

Return of Organization Exempt From Income Tax

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2006 calendar year, or tax year beginning 09/01, 2006, **and ending** 08/31/2007

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MILWAUKEE ART MUSEUM, INC.	D Employer identification number 39-0806316
	Please use IRS label or print or type. See Specific Instructions. Number and street (or P.O. box if mail is not delivered to street address) Room/suite 700 N. ART MUSEUM DRIVE	E Telephone number (414) 224-3200
	City or town, state or country, and ZIP + 4 MILWAUKEE, WI 53202	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	

G Website: WWW.MAM.ORG

J Organization type (check only one) 501(c) (03) (insert no.) 4947(a)(1) or 527

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

H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates _____
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number _____

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **35,314,481.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b		8,900,012.	
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d		500,332.	
	e Total (add lines 1a through 1d) (cash \$ 9,318,247. noncash \$ 82,097.)	1e			9,400,344.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			2,503,668.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			183,699.
	5 Dividends and interest from securities	5			623,422.
	6a Gross rents	6a		603,164.	
	b Less: rental expenses	6b		731,495.	
c Net rental income or (loss). Subtract line 6b from line 6a	6c			-128,331.	
7 Other investment income (describe _____)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities				
	19,363,844.	8a		NONE	
	b Less: cost or other basis and sales expenses	17,052,611.	8b	NONE	
	c Gain or (loss) (attach schedule)	2,311,233.	8c	NONE	
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			2,311,233.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1b) STMT. 1.	9a	755,474.		
	b Less: direct expenses other than fundraising expenses	9b	525,047.		
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		230,427.	
10a Gross sales of inventory, less returns and allowances	10a		1,322,230.		
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		1,322,230.	
11 Other revenue (from Part VII, line 103)	11			558,636.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			17,005,328.	
Expenses	13 Program services (from line 44, column (B))	13		13,911,533.	
	14 Management and general (from line 44, column (C))	14		2,102,572.	
	15 Fundraising (from line 44, column (D))	15		846,276.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17			16,860,381.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		144,947.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		130,021,805.	
	20 Other changes in net assets or fund balances (attach explanation) STMT. 2. STMT. 3.	20		420,085.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20.	21			130,586,837.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23-24, 25a-25c, 26-39, 40-43g, and 44 Total functional expenses.

Joint Costs. Check [] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [] Yes [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$;
(iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? SEE STATEMENT 5
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a EDUCATION - TO INCREASE PUBLIC KNOWLEDGE OF ART THROUGH EDUCATIONAL COURSES.

(Grants and allocations \$) If this amount includes foreign grants, check here

889,849.

b AUDIENCE, MEMBER AND VOLUNTEER DEVELOPMENT - TO PROMOTE THE ART MUSEUM AND INCREASE PUBLIC KNOWLEDGE OF MUSEUM ACTIVITIES.

(Grants and allocations \$) If this amount includes foreign grants, check here

7,670,657.

c PRESENTATION AND CURATORIAL - TO MAINTAIN THE QUALITY OF ART AND THE QUALITY OF THE WAY ART IS PRESENTED TO THE PUBLIC.

(Grants and allocations \$) If this amount includes foreign grants, check here

4,081,338.

d ACQUISITION OF ART - ACCESSION OF ART FOR THE MUSEUM'S PERMANENT COLLECTION.

(Grants and allocations \$) If this amount includes foreign grants, check here

1,269,689.

e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services) 13,911,533.

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	1,300,893.	45	2,718,138.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 470,304.		
	b Less: allowance for doubtful accounts	47b 2,000.	298,386.	47c 468,304.
	48a Pledges receivable	48a 3,263,621.		
	b Less: allowance for doubtful accounts	48b	7,901,983.	48c 3,263,621.
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		671,636.	52 516,537.
	53 Prepaid expenses and deferred charges		407,172.	53 244,875.
	54a Investments - publicly-traded securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		27,762,876.	54a 31,884,585.
	b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b
	55a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
	56 Investments - other (attach schedule)			56
	57a Land, buildings, and equipment: basis	57a 116,284,187.		
b Less: accumulated depreciation (attach schedule)	57b 21,422,942.	97,562,921.	57c 94,861,245.	
58 Other assets, including program-related investments (describe STMT 7)		769,226.	58 811,174.	
59 Total assets (must equal line 74). Add lines 45 through 58		136,675,093.	59 134,768,479.	
Liabilities	60 Accounts payable and accrued expenses		906,687.	60 1,577,034.
	61 Grants payable			61
	62 Deferred revenue STMT 8		243,249.	62 378,650.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule) STMT 9		5,470,000.	64a 2,176,000.
	b Mortgages and other notes payable (attach schedule) STMT 10		33,352.	64b 49,958.
	65 Other liabilities (describe)			65
66 Total liabilities. Add lines 60 through 65		6,653,288.	66 4,181,642.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		7,007,757.	67 8,740,618.
	68 Temporarily restricted		107,161,250.	68 105,707,584.
	69 Permanently restricted		15,852,798.	69 16,138,635.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21).		130,021,805.	73 130,586,837.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		136,675,093.	74 134,768,479.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a	19,207,955.
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1 361,048.		
2 Donated services and use of facilities	b2 526,000.		
3 Recoveries of prior year grants	b3		
4 Other (specify): _____	b4		
Add lines b1 through b4		b	887,048.
c Subtract line b from line a		c	18,320,907.
d Amounts included on Part I, line 12, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify): <u>SEE STATEMENT 11</u>	d2 -1,315,579.		
Add lines d1 and d2		d	-1,315,579.
e Total revenue (Part I, line 12). Add lines c and d		e	17,005,328.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a Total expenses and losses per audited financial statements		a	18,642,923.
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1 526,000.		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify): <u>SEE STATEMENT 12</u>	b4 1,256,542.		
Add lines b1 through b4		b	1,782,542.
c Subtract line b from line a		c	16,860,381.
d Amounts included on Part I, line 17, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify): _____	d2		
Add lines d1 and d2		d	
e Total expenses (Part I, line 17). Add lines c and d		e	16,860,381.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
<u>SEE STATEMENT 13</u>		336,885.	40,371.	NONE

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

- 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 38
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) STMT . 18
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."
If "Yes," attach a statement that includes the information described in the instructions.
d Does the organization have a written conflict of interest policy?

Table with 3 columns: Question, Yes, No. Rows 75b, 75c, 75d with 'X' marks in Yes/No columns.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains '-0-' in columns B, C, D, and E.

Part VI Other Information (See the instructions.)

- 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
b If "Yes," enter the name of the organization and check whether it is [] exempt or [] nonexempt
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a
b Did the organization file Form 1120-POL for this year?

Table with 3 columns: Question, Yes, No. Rows 76, 77, 78a, 78b, 79, 80a, 81a, 81b with 'X' marks in Yes/No columns.

Part VII Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b	526,000.		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE; section 4912 NONE; section 4955 NONE		
89b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		NONE
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	N/A
90a	List the states with which a copy of this return is filed		WI
90b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	203
91a	The books are in care of		LINDA DALEY
	Located at		700 N. ART MUSEUM DRIVE MILWAUKEE, WI
	Telephone no.		414-224-3885
	ZIP + 4		53202

		Yes	No
91b	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
	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.		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 NONE

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue (ADMISSION/TOUR FEE, CLASS FEES, EXHIBITION INCOME, AUXIL. ACTIVITIES), 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue (OTHER INCOME, PARKING, CATERING REVENUE), 104 Subtotal, 105 Total.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Row 1: STMT 19

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No
N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No
N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No
N/A

Please Sign Here 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.

Signature of officer: David Gordon Date: Jan 14, 2008

Type or print name and title: DAVID GORDON DIRECTOR & CEO

Paid Preparer's Use Only

Preparer's signature: Rebecca J... Date: 1/14/08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: KPMG LLP Preparer's SSN or PTIN (See Gen. Inst. X): P00619219

777 E. WISCONSIN AVENUE, SUITE 1500 EIN: 13-5565207

MILWAUKEE, WI 53202 Phone no.: 414-276-4200

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2006

Name of the organization

MILWAUKEE ART MUSEUM, INC.

Employer identification number

39-0806316

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 20				

Total number of other employees paid over \$50,000 . . . ▶ 11

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services . . . ▶

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 21		

Total number of other contractors receiving over \$50,000 for other services . . . ▶ 4

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

Schedule A (Form 990 or 990-EZ) 2006

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

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit? STMT 22

2b X

c Furnishing of goods, services, or facilities? Stmt 22

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b X

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c X

d Enter the total number of donor advised funds owned at the end of the tax year ▶ NONE

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ NONE

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ▶ NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ NONE

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

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 - Type I
 - Type II
 - Type III - Functionally Integrated
 - Type III - Other

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

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

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	19,956,387.	25,044,861.	8,145,343.	6,959,537.	60,106,128.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,494,188.	3,469,980.	3,062,114.	6,009,186.	15,035,468.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,616,301.	1,299,091.	1,106,658.	1,067,795.	5,089,845.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	482,667.	453,333.	447,333.	447,333.	1,830,666.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	467,523.	553,594.	485,025.	496,400.	2,002,542.
23 Total of lines 15 through 22	25,017,066.	30,820,859.	13,246,473.	14,980,251.	84,064,649.
24 Line 23 minus line 17.	22,522,878.	27,350,879.	10,184,359.	8,971,065.	69,029,181.
25 Enter 1% of line 23	250,171.	308,209.	132,465.	149,803.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 1,380,584.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 69,029,181.
d Add: Amounts from column (e) for lines: 18 <u>5,089,845.</u> 19 _____					26d 7,092,387.
22 <u>2,002,542.</u> 26b _____ ▶					
e Public support (line 26c minus line 26d total) ▶					26e 61,936,794.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 89.7255 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					27c
17 _____ 20 _____ 21 _____ ▶					
d Add: Line 27a total and line 27b total ▶					27d
e Public support (line 27c total minus line 27d total) ▶					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

NOT APPLICABLE

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		

32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		

33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		

34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is - The lobbying nontaxable amount is -		
	Not over \$500,000 20% of the amount on line 40	} 41	
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 . . . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			NONE

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

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

Table with 3 columns: Question, Yes, No. Rows include: a Transfers from the reporting organization to a noncharitable exempt organization of: (i) Cash, (ii) Other assets; b Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization, (ii) Purchases of assets from a noncharitable exempt organization, (iii) Rental of facilities, equipment, or other assets, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services or membership or fundraising solicitations; c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [] Yes [X] No

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

Schedule of Contributors

2006

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

Name of organization

MILWAUKEE ART MUSEUM, INC.

Employer identification number

39-0806316

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(03) (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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **MILWAUKEE ART MUSEUM, INC.**

Employer identification number

39-0806316

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		7,012,853.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>		82,097.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>		900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>		301,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>		209,264.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>		200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization MILWAUKEE ART MUSEUM, INC.

Employer identification number
39-0806316

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		194,298.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		500,332.	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.)
			Person <input 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.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **MILWAUKEE ART MUSEUM, INC.**

Employer identification number

39-0806316

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2		\$ 82,097.	VARIOUS
		\$	
		\$	
		\$	
		\$	
		\$	

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

MILWAUKEE ART MUSEUM, INC.

Identifying number

39-0806316

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

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

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

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,121,947.

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

Section A

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

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

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

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

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

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	3,121,947.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use: % % %
27 Property used 50% or less in a qualified business use: % % % S/L - S/L - S/L -
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

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

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

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

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

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

Part VI Amortization

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

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ORNAMENTS & ADORNMENTS	22,495.	7,908.	14,587.
FIRST FRIDAYS	28,369.	37,252.	-8,883.
BAL DU LAC	110,863.	83,683.	27,180.
BRADLEY SCULPTURE GARDEN	816.	4,686.	-3,870.
GRAPE LAKES FOOD & WINE FEST	48,229.	36,606.	11,623.
LAKEFRONT FESTIVAL OF THE ARTS	544,702.	354,912.	189,790.
TOTALS	755,474.	525,047.	230,427.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
NET UNREALIZED GAIN ON INVESTMENTS	361,048.
TOTAL	361,048.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
CHANGE IN ASSETS HELD IN TRUST	-59,037.
TOTAL	----- -59,037. =====

MILWAUKEE ART MUSEUM, INC.

39-0806316

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ADVERTISING AND PROMOTION	733,724.	706,992.		26,732.
STAFF & VOLUNTEER EXPENSES	158,987.	80,283.	32,318.	46,386.
BANK CARD FEES	115,319.	80,357.	23,354.	11,608.
COLLECTION MAINTENANCE	97,301.	97,301.		
INSURANCE	138,907.	51,118.	87,789.	
EXHIBITION EXPENSES	2,410,529.	2,410,529.		
PROGRAM EXPENSE	328,741.	328,741.		
UNCOLLECTED PLEDGES	2,515.			
PURCHASES OF ART	1,269,689.	1,269,689.		2,515.
UTILITIES	394,929.	394,929.		
SPECIAL EVENTS	183,149.	32,216.		150,933.
PROFESSIONAL FEES	227,785.	74,004.	136,685.	17,096.
OTHER	58,324.	12,022.	22,530.	23,772.
TOTALS	6,119,899.	5,538,181.	302,676.	279,042.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO FURTHER THE APPRECIATION AND ENJOYMENT OF ART.

STATEMENT 4

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STATEMENT 5

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FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
CASH AND CASH EQUIVALENTS	3,029,567.	4,929,583.
COMMON AND PREFERRED STOCKS	15,881,654.	18,000,123.
U.S. GOVERNMENT OBLIGATIONS	5,065,947.	5,444,327.
U.S. GOVT AGENCY OBLIGATIONS	1,257,914.	1,802,195.
CORPORATE DEBT SECURITIES	2,476,920.	1,708,357.
REAL ESTATE INVESTMENT TRUSTS	50,874.	NONE
	-----	-----
TOTALS	27,762,876.	31,884,585.
	=====	=====

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
ACCRUED INVESTMENT INCOME	82,664.	65,575.
BENEFICIAL INT ASSETS/MIL FDN	270,280.	298,034.
BENEFICIAL INT CHARIT REM TR	416,282.	447,565.
TOTALS	769,226.	811,174.

FORM 990, PART IV - DEFERRED REVENUE
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
FUNDING FOR FUTURE EXHIBITIONS AND PROGRAMS	243,249.	378,650.
TOTALS	----- 243,249. =====	----- 378,650. =====

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
CITY OF MILWAUKEE	5,470,000.	2,176,000.
TOTALS	5,470,000.	2,176,000.

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE
=====

LENDER: M & I BANK - REVOLVING NOTE

ORIGINAL AMOUNT: 3,574,128.

DATE OF NOTE: 04/01/2003

MATURITY DATE: 04/01/2008

REPAYMENT TERMS: INTEREST PAYMENTS PLUS PLEDGE RECEIVABLE

SECURITY PROVIDED: PLEDGES RECEIVABLE AND CERTAIN INVESTMENTS

PURPOSE OF LOAN: BUILDING PROJECT

BEGINNING BALANCE DUE 33,352.

ENDING BALANCE DUE 49,958.
-----TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 33,352.
=====TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 49,958.
=====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION	AMOUNT
-----	-----
SPECIAL EVENTS EXPENSES	-525,047.
RENT EXPENSE	-731,495.
CHANGE IN ASSETS HELD IN TRUST	-59,037.

TOTAL	-1,315,579.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
RENT EXPENSE	731,495.
SPECIAL EVENTS EXPENSES	525,047.

TOTAL	1,256,542.
	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARIANNE LUBAR 700 N. ART MUSEUM DR. MILWAUKEE, WI 53202	TRUSTEE	NONE	NONE	NONE
P MICHAEL MAHONEY 700 N. ART MUSEUM DR. MILWAUKEE, WI 53202	TRUSTEE	NONE	NONE	NONE
R BRUCE MCDONALD 700 N. ART MUSEUM DR. MILWAUKEE, WI 53202	TRUSTEE	NONE	NONE	NONE
FREDERIC G FRIEDMAN 700 N. ART MUSEUM DR. MILWAUKEE, WI 53202	ASST. SECRETARY	NONE	NONE	NONE
CHRISTOPHER S ABELE 700 N. ART MUSEUM DR. MILWAUKEE, WI 53202	TRUSTEE	NONE	NONE	NONE
JUDY GORDON 700 N. ART MUSEUM DR. MILWAUKEE, WI 53202	TRUSTEE	NONE	NONE	NONE
RICK NORRIS 700 N. ART MUSEUM DR. MILWAUKEE, WI 53202	TRUSTEE	NONE	NONE	NONE
RAYMOND R KRUEGER 700 N. ART MUSEUM DR. MILWAUKEE, WI 53202	TRUSTEE	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SHELDON B LUBAR 700 N. ART MUSEUM DRIVE MILWAUKEE, WI 53202	CHAIRMAN	NONE	NONE	NONE
JOSE A OLIVIERI 700 N ART MUSEUM DR. MILWAUKEE, WI 53202	TRUSTEE	NONE	NONE	NONE
ROY REIMAN 700 N. ART MUSEUM DR. MILWAUKEE, WI 53202	TRUSTEE	NONE	NONE	NONE
SANDRA ROBINSON 700 N. ART MUSEUM DR. MILWAUKEE, WI 53202	TRUSTEE	NONE	NONE	NONE
JAMES WHITE 700 N. ART MUSEUM DR. MILWAUKEE, WI 53202	TRUSTEE	NONE	NONE	NONE
DELORIS SIMS 700 N. ART MUSEUM DR. MILWAUKEE, WI 53202	TRUSTEE	NONE	NONE	NONE
SUZANNE L SELIG 700 N. ART MUSEUM DR. MILWAUKEE, WI 53202	TRUSTEE	NONE	NONE	NONE
STACY G TERRIS 700 N. ART MUSEUM DR. MILWAUKEE, WI 53202	TRUSTEE	NONE	NONE	NONE

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
MARY LOUISE MUSSOLINE 700 N. ART MUSEUM DRIVE MILWAUKEE, WI 53202	SR DIR-DEVELOPMENT 40.00	150,000.	12,313.	NONE
JESEPH KETNER II 700 N. ART MUSEUM DRIVE MILWAUKEE, WI 53202	CHIEF CURATOR 40.00	139,808.	10,062.	NONE
ELYSIA BOROWY-REEDER 700 N. ART MUSEUM DRIVE MILWAUKEE, WI 53202	SR DIR-COMMUNICATION 40.00	78,846.	3,790.	NONE
FRANK MILLER 700 N. ART MUSEUM DRIVE MILWAUKEE, WI 53202	DIR-FOUND/GOV GRANTS 40.00	70,000.	8,627.	NONE
GWEN BENNER 700 N. ART MUSEUM DRIVE MILWAUKEE, WI 53202	SR DIR-BUS ENTERPRIS 40.00	69,923.	15,714.	NONE
TOTAL COMPENSATION		508,577.	50,506.	NONE

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.
=====

MAHLER ENTERPRISES 600 N. BROADWAY MILWAUKEE, WI 53202	CLEANING	241,123.
MASTERPIECE INTERNATIONAL LTD 39 BROADWAY SUITE 1410 NEW YORK, NY 10006	CUSTOM AGENT/SHIPPIN	266,142.
THE FOX COMPANY 11000 W. BECHER ST. WEST ALLIS, WI 53227	PRINTING	194,658.
ARTEX INC 8712 JERICHO CITY DR. LANDOVER, MD 20785	TRANSPORTING/STORING	127,833.
NORTH SHORE MARBLE 111 E. BROWN DEER RD. BAYSIDE, WI 53217	FLOOR REFINISHING	83,580.
	TOTAL COMPENSATION	----- 913,336. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2B
=====

FREDERIC G. FREIDMAN IS AN ATTORNEY AT REINHART, BOERNER, VAN DEUREN, SC. RICK PROVIDES PRO BONO LEGAL SERVICES TO THE MUSEUM. IN ADDITION, OTHER ATTORNEYS AT REINHART PROVIDE SERVICES TO THE MUSEUM FOR A FEE. TOTAL FEES PAID TO REINHART DURING FISCAL YEAR 2007 WERE \$12,500.

P.MICHAEL MAHONEY IS THE PRESIDENT & CEO OF PARK BANK. PARK BANK IS ONE OF THE MUSEUM'S LENDERS, HOLDING AS AN INVESTMENT TAX-EXEMPT BONDS AND A LINE OF CREDIT. PARK BANK'S SHARE (15.57%) OF THE MUSEUM'S TOTAL OUTSTANDING DEBT AS OF AUGUST 31, 2007 WAS \$346,582 AND THEIR SHARE OF CASH PAID FOR INTEREST WAS APPROXIMATELY \$40,000. ADDITIONALLY, THE ART MUSEUM'S SUPPORT GROUP, FRIENDS OF ART, MAINTAINS A CHECKING AND A SAVINGS ACCOUNT AT PARK BANK. THE TOTAL BALANCE IN THESE TWO ACCOUNTS AT AUGUST 31, 2007 WAS \$280,011.

KENNETH C. KREI IS THE PRESIDENT AND CEO OF M&I WEALTH MANAGEMENT, AN AFFILIATE OF M&I BANK. M&I BANK IS ONE OF THE MUSEUM'S LENDERS, HOLDING AS AN INVESTMENT TAX-EXEMPT BONDS AND A LINE OF CREDIT. M&I'S SHARE (29.43%) OF THE MUSEUM'S TOTAL OUTSTANDING DEBT AS OF AUGUST 31, 2007 WAS \$655,099 AND THEIR SHARE OF CASH PAID FOR INTEREST WAS APPROXIMATELY \$75,400. ADDITIONALLY, M&I IS THE MUSEUM'S PRIMARY BANKING INSTITUTION FOR DEPOSITS AND TRANSACTIONS. BELOW IS A SUMMARY OF ACCOUNT BALANCES WITH M&I AS OF AUGUST 31, 2007.

M&I CHECKING-OPERATING	\$ 731,496
M&I CHECKING-BUILDING FUND	\$1,525,904
M&I SAVINGS-ENDOWMENT	\$ 155,636
MARSHALL FUNDS-OPERATING	\$ 996,637
MARSHALL FUNDS-BOARD DESIGNATED	\$ 751,945
MARSHALL FUNDS-RESTRICTED	\$1,976,602
TOTAL	\$6,138,221

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

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