. Title | | of time devoted | attributable to |
| | | | | | to business | unrelated business |
| <u>(1)</u> | | | | | % | |
| (2) | | | | | % | |
| (3) | | | | | % | |
| (4) | | | | | % | |
| | | | | | | |
| Total | . Enter here and on Part II, line 1 | | | | | 0. |
| Part | XI Supplemental Information (Se | ee instruc | tions) | | | |
| | 12 | | - | | | |
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| Form 990-T | ' (A) | Statement 2 | | |
|---|--|-------------------------------|-------------------|------------------------|
| Descriptio | n | | | Amount |
| Bank/Credi Dues and S Postage Supplies Travel | 4,617. 144. 2,137. 3,198. 475. | | | |
| Total to S | 10,571. | | | |
| 990-T Sch | A Post-20 | 17 Net Operating | Loss Deduction | Statement 3 |
| Tax Year | Loss Sustained | Loss Previously Applied | Loss Remaining | Available This Year |
| 06/30/20 06/30/21 | 8,927. 10,667. | 0. | 8,927. 10,667. | 8,927. 10,667. |
| NOL Carryo | 19,594. | | | |