



# COPY

OMB No. 1545-0047

## 2009

Open to Public Inspection

Form **990**

### Return of Organization Exempt From Income Tax

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

Department of the Treasury  
Internal Revenue Service

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

**A For the 2009 calendar year, or tax year beginning SEP 1, 2009 and ending AUG 31, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C</b> Name of organization <b>MILWAUKEE ART MUSEUM, INC</b>	<b>D</b> Employer identification number <b>39-0806316</b>
		Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>700 N ART MUSEUM DRIVE</b>	<b>E</b> Telephone number <b>(414) 224-3200</b>
City or town, state or country, and ZIP + 4 <b>MILWAUKEE, WI 53202</b>		<b>G</b> Gross receipts \$ <b>42,209,290.</b>	
<b>F</b> Name and address of principal officer: <b>DANIEL KEEGAN</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>J</b> Website: ▶ <b>WWW.MAM.ORG</b>		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1937</b> <b>M</b> State of legal domicile: <b>WI</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MILWAUKEE ART MUSEUM COLLECTS AND PRESERVES ART, PRESENTING IT TO THE COMMUNITY AS A</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>42</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>42</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>277</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>311</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-383,822.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>-383,822.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 13,503,175.	<b>Current Year</b> 13,522,153.
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,349,571.	2,456,299.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-711,526.	1,729,338.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	819,601.	989,454.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,960,821.	18,697,244.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,883,809.	5,768,152.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>949,967.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	8,220,147.	8,212,388.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,103,956.	13,980,540.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	856,865.	4,716,704.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 129,047,437.	<b>End of Year</b> 134,332,984.
	<b>21</b> Total liabilities (Part X, line 26)	1,545,722.	1,400,864.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	127,501,715.	132,932,120.

**Part II Signature Block**

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

**Sign Here** ▶ Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 ▶ **DANIEL KEEGAN, DIRECTOR**  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature ▶ **PAUL DALY, CPA** Date **04/25/11** Check if self-employed   
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **WIPFLI LLP**  
**10000 INNOVATION DRIVE, SUITE 250**  
**MILWAUKEE, WI 53226-4837**  
 Preparer's identifying number (see instructions) \_\_\_\_\_  
 EIN ▶ \_\_\_\_\_  
 Phone no. ▶ **414-431-9300**

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE MILWAUKEE ART MUSEUM COLLECTS AND PRESERVES ART, PRESENTING IT TO THE COMMUNITY AS A VITAL SOURCE OF INSPIRATION AND EDUCATION.

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 No

Yes 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 No

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 3,013,683. including grants of \$ ) (Revenue \$ 787,459.)

PRESENTATION AND CURATORIAL: SPECIAL EXHIBITS DURING 09-10 INCLUDED ANDY WARHOL: THE LAST DECADE, STREET SCENE: THE PSYCHOLOGICAL GESTURE IN AMERICAN PHOTOGRAPHY, AND AMERICAN QUILTS: SELECTIONS FROM THE WINTERTHUR COLLECTION, WARRINGTON COLESCOTT: CABARET COMEDY AND SATIRE, GREEN FURNITURE, THEASTER GATES, (DAVE THE POTTER), AMERICAN FURNITURE / GOOGLED, FIGURATIVE PRINTS: 1980'S REWIND, FIFTY WORKS FOR FIFTY STATES, RAPHAEL: THE WOMAN WITH THE VEIL, AND PORTRAIT MINIATURES. SHORTER EXHIBITS INCLUDED THE ANNUAL SCHOLASTIC EXHIBITION, ART IN BLOOM AND THE NAMES PROJECT AIDS QUILT DISPLAY.

4b (Code: ) (Expenses \$ 850,694. including grants of \$ ) (Revenue \$ 338,527.)

EDUCATION: WE SERVED A TOTAL OF 155,366 PEOPLE IN EDUCATION PROGRAMS IN FY 09/10. 1 OUT OF 6 SCHOOL AGED CHILDREN IN THE METRO MILWAUKEE AREA COME TO THE MUSEUM ANNUALLY. WE MAKE THE MUSEUM A GATHERING PLACE FOR ALL AGES TO EXPERIENCE THE ARTS.

ADULT EDUCATION PROGRAMS ENHANCE GALLERY INTERPRETATION STRATEGIES, EXPAND EDUCATIONAL PROGRAMS IN THE GALLERIES TO ANIMATE THE ART AND ENCOURAGE DEEPER CONNECTIONS BETWEEN VISITORS AND THE ART. PROGRAMS INCLUDE MAM AFTER DARK, GALLERY TALKS, LECTURES, SYMPOSIUM.

SCHOOL EDUCATION PROGRAMS ALIGN OUR PROGRAMS WITH FEDERAL, STATE, AND LOCAL EDUCATION AGENDAS TO SERVE SCHOOL CHILDREN THROUGH SCHOOL TOUR

4c (Code: ) (Expenses \$ 2,241,211. including grants of \$ ) (Revenue \$ 1,636,175.)

AUDIENCE MEMBER AND VOLUNTEER DEVELOPMENT: ADMISSIONS AND TOURS FOR FISCAL 2010 TOTALED 302,911. APROXIMATELY 311 VOLUNTEERS ASSISTED IN MANY ACTIVITES.

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

(Expenses \$ 5,068,366. including grants of \$ ) (Revenue \$ 856,531.)

4e Total program service expenses \$ 11,173,954.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> .....		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

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

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 165		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 1		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
	<b>2a</b> 277		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **WI**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JANE WOCHOS - (414) 224-3881**  
**700 N ART MUSEUM DRIVE, MILWAUKEE, WI 53202**

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTOPHER S. ABELE TRUSTEE	1.00	X					0.	0.	0.	
LORI BECHTHOLD TRUSTEE	1.00	X					0.	0.	0.	
RANDY BRYANT TRUSTEE	1.00	X					0.	0.	0.	
VALERIE B. CLARKE TRUSTEE	1.00	X					0.	0.	0.	
MICHAEL J. CUDAHY TRUSTEE	1.00	X					0.	0.	0.	
CURT S. CULVER TRUSTEE	1.00	X					0.	0.	0.	
DANNY L. CUNNINGHAM TRUSTEE	1.00	X					0.	0.	0.	
STEPHEN EINHORN TRUSTEE	1.00	X					0.	0.	0.	
JANE FEE TRUSTEE	1.00	X					0.	0.	0.	
DR. MARVIN L. FISHMAN TRUSTEE	1.00	X					0.	0.	0.	
FREDERIC G. FRIEDMAN ASST. SECRETARY, LEGAL COUNSEL	1.00	X		X			0.	0.	0.	
ELLEN GLAISNER TRUSTEE	1.00	X					0.	0.	0.	
JUDY GORDON TRUSTEE	1.00	X					0.	0.	0.	
CARMEN HABERMAN TRUSTEE	1.00	X					0.	0.	0.	
PATRICIA JURSIK TRUSTEE	1.00	X					0.	0.	0.	
W. DAVID KNOX II TRUSTEE	1.00	X					0.	0.	0.	
ANTHONY S. KRAUSEN TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KENNETH C. KREI TRUSTEE	1.00	X						0.	0.	0.
RAYMOND R. KRUEGER PRESIDENT	1.00	X		X				0.	0.	0.
GAIL A. LIONE TRUSTEE	1.00	X						0.	0.	0.
JOAN LUBAR TRUSTEE	1.00	X						0.	0.	0.
MARIANNE LUBAR TRUSTEE	1.00	X						0.	0.	0.
P. MICHAEL MAHONEY TRUSTEE	1.00	X						0.	0.	0.
RICK NORRIS TRUSTEE	1.00	X						0.	0.	0.
LAWRENCE W. OLIVERSON PRESIDENT-ELECT	1.00	X		X				0.	0.	0.
JOSE A. OLIVIERI TRUSTEE	1.00	X						0.	0.	0.
JILL G. PELISEK TRUSTEE	1.00	X						0.	0.	0.
<b>1b Total</b>								361,116.	0.	0.

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

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

**Section B. Independent Contractors**

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

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

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



Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b	1,042,874.			
	c Fundraising events	1c	167,495.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	297,000.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12014784.			
	g Noncash contributions included in lines 1a-1f: \$					
	<b>h Total. Add lines 1a-1f</b>		<b>13522153.</b>			
Program Service Revenue	2 a <b>ADMISSIONS/TOURS</b>	Business Code 900099	1,330,373.	1,330,373.		
	b <b>EXHIBITION INCOME</b>	900099	787,459.	787,459.		
	c <b>SPECIAL EVENTS EXHIBIT</b>	900099	212,695.	212,695.		
	d <b>CLASS FEES</b>	900099	125,772.	125,772.		
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>		<b>2,456,299.</b>			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		887,391.		887,391.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	346,724.			
		(ii) Personal				
		b Less: rental expenses	633,578.			
		c Rental income or (loss)	-286854.			
	d Net rental income or (loss)		-286,854.		-286,854.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	21000306			
		(ii) Other				
		b Less: cost or other basis and sales expenses	20158359			
		c Gain or (loss)	841,947.			
	d Net gain or (loss)		841,947.		841,947.	
	8 a Gross income from fundraising events (not including \$ 167,495. of contributions reported on line 1c). See Part IV, line 18	a	698,485.			
b Less: direct expenses		b	487,602.			
c Net income or (loss) from fundraising events			210,883.		210,883.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	2477718.				
	b Less: cost of goods sold	b	2232507.			
	c Net income or (loss) from sales of inventory		245,211.	509,203.	-263,992.	
Miscellaneous Revenue		Business Code				
11 a <b>OTHER INCOME</b>	900099	354,813.	354,813.			
	b <b>PARKING</b>	900099	312,850.	298,377.	14,473.	
	c <b>COMMERICAL PHOTO</b>	900099	143,891.		143,891.	
	d All other revenue	900099	8,660.		8,660.	
	<b>e Total. Add lines 11a-11d</b>		<b>820,214.</b>			
<b>12 Total revenue. See instructions.</b>		<b>18697244.</b>	<b>3,618,692.</b>	<b>-383,822.</b>	<b>1940221.</b>	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	351,421.		351,421.	
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 .....	4,366,236.	3,574,061.	340,819.	451,356.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	71,988.	56,381.	9,385.	6,222.
9 Other employee benefits .....	580,994.	498,405.	44,268.	38,321.
10 Payroll taxes .....	397,513.	310,927.	54,702.	31,884.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other .....	231,230.		92,393.	138,837.
12 Advertising and promotion .....	823,386.	814,949.		8,437.
13 Office expenses .....	885,300.	762,220.	104,396.	18,684.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	416,196.	385,147.	30,616.	433.
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	2,846,795.	2,242,748.	604,047.	
23 Insurance .....	194,942.	63,333.	131,609.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>EXHIBITION EXPENSES</b> .....	1,426,106.	1,426,106.		
b <b>PURCHASES OF ART</b> .....	593,933.	593,933.		
c <b>FUNDRAISING AUXILIARY A</b> .....	202,986.	14,862.		188,124.
d <b>STAFF/CONFERENCES/VOLUN</b> .....	133,439.	73,267.	33,412.	26,760.
e <b>COLLECTION MAINT/FRAMIN</b> .....	80,440.	80,440.		
f All other expenses .....	377,635.	277,175.	59,551.	40,909.
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>13,980,540.</b>	<b>11,173,954.</b>	<b>1,856,619.</b>	<b>949,967.</b>
<b>26 Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1	Cash - non-interest-bearing .....	854,256.	1 452,751.
	2	Savings and temporary cash investments .....		2
	3	Pledges and grants receivable, net .....	1,684,248.	3 3,464,952.
	4	Accounts receivable, net .....	401,279.	4 354,887.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6
	7	Notes and loans receivable, net .....		7
	8	Inventories for sale or use .....	544,116.	8 407,255.
	9	Prepaid expenses and deferred charges .....	494,002.	9 382,245.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 116,905,300.	
	b	Less: accumulated depreciation .....	10b 30,762,776.	10c 86,142,524.
	11	Investments - publicly traded securities .....		11
	12	Investments - other securities. See Part IV, line 11 .....	35,260,849.	12 42,249,090.
	13	Investments - program-related. See Part IV, line 11 .....		13
	14	Intangible assets .....		14
	15	Other assets. See Part IV, line 11 .....	831,260.	15 879,280.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	129,047,437.	16 134,332,984.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses .....	1,108,312.	17 1,068,713.
	18	Grants payable .....		18
	19	Deferred revenue .....	437,410.	19 332,151.
	20	Tax-exempt bond liabilities .....		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22
	23	Secured mortgages and notes payable to unrelated third parties .....		23
	24	Unsecured notes and loans payable to unrelated third parties .....		24
	25	Other liabilities. Complete Part X of Schedule D .....		25
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	1,545,722.	26 1,400,864.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets .....	91,284,535.	27 89,121,236.
	28	Temporarily restricted net assets .....	16,857,928.	28 22,631,593.
	29	Permanently restricted net assets .....	19,359,252.	29 21,179,291.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds .....		30
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31
	32	Retained earnings, endowment, accumulated income, or other funds .....		32
	33	<b>Total net assets or fund balances</b> .....	127,501,715.	33 132,932,120.
34	<b>Total liabilities and net assets/fund balances</b> .....	129,047,437.	34 134,332,984.	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? .....	X	
<b>c</b>	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? .....	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **MILWAUKEE ART MUSEUM, INC** Employer identification number **39-0806316**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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: \_\_\_\_\_
- 5  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)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
  - (ii) A family member of a person described in (i) above? \_\_\_\_\_
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	19956387.	9400344.	10084947.	13503175.	13522153.	66467006.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...	482,667.	526,000.	538,667.	565,333.	579,667.	2692334.
4 <b>Total.</b> Add lines 1 through 3 .....	20439054.	9926344.	10623614.	14068508.	14101820.	69159340.
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) .....						
6 <b>Public support.</b> Subtract line 5 from line 4.						69159340.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 .....	20439054.	9926344.	10623614.	14068508.	14101820.	69159340.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	1616301.	1850080.	1465561.	713,884.	887,391.	6533217.
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 IV.) .....	467,523.	558,636.	532,693.	105,458.	210,883.	1875193.
11 <b>Total support.</b> Add lines 7 through 10						77567750.
12 Gross receipts from related activities, etc. (see instructions) .....					12	17,219,771.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....	14	89.16 %
15 Public support percentage from 2008 Schedule A, Part II, line 14 .....	15	89.79 %
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

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

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

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

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

Name of the organization

**MILWAUKEE ART MUSEUM, INC**

Employer identification number

**39-0806316**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ..... ▶ \$ \_\_\_\_\_

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)



Name of organization

Employer identification number

MILWAUKEE ART MUSEUM, INC

39-0806316

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JAMES K. HELLER, HELLER FOUNDATION, INC.  HELLER FOUNDATION, INC.  MILWAUKEE, WI 53224-9009	\$ 3,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	KOHL'S DEPARTMENT STORES, INC.  N56W17000 RIDGEWOOD DRIVE  MENOMONEE FALLS, WI 53051	\$ 2,774,566.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	LEONARD LEVINE  1530 E GOODRICH LANE  MILWAUKEE, WI 53217-2951	\$ 473,580.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	FRIENDS OF ART  700 NORTH ART MUSEUM DRIVE  MILWAUKEE, WI 53202	\$ 410,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THE RICHARD AND ETHEL HERZFELD FOUNDATION  219 N MILWAUKEE ST SUITE 7  MILWAUKEE, WI 53202	\$ 218,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

**MILWAUKEE ART MUSEUM, INC**

**39-0806316**

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ _____	_____

Name of organization

Employer identification number

**MILWAUKEE ART MUSEUM, INC**

**39-0806316**

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. 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 information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **MILWAUKEE ART MUSEUM, INC** Employer identification number **39-0806316**

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 .....
- (ii) Assets included in Form 990, Part X .....
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 .....
- b Assets included in Form 990, Part X .....

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	24434720.	27071683.			
b Contributions	2,113,524.	118,280.			
c Net investment earnings, gains, and losses	1,929,886.	-1517432.			
d Grants or scholarships					
e Other expenditures for facilities and programs	737,001.	1,237,811.			
f Administrative expenses					
g End of year balance	27741129.	24434720.			

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  80.00 %
- c Term endowment  20.00 %

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		95,352,427.	17,662,749.	77,689,678.
c Leasehold improvements		16,822,084.	8,871,177.	7,950,907.
d Equipment		4,730,789.	4,228,850.	501,939.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				86,142,524.

**Part VII Investments - Other Securities.** 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
Financial derivatives .....		
Closely-held equity interests .....		
Other .....		
<b>CASH AND CASH EQUIVALENTS</b>	<b>7,954,892.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>COMMON AND PREFERRED STOCKS</b>	<b>14,014,932.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>U.S. GOVERNMENT OBLIGATIONS</b>	<b>4,063,149.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>U.S. GOVT AGENCY OBLIGATIONS</b>	<b>2,871,190.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>CORPORATE DEBT SECURITIES</b>	<b>4,373,878.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>SHORT-TERM BONDS -</b>		
<b>INSTITUTIONAL</b>	<b>8,933,586.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>REAL ESTATE INVESTMENT TRUST</b>	<b>37,463.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	<b>42,249,090.</b>	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	18,697,244.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,980,540.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	4,716,704.
4	Net unrealized gains (losses) on investments	4	664,724.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	48,977.
9	Total adjustments (net). Add lines 4 through 8	9	713,701.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	5,430,405.

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

1	Total revenue, gains, and other support per audited financial statements	1	21,463,836.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	664,724.
b	Donated services and use of facilities	2b	579,667.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,244,391.
3	Subtract line 2e from line 1	3	20,219,445.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-1,522,201.
c	Add lines 4a and 4b	4c	-1,522,201.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	18,697,244.

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

1	Total expenses and losses per audited financial statements	1	16,033,430.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	579,667.
b	Prior year adjustments	2b	
c	Other losses	2c	1,473,223.
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	2,052,890.
3	Subtract line 2e from line 1	3	13,980,540.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,980,540.

**Part XIV Supplemental Information**

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

**PART III, LINE 1A: THE ART MUSEUM'S COLLECTION COMPRISES MORE THAN 26,000**

**WORKS OF ART THAT ARE HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH**

**IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FINANCIAL GAIN; ARE**

**PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED; AND ARE SUBJECT TO**

**A POLICY THAT REQUIRES THE PROCEEDS FROM SALES OF COLLECTION ITEMS TO BE**

**USED TO ACQUIRE OTHER ITEMS.**

**THE VALUE OF THE ART OBJECTS IN THE PERMANENT COLLECTION IS EXCLUDED FROM**

**Part XIV** Supplemental Information (continued)

THE STATEMENTS OF FINANCIAL POSITION. AN ADDITION OF A WORK OF ART TO THE PERMANENT COLLECTION IS MADE EITHER BY DONATION FROM A BENEFACTOR OR THROUGH A PURCHASE FROM ART MUSEUM ACQUISITION FUNDS. ART MUSEUM FUNDS DESIGNATED FOR ACQUISITIONS MAY BE CLASSIFIED AS PERMANENTLY RESTRICTED, FOR WHICH ONLY THE INCOME EARNED ON THE PRINCIPAL BALANCES MAY BE USED FOR ACQUISITIONS; TEMPORARILY RESTRICTED, FOR WHICH BOTH THE PRINCIPAL AND EARNED INCOME MAY BE USED FOR ACQUISITIONS; OR UNRESTRICTED, REPRESENTING FUNDS DESIGNATED BY THE BOARD TO BE USED FOR ACQUISITIONS. PROCEEDS FROM DEACCESSIONS OF COLLECTION ITEMS ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

NET CHANGE IN ASSETS HELD IN TRUST: 48977.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL AND CAFE & RETAIL EXPENSES: -1522201.



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2009**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ▶ See separate instructions.**

**Open To Public  
Inspection**

Name of the organization **MILWAUKEE ART MUSEUM, INC** Employer identification number **39-0806316**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to 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.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SPONSORSHIP PLACEMENT DEVELOPMENT (KATHY EMERY)	CONSULTANT/ONSITE		X	0.	91,667.	-91,667.
<b>Total</b>					<b>91,667.</b>	<b>-91,667.</b>

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.  
**WI**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		BAL DU LAC	LAKEFRONT FESTIVAL OF	2	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	316,547.	544,004.	6,969.	867,520.
	2	Less: Charitable contributions	167,395.	100.	500.	167,995.
	3	Gross income (line 1 minus line 2)	149,152.	543,904.	6,469.	699,525.
Direct Expenses	4	Cash prizes		10,080.		10,080.
	5	Noncash prizes			543.	543.
	6	Rent/facility costs	1,431.	20,574.		22,005.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	124,770.	319,488.	10,716.	454,974.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 487,602.)
11	Net income summary. Combine line 3, column (d), and line 10				211,923.	

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

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

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

	Yes	No
--	-----	----

**13** Indicate the percentage of gaming activity operated in:

- |  |            |   |
|--|------------|---|
| <b>a</b> The organization's facility ..... | <b>13a</b> | % |
| <b>b</b> An outside facility .....         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ..... **15a**

- 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:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ..... **17a**

- b** 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 ▶ \$ \_\_\_\_\_

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2009**

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

Open to Public Inspection

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**MILWAUKEE ART MUSEUM, INC**

Employer identification number

**39-0806316**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.  
 For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DANIEL KEEGAN	(i)	261,151.	0.	0.	0.	261,151.	0.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

**SCHEDULE J-2**  
**(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ See the Instructions for Form 990.

Name of the Organization

**MILWAUKEE ART MUSEUM, INC**

Employer Identification number

**39-0806316**

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANTHONY J. PETULLO TRUSTEE	1.00	X						0.	0.	0.
BETTY EWENS QUADRACCI SECRETARY	1.00	X		X				0.	0.	0.
WILLIAM L. RANDALL TRUSTEE	1.00	X						0.	0.	0.
MARCIA RIMAI TRUSTEE	1.00	X						0.	0.	0.
JOE SANFELIPPO TRUSTEE	1.00	X						0.	0.	0.
RICHARD L. SCHMIDT, JR. TRUSTEE	1.00	X						0.	0.	0.
SUZANNE L. SELIG TRUSTEE	1.00	X						0.	0.	0.
DOROTHY M. STADLER TRUSTEE	1.00	X						0.	0.	0.
CHRISTINE SYMCHYCH TRUSTEE	1.00	X						0.	0.	0.
STACY G. TERRIS TRUSTEE	1.00	X						0.	0.	0.
W. KENT VELDE CHAIRMAN	1.00	X		X				0.	0.	0.
FREDERICK VOGEL IV TRUSTEE	1.00	X						0.	0.	0.
JEFFERY W. YABUKI TRUSTEE	1.00	X						0.	0.	0.
ANDREW A. ZIEGLER TRUSTEE	1.00	X						0.	0.	0.
R. BRUCE MCDONALD TRUSTEE	1.00	X						0.	0.	0.
DANIEL KEEGAN DIRECTOR	40.00			X	X			261,151.	0.	0.
JANE WOCHOS CFO	40.00			X				99,965.	0.	0.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered**  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization **MILWAUKEE ART MUSEUM, INC** Employer identification number **39-0806316**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ..... ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
FREDERIC G FRIEDMAN, ATTORASSISTANT SECRETARY		16,649.	LEGAL FEES		X
R. BRUCE MCDONALD, VP AND BOARD MEMBER AND AU		12,082.	HVAC FEES		X
BETTY QUADRACCI, PRESIDENTBOARD MEMBER		25,701.	ADVERTISING		X
ANDREW ZIEGLER, MANAGING PBOARD MEMBER		4,373.	INVESTMENT		X
KENNETH KREI, PRESIDENT CEBOARD MEMBER / HR		6,846,915.	FUNDS IN AC		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2009**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **MILWAUKEE ART MUSEUM, INC** Employer identification number **39-0806316**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art .....	X	76	0.	
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	28	178,885.	FAIR MARKET VALUE
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment ..... **29** **3**

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



**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

**SCHEDULE M, LINE 33: VALUE OF DONATED ITEMS IS NOT MATERIAL TO STATED REVENUE, AND WOULD RESULT IN THE RECORDING OF AN UNBUDGETED EXPENSE IF REVENUE WAS RECORDED.**

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

MILWAUKEE ART MUSEUM, INC

Employer identification number

39-0806316

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

VITAL SOURCE OF INSPIRATION AND EDUCATION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAMS FROM OVER 640 SCHOOLS. PROGRAMS INCLUDE THE JR. DOCENT  
PROGRAM, OUR HIGH SCHOOL PROGRAM AND COLLABORATIONS WITH GROUPS SUCH AS  
THE SYMPHONY.

YOUTH PROGRAMS ENGAGE YOUNG CHILDREN EARLY AND OFTEN BY PROVIDING  
BETTER ON-SITE PROVISIONS, PROGRAMS, AND INFRASTRUCTURE FOR FAMILIES.

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

ACQUISITION OF ART: ACCESSION OF ART FOR THE MUSEUM'S PERMANENT  
COLLECTION. EXPENSES: \$593,933

OTHER PROGRAM SERVICES: EXPENSES: \$4,474,433 REVENUE: \$856,531

EXPENSES \$ 5068366. INCLUDING GRANTS OF \$ 0. REVENUE \$ 856531.

FORM 990, PART VI, SECTION A, LINE 2: TRUSTEES JOAN LUBAR AND MARIANNE  
LUBAR HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6: THE CORPORATION SHALL HAVE MULTIPLE  
CLASSES OF MEMBERS WHICH SHALL BE COMPRISED OF THOSE WHO CONTRIBUTE  
FINANCIAL SUPPORT TO THE CORPORATION, WITH THE BENEFITS OF EACH LEVEL OF  
MEMBERSHIP DETERMINED ACCORDING TO THE GUIDELINES ESTABLISHED BY THE BOARD  
OF TRUSTEES.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**MILWAUKEE ART MUSEUM, INC**

Employer identification number

**39-0806316**

EACH MEMBER SHALL BE ENTITLED TO ONE VOTE FOR THE PURPOSE OF ELECTING THE BOARD OF TRUSTEES. MEMBERS SHALL ALSO BE ENTITLED TO THE SPECIFIC BENEFITS DESIGNATED FOR THEIR GIVEN LEVEL OF CONTRIBUTION TO THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A: THE CORPORATION SHALL HAVE MULTIPLE CLASSES OF MEMBERS WHICH SHALL BE COMPRISED OF THOSE WHO CONTRIBUTE FINANCIAL SUPPORT TO THE CORPORATION, WITH THE BENEFITS OF EACH LEVEL OF MEMBERSHIP DETERMINED ACCORDING TO THE GUIDELINES ESTABLISHED BY THE BOARD OF TRUSTEES.

EACH MEMBER SHALL BE ENTITLED TO ONE VOTE FOR THE PURPOSE OF ELECTING THE BOARD OF TRUSTEES. MEMBERS SHALL ALSO BE ENTITLED TO THE SPECIFIC BENEFITS DESIGNATED FOR THEIR GIVEN LEVEL OF CONTRIBUTION TO THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE CFO, AND COPIES ARE DISTRIBUTED TO THE FINANCE AND AUDIT COMMITTEES OF THE BOARD, PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS MUST IMMEDIATELY DISCLOSE TO THE BOARD OF DIRECTORS THE EXISTENCE OF ANY POTENTIAL CONFLICT OF INTEREST THAT IS EXPECTED TO RESULT IN AN ECONOMIC BENEFIT TO A DISQUALIFIED PERSON. THE BOARD APPOINTS A DISINTERESTED MEMBER, OR A COMMITTEE, TO EVALUATE THE TRANSACTION, AND DETERMINE THE RESOLUTION OF THE CONFLICT.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**MILWAUKEE ART MUSEUM, INC**

Employer identification number

**39-0806316**

**FORM 990, PART VI, SECTION B, LINE 15: THE FOLLOWING POLICY APPLIES TO THE  
DIRECTOR AS WELL AS ALL MEMBERS OF THE SENIOR MANAGEMENT TEAM:**

**THE COMPENSATION OF EACH SENIOR STAFF MEMBER WILL BE ESTABLISHED BY THE  
HUMAN RESOURCES COMMITTEE IN ADVANCE. IF ANY COMMITTEE MEMBERS ARE  
EMPLOYEES OF THE ORGANIZATION, THEY MAY PROVIDE INPUT TO THE BOARD, BUT  
WILL NOT PARTICIPATE IN THE DISCUSSION OR DECISION MAKING BY THE COMMITTEE.**

**THE HR COMMITTEE WILL MEET AT LEAST ANNUALLY, TO APPROVE CHANGES TO THE  
COMPENSATION FOR ALL SENIOR STAFF MEMBERS. THE COMMITTEE WILL COMPARE THE  
PROPOSED COMPENSATION LEVELS WITH THOSE OF SIMILARLY SIZED ORGANIZATIONS,  
BASED ON SALARY SURVEY DATA FROM THE AAMD AND THE MIDWEST MUSEUM  
ASSOCIATION.**

**THE VOTE BY THE COMMITTEE WILL BE RECORDED IN THE MEETING MINUTES,  
INCLUDING THE AMOUNTS AUTHORIZED AND REFERENCES TO THE COMPARISON  
INFORMATION. ANY COMPENSATION OPINIONS PROVIDED TO THE BOARD WILL BE KEPT  
WITH THE HR COMMITTEE RECORDS.**

**FOR VACANT POSITIONS, THE HR COMMITTEE (OR A SUBCOMMITTEE) WILL APPROVE THE  
SALARY LEVEL PRIOR TO THE JOB OFFER BEING MADE TO A POTENTIAL NEW SENIOR  
STAFF MEMBER. IF A SEARCH IS TO BE MADE TO FILL A VACANT SENIOR STAFF  
POSITION, BOARD MEMBERS AND THE DIRECTOR DISCUSS AND DECIDE WHICH FIRM TO  
ENGAGE TO CONDUCT THE SEARCH.**

**FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND THE  
CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST  
THROUGH CONTACTING JANE WOCHOS, CFO. ANNUAL FINANCIAL REPORTS ARE  
AVAILABLE ON THE MUSEUM'S WEBSITE.**

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**  
Open to Public  
Inspection

Name of the organization

**MILWAUKEE ART MUSEUM, INC**

Employer identification number

**39-0806316**

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

**(A) NAME OF INTERESTED PERSON:**

**FREDERIC G FRIEDMAN, ATTORNEY AT REINHART, BOERNER, VAN DEUREN SC**

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

**ASSISTANT SECRETARY, LEGAL SECRETARY BOARD**

**(D) DESCRIPTION OF TRANSACTION: LEGAL FEES PAID**

**(A) NAME OF INTERESTED PERSON:**

**R. BRUCE MCDONALD, VP AND CFO OF JOHNSON CONTROLS**

**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

**BOARD MEMBER AND AUDIT COMMITTEE CHAIR**

**(A) NAME OF INTERESTED PERSON:**

**BETTY QUADRACCI, PRESIDENT OF MILWAUKEE MAGAZINE**

**(D) DESCRIPTION OF TRANSACTION: ADVERTISING FEES**

**(A) NAME OF INTERESTED PERSON:**

**ANDREW ZIEGLER, MANAGING PARTNER OF ARTISAN PARTNERS**

**(D) DESCRIPTION OF TRANSACTION: INVESTMENT FEES PAID**

**(A) NAME OF PERSON: KENNETH KREI, PRESIDENT CEO M&I BANK**

**(D) DESCRIPTION OF TRANSACTION: FUNDS IN ACCOUNTS**