

Form **8868**

(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file anv of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print GEORGIA O'KEEFFE MUSEUM 85-0437114 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your return. See 217 JOHNSON STREET City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions SANTA FE, NM 87501 0 1 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Code Is For Code Is For Form 990 or Form 990-EZ Form 1041-A 01 80 Form 4720 (other than individual) Form 4720 (individual) 09 Form 990-PF Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 05 11 Form 990-T (trust other than above) Form 8870 06 12 Form 990-T (corporation) 07 JUDY SCHARMER • The books are in the care of ▶ 217 JOHNSON STREET - SANTA FE, NM 87501 Telephone No. $\triangleright 505-946-1034$ Fax No. > If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 0. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2022)

instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

\	or the	e 2021 calendar year, or tax year beginning and	ending	_	
a	heck if pplicabl	C Name of organization		D Employer identific	cation number
	Addre chang	GEORGIA O'KEEFFE MUSEUM			
	Name chang	Doing business as		85-04371	14
]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return	217 JOHNSON STREET		(505)946	
	termin ated			G Gross receipts \$	41,183,411.
	Amen return	SANIA FE, NM 0/301		H(a) Is this a group re	eturn
	Application pendir	F Name and address of principal officer. COD1 TIAKTEE1		for subordinates	?Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	-	list. See instructions
		te: ► WWW.OKEEFFEMUSEUM.ORG		H(c) Group exemptio	
		organization: X Corporation	L Year	of formation: 1995	M State of legal domicile: NM
Pä	ırt I	Summary	TT M T 7 7 7	mp Mpantnop	
æ		Briefly describe the organization's mission or most significant activities: WE CI			
Activities & Governance		AUTHENTIC EXPERIENCES INSPIRED BY THE LIF			
ern		Check this box if the organization discontinued its operations or dispos		1	
Š				<u>3</u>	22
æ		Number of independent voting members of the governing body (Part VI, line 1b)			117
ies		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			29
Ĕ		Total number of volunteers (estimate if necessary)			538,749.
Ä				7a 7b	217,789.
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	4,081,608.	2,901,288.	
ne				348,084.	1,649,834.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,977,970.	10,678,964.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		387,414.	1,091,753.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,795,076.	16,321,839.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,000.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.		
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0. 5,446,219.	5,152,987.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		92,000.	9,859.
en		Total fundraising expenses (Part IX, column (D), line 25) 274, 93	16.	32,0001	3,0030
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,525,285.	2,680,518.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,071,504.	7,843,364.
		Revenue less expenses. Subtract line 18 from line 12		723,572.	8,478,475.
200				ginning of Current Year	End of Year
ets and	20	Total assets (Part X, line 16)		.64,315,725.	143,904,227.
ASS I Ba		Total liabilities (Part X, line 26)		9,378,578.	1,033,091.
ĕ,ĕ		Net assets or fund balances. Subtract line 21 from line 20		54,937,147.	142,871,136.
Pa	rt II	Signature Block			
Inde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is
ue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sign	1	Signature of officer		Date	
ler	е	CODY HARTLEY, MUSEUM DIRECTOR			
		Type or print name and title	1	Doto I o	DTIN
		Print/Type preparer's name Preparer's signature	I .	Date Check	PTIN
aid		PAMELA ALEXANDERSON PAMELA ALEXANDER	тром П	.0/09/22 self-employ	
-	arer	Firm's name ► MOSS ADAMS LLP Firm's address ► 6565 AMERICAS PARKWAY NE STE 60	10	Firm's EIN	91-0189318
50	Only	ALBUQUERQUE, NM 87110	, 0	Phone no 5 0	5-878-7200
/o	the I	RS discuss this return with the preparer shown above? See instructions		Phone no.30	
	ot 12-0		ne		X Yes No Form 990 (2021)
J2U(ıı 12 - 0		/11 0 :		1 01111 000 (2021)

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO INSPIRE ALL CURRENT AND FUTURE GENERATIONS, THE MUSEUM PRESERVES,
	PRESENTS AND ADVANCES THE ARTISTIC LEGACY OF GEORGIA O'KEEFFE AND
	MODERNISM THROUGH INNOVATIVE PUBLIC ENGAGEMENT, EDUCATION AND
	RESEARCH.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 6,025,239 • including grants of \$) (Revenue \$ 2,392,040 •)
	TO INSPIRE ALL CURRENT AND FUTURE GENERATIONS, THE MUSEUM PRESERVES,
	PRESENTS AND ADVANCES THE ARTISTIC LEGACY OF GEORGIA O'KEEFFE AND
	MODERNISM THROUGH INNOVATIVE PUBLIC ENGAGEMENT, EDUCATION AND RESEARCH.
	THE MUSEUM ACCOMPLISHES THIS BY PRESENTING EXHIBITIONS NATIONALLY AND
	INTERNATIONALLY; CARING FOR THE PERMANENT COLLECTION; PROVIDING
	EXCELLENT PUBLIC PROGRAMS, CUTTING-EDGE CONSERVATION TECHNIQUES, ACCESS
	TO THE LIBRARY AND ARCHIVES, AND RESEARCH BY OUTSIDE SCHOLARS ABOUT
	MODERNISM; AND SERVING AS STEWARDS FOR TWO OF O'KEEFFE'S HISTORIC HOMES
	AND STUDIOS.
	AND STUDIOS:
	THE MUSEUM HOUSES THE WORLD'S LARGEST COLLECTION OF ARTWORK BY GEORGIA
	O'KEEFFE AND PROVIDES AN OVERVIEW OF HER ACHIEVEMENTS DURING THE EIGHT
41-	
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 6,025,239.
	Form 990 (2021

SEE SCHEDULE O FOR CONTINUATION(S)

132002 12-09-21

Form 990 (2021) GEORGIA O'KE: Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		\ 3 7
_	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			, v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	·	8	х	
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-	- 21	
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	ٿ		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X,	-10		
••	as applicable.			
а				
а	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			
	complete Schedule G, Part III	19		X
20a	The state of the s	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X
132003	3 12-09-21	Form	990	(2021

Form 990 (2021) GEORGIA O'KEEFFE MUSEUM
Part IV Checklist of Required Schedules (continued)

			res	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
-	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
0,1		34	х	
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	oou		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
132004	H 12-09-21			(2021)

Form 990 (2021) GEORGIA O'KEEFFE MUSEUM

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				163	140
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 117	_	v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X	
٥-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction:		0-	Х	
3a			3a 3b	X	
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a		30	- 22	
4a	financial account in a foreign country (such as a bank account, securities account, or other financial a	•	4a		Х
b	If "Yes," enter the name of the foreign country		Ta		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ar	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	500a.no (. 25 m.).	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?	,	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:	1 . 1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	11			
a	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	446			
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	40-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	10417 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	[120	1		
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.		iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
_	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
132004	12-09-21		Form	990	(2021)

GEORGIA O'KEEFFE MUSEUM 85-0437114 Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 22 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 22 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 5 Х 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c on Schedule O how this was done Х 13 13 Did the organization have a written whistleblower policy? Х 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization Х If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed >CA, CO, FL, GA, MD, NM, NY, OH, WI, IL, MN, OK Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Another's website X Upon request Other (explain on Schedule O) X Own website

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records JUDY SCHARMER - 505-946-1034

217 JOHNSON STREET, SANTA FE, NM 87501

SEE SCHEDULE O FOR FULL LIST OF STATES

Form **990** (2021)

132006 12-09-21

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l	IIIZa		COII C)	ipei	isali	(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	than o	n an	compensation	compensation	amount of
	week	\vdash	cer an	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 NEO)	and related
	below	idua	nstitutional trustee	 	Key employee	est co oyee	늉	, , , , , , , , , , , , , , , , , , , ,		organizations
	line)	ndiv	Instit	Officer	Key 6	Highest compensated employee	Former			
(1) CODY HARTLEY	40.00									
MUSEUM DIRECTOR	5.00			Х				328,405.	0.	21,732.
(2) COLLEEN KELLY DELAY	40.00									
SR DIR, ADVANCEMENT & COMMUNICATIONS						Х		184,576.	0.	35,788.
(3) BENJAMIN FINBERG	40.00									
SENIOR DIRECTOR OF OPERATIONS						Х		157,331.	0.	25,152.
(4) JENNIFER FOLEY, DEPUTY DIRECTOR	40.00									
FOR COLLECTIONS & ENGAGEMENT					X			154,239.	0.	20,755.
(5) JUDY SCHARMER	40.00									
CHIEF FINANCIAL OFFICER	5.00			Х				142,308.	0.	1,087.
(6) SYLVIA LAROCQUE	40.00									
DIRECTOR OF HR						Х		128,652.	0.	14,283.
(7) ELIZABETH NEELY	40.00	1								
CURATOR OF DIGITAL EXPERIENCE						Х		119,144.	0.	15,501.
(8) DALE KRONKRIGHT	40.00									
HEAD OF CONSERVATION						Х		105,035.	0.	24,288.
(9) DAVID WARNOCK	2.30							_	_	_
TRUSTEE/BOARD CHAIR	1.00	X		X				0.	0.	0.
(10) JANE BAGWELL	2.30							_	_	_
TRUSTEE/CO-CHAIR	1.00	X		Х				0.	0.	0.
(11) JAY RALPH	2.30	1						_	_	_
TRUSTEE/TREASURER	1.00	X		Х				0.	0.	0.
(12) RAMONA SAKIESTEWA	2.30									_
TRUSTEE/SECRETARY(THRU JULY 2021)	1.00	X		Х			_	0.	0.	0.
(13) DONNA KINZER	2.30									_
TRUSTEE/SECRETARY		X		Х				0.	0.	0.
(14) RONALD BALSER	2.30								_ [_
TRUSTEE	1.00	Х						0.	0.	0.
(15) CARLOS ROVELO	2.30									_
TRUSTEE	0 22	X		_			_	0.	0.	0.
(16) DIANE BUCHANAN	2.30	١								_
TRUSTEE	1 2 2 2	X		_	_		<u> </u>	0.	0.	0.
(17) FELICITAS FUNKE	2.30	١,,								_
TRUSTEE	<u> </u>	Х		<u> </u>			<u> </u>	0.	0.	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •

132007 12-09-21

Form **990** (2021)

Part VII Section A. Officers, Directors		oloy	ees,			ghes	t Co			
(A)	(B)			((C) sition			(D)	(E)	(F)
Name and title	Average		not c	heck i	nore	than o		Reportable	Reportable	Estimated
	hours per week					s both		compensation from	compensation from related	amount of other
	(list any						É	the	organizations	compensation
	hours for	direct				ъ		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	эшис		1099-NEC)	,	and related
	below	idua	tution	er	oldma	est co loyee	je l	·		organizations
	line)	iģu	Insti	Officer	Key 6	Highest compensated employee	Former			
(18) ROBERT HOLLEYMAN	2.30									
TRUSTEE		X						0.	0.	0.
(19) DONALD HUMPHREYS	2.30									
TRUSTEE		X						0.	0.	0.
(20) KRISTINA FORT	2.30									
TRUSTEE		X						0.	0.	0.
(21) RAYMOND KRUEGER	2.30									
TRUSTEE		Х						0.	0.	0.
(22) BARTON SHOWALTER	2.30									
TRUSTEE	1.00	Х						0.	0.	0.
(23) CHRISTINE SCHUEPBACH	2.30									
TRUSTEE		Х						0.	0.	0.
(24) SUSAN HIRSCH	2.30									
TRUSTEE		Х						0.	0.	0.
(25) RIC ABEL	2.30									
TRUSTEE		Х						0.	0.	0.
(26) VAL ALONZO	2.30									
TRUSTEE		Х						0.	0.	0.
1b Subtotal							•	1,319,690.	0.	158,586.
c Total from continuation sheets to F	Part VII, Section A						>	0.	0.	0.
d Total (add lines 1b and 1c)								1,319,690.	0.	158,586.

8 compensation from the organization Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual 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 ... 4

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
THREESPOT MEDIA LLC, 1325 G ST NW, SUITE		
500, WASHINGTON, DC 20005	WEBSITE REDESIGNING	166,849.
GLUCKMAN TANG	SCHEMATIC DESIGN	
250 HUDSON STREET, NEW YORK, NY 10013	CONSULTANT - ARCHITE	151,261.
ROBERT HALF MANAGEMENT RESOURCES	MANAGEMENT	
PO BOX 743295, LOS ANGELES, CA 90074-3295	CONSULTING COMPANY	137,236.
BENTLEY GLOBAL ARTS GROUP LLC		
PO BOX 511603, LOS ANGELES, CA 90051-8158	PUBLISHING COMPANY	129,790.
ULSAKERSTUDIO, INC.	PHOTOGRAPHY	
246 HUBBARD ST., GLASTONBURY, CT 06033	EQUIPMENT/CONSULTING	127,802.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 5		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2021)

132008 12-09-21

Х

Form 990 GEORGIA (O.KEELLE	<u> </u>	<u>1US</u>	EU	<u>M</u>				85-043	7114
Part VII Section A. Officers, Directors, Tru	Compensated Employ	ees (continued)								
(A) Name and title	(B) Average hours				C) ition	1		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) WINDI GRIMES TRUSTEE	2.30	X						0.	0.	0
(28) GLENN RAMSDELL TRUSTEE	2.30	x						0.	0.	0
(29) ANITA SMITH	2.30	x						0.	0.	0
(30) JOCK SOTO TRUSTEE	2.30	x						0.	0.	0
(31) NICOLE NAMINGHA TRUSTEE	2.30	x						0.	0.	0
TROSTEE		_						0.	0.	0
							H			
		_								
Total to Part VII, Section A, line 1c										

Form 990 (2021) GEORGIA
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
တ္ တ	1 a	Federated campaigns 1a					
E a		Membership dues 1b	299,135.				
호일		Fundraising events 1c	,				
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations 1d					
ᅙᆑ		Government grants (contributions) 1e	1,167,817.				
Sis		All other contributions, gifts, grants, and					
英널	•		1,434,336.				
를	_	· · · · · · · · · · · · · · · · · · ·	3,243.				
F B		Noncash contributions included in lines 1a-1f	3,243.	2,901,288.			
OB	n	Total. Add lines 1a-1f	Business Code	2,301,200.			
	_	ADMISSIONS	900099	1 400 522	1 400 522		
<u>i</u>	2 a	morro a	900099	1,408,522.	1,408,522.		
e s	b			125,545.	125,545.		
Program Service Revenue	c		900099	83,599.	83,599.		
Bey	c	CHEST TORING THE PRINCIPLE OF THE PRINCI	900099	17,935.	17,935.		
δŪ	е		900099	11,800.	11,800.		
۱ ۵	f		900099	2,433.	2,433.		
\rightarrow		Total. Add lines 2a-2f		1,649,834.			
	3	Investment income (including dividends, interes					
		other similar amounts)		1,949,302.			1949302.
	4	Income from investment of tax-exempt bond pr		0.750			0.750
	5	Royalties		9,769.			9,769.
		(i) Real	(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 32,746,748.	239,400.				
	b	Less: cost or other basis					
a l		and sales expenses 7b 24,256,486.	0.				
Other Revenue	c	Gain or (loss) 7c 8,490,262.	239,400.				
8	d	Net gain or (loss)		8,729,662.	239,400.		8490262.
þe	8 a	Gross income from fundraising events (not					
ᅙ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b	605,086.				
\rightarrow		Net income or (loss) from sales of inventory		811,588.	502,806.	308,782.	
ا ي			Business Code				
o a	11 a	PASSTHRU FROM PARTNERSHIP INCOME	900099	229,967.		229,967.	
ang ang	b						
le X	c						
Miscellaneous Revenue	d	All other revenue	900099	40,429.			40,429.
\perp	е	Total. Add lines 11a-11d	>	270,396.			
	12	Total revenue. See instructions		16,321,839.	2,392,040.	538,749.	10489762.

132009 12-09-21

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0000	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			ipiete coluitiit (A).	
Do i	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			·	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	668,526.	103,447.	417,862.	147,217.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 64 5 2 2 6	2 244 252	500 564	65.000
7	Other salaries and wages	3,615,996.	3,011,253.	538,761.	65,982.
8	Pension plan accruals and contributions (include	71 050	61 611	0 105	0 000
	section 401(k) and 403(b) employer contributions)	71,950. 512,006.	61,611.	8,107.	2,232. 10,215. 5,230.
9	Other employee benefits	512,006.	467,746.	34,045.	10,215.
10	Payroll taxes	284,509.	230,267.	49,012.	5,230.
11	Fees for services (nonemployees):				
	Management	46 760		46 760	
b	Legal	46,768.		46,768.	
	Accounting	58,706.		58,706.	
d	, , , , , , , , , , , , , , , , , , , ,	9,859.			9,859.
e	Professional fundraising services. See Part IV, line 17	103,000.		103,000.	9,039.
f	Investment management fees	103,000.		103,000.	
g	,	689,925.	665,901.	10 502	1 122
40	column (A), amount, list line 11g expenses on Sch 0.)	53,947.	005,901.	19,592. 53,947.	4,432.
12	Advertising and promotion	264,230.	225,566.	33,402.	5,262.
13	Office expenses	158,528.	127,988.	27,237.	3,303.
14 15	Information technology	130,320.	127,500.	21,2514	3,303.
16	Royalties	469,601.	413,045.	54,507.	2,049.
17	Occupancy	43,813.	36,332.	5,619.	1,862.
18	Payments of travel or entertainment expenses	13,013.	30,332.	3,013.	1,002.
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	325,299.	256,194.	53,307.	15,798.
23	Insurance	224,493.	203,538.	20,319.	636.
24	Other expenses. Itemize expenses not covered		,	,	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	150,585.	138,247.	11,721.	617.
b	MAINTENANCE AND REPAIRS	50,155.	42,636.	7,297.	222.
С		-			
d					
	All other expenses	41,468.	41,468.		
25	Total functional expenses. Add lines 1 through 24e	7,843,364.	6,025,239.	1,543,209.	274,916.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
13201	0 12-09-21				Form 990 (2021)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	10,747.	1	6,929.
	2	Savings and temporary cash investments	801,666.	2	4,042,528
	3	Pledges and grants receivable, net	1,769,066.	3	1,658,155
	4	Accounts receivable, net	32,216.	4	52,437
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
छ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	420,736.	8	286,348
Ÿ	9	Prepaid expenses and deferred charges	318,345.	9	304,440
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10, 229, 710.			
	b	Less: accumulated depreciation 10b 5,643,186.	4,827,877.	10c	4,586,524
	11	Investments - publicly traded securities	133,915,383.	11	93,955,589
	12	Investments - other securities. See Part IV, line 11	22,219,689.	12	39,011,277
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	164,315,725.	16	143,904,227
	17	Accounts payable and accrued expenses	688,970.	17	610,894
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
98	22	Loans and other payables to any current or former officer, director,			
≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		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 (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	0 600 600		400 400
		of Schedule D	8,689,608.	25	422,197
	26	Total liabilities. Add lines 17 through 25	9,378,578.	26	1,033,091
s		Organizations that follow FASB ASC 958, check here 🕨 🗓			
ĕ		and complete lines 27, 28, 32, and 33.	106 204 701		04 705 011
<u>alar</u>	27	Net assets without donor restrictions	106,284,791.	27	84,795,011
Ä	28	Net assets with donor restrictions	48,652,356.	28	58,076,125
Ĕ		Organizations that do not follow FASB ASC 958, check here			
Ĕ		and complete lines 29 through 33.			
ts c	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	154 027 147	31	140 071 126
ž	32	Total net assets or fund balances	154,937,147.	32	142,871,136
	33	Total liabilities and net assets/fund balances	164,315,725.	33	143,904,227

	990 (2021) GEORGIA O'KEEFFE MUSEUM	85	-0437	114	Pag	ge 12
Par	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 321		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	,843	3,30	64.
3	Revenue less expenses. Subtract line 2 from line 1	3	8	,478	3,4	75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	154	,937	7,1	47.
5	Net unrealized gains (losses) on investments	5	9	, 362	2,6	86.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-29	,907	7,1	72.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	142	,871	L,1:	36.
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>			
				$ \bot $	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	,			
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule (э.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Au	dit			

Act and OMB Circular A-133? **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2021)

SCHEDULE A

(Form 990)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number GEORGIA O'KEEFFE MUSEUM

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 85-0437114

		(All organizations music complete this part,) dee instructions.										
The	organ	anization is not a private foundation because it is: (For lines 1 through 12, check only one box.)										
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
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	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit describe	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	•				•	oublic described in				
		section 170(b)(1)(A)(vi). (C	•		J							
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)							
9	一	An agricultural research org				ed in coniu	inction with a land-grant	college				
•		or university or a non-land-g				•	•	•				
		university:	, and somege or agme				, and state of the senege					
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, and	d aross receipts from				
		activities related to its exem	• , ,					•				
		income and unrelated busin		•				•				
		See section 509(a)(2). (Con		(,			ou by the organization o					
11		An organization organized a	•	ively to test for public sat	fety See	section 50	19(a)(4)					
12	Ħ	An organization organized a	·	•	-			purposes of one or				
_		more publicly supported or	•	- ·	•		· ·					
		lines 12a through 12d that	=									
а		Type I. A supporting orga	= -				=	aivina				
-		the supported organization	•	•		_		•				
		organization. You must o	., .		majority o	i ino anoc	1010 01 11001000 01 1110 01	.pporting				
b		Type II. A supporting org	•		ion with its	e sunnorte	nd organization(s) by hav	vina				
		control or management o	•					_				
		organization(s). You mus			arrie perso	iis triat coi	into of manage the supp	Jorted				
С		Type III functionally inte	-		in connect	ion with a	and functionally intograte	od with				
٠		its supported organization					· -	with,				
d		Type III non-functionally		•				zation(s)				
u								, ,				
		that is not functionally int	-				•	/eness				
_		requirement (see instructi	•	•								
е		Check this box if the orga functionally integrated, or					Type i, Type ii, Type iii					
_	Ente	er the number of supported o	**	, , , , , , , , , , , , , , , , , , , ,	ig organiz	alion.						
١ ~		vide the following information	•									
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other				
	•	organization	, ,	(described on lines 1-10	in your governi Yes	No No	support (see instructions)	support (see instructions)				
_				above (see instructions))								
_												
	al											

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	4638488.	1785982.	2219928.	4081608.	2901288.	<u> 15627294.</u>	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	4638488.	1785982.	2219928.	4081608.	2901288.	15627294.	
	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)						3352427.	
6	Public support. Subtract line 5 from line 4.						12274867.	
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 4	4638488.	1785982.	2219928.	4081608.		15627294.	
	Gross income from interest,							
•	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	2211107.	2181402.	2800738.	2460805.	1959071.	11613123.	
۵	Net income from unrelated business		22021014	20007007		23330721		
9	activities, whether or not the							
	business is regularly carried on	0.	0.	24,705.		217 789.	242,494.	
10	Other income. Do not include gain	•	•	21,703		217,703.	212,151.	
10	or loss from the sale of capital							
	assets (Explain in Part VI.)	88,664.	90,000.			40 429	219,093.	
44	Total support. Add lines 7 through 10	00,004.	50,000.				27702004.	
	Gross receipts from related activities,	ete (eee inetwestis	na)				,937,291.	
	First 5 years. If the Form 990 is for the	,	,	iourth or fifth toy y			, , , , , , , , , , ,	
13	organization, check this box and stor	-		•			ightharpoonup	
Sec	ction C. Computation of Publi		centage					
	Public support percentage for 2021 (I			rolumn (f))		14	44.31 %	
	Public support percentage from 2020					15	37.73 %	
	33 1/3% support test - 2021. If the c							
100	stop here. The organization qualifies	-					► V	
h	33 1/3% support test - 2020. If the o				line 15 is 33 1/3%			
	and stop here. The organization qual							
170	· · · · · · · · · · · · · · · · · · ·	-			12 162 or 16b s			
178	10% -facts-and-circumstances test	=						
	and if the organization meets the fact					_	▶ □	
	meets the facts-and-circumstances te	-						
k	10% -facts-and-circumstances test	ŭ				·	10% Or	
	more, and if the organization meets the					4:		
40	organization meets the facts-and-circu		-	-				
<u>18</u>	3 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990) 2021 GEORGIA O'KEEFFE MUSEUM Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	,,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	İ					
	include any "unusual grants.")	<u> </u>					
2	Gross receipts from admissions,						
	merchandise sold or services per-	İ					
	formed, or facilities furnished in any activity that is related to the	ı					
	organization's tax-exempt purpose						
3	Gross receipts from activities that	İ					
	are not an unrelated trade or bus-	İ					
	iness under section 513						
4	Tax revenues levied for the organ-	İ					
	ization's benefit and either paid to	İ					
	or expended on its behalf						
5	The value of services or facilities	İ					
	furnished by a governmental unit to	ı					
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and	1					
	3 received from disqualified persons	<u> </u>					
k	Amounts included on lines 2 and 3 received	 					
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	İ					
	amount on line 13 for the year	<u> </u>					
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support				_		
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,	ı					
	dividends, payments received on securities loans, rents, royalties,	İ					
	and income from similar sources						
k	Unrelated business taxable income	İ					
	(less section 511 taxes) from businesses	İ					
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business	İ					
	activities not included on line 10b, whether or not the business is	ı					
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital	ı					
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organization	on,
							>
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (li			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2021. If the						/ is not
_	more than 33 1/3%, check this box ar	•					▶⊔
k	33 1/3% support tests - 2020. If the	-					
•-	line 18 is not more than 33 1/3%, che			•		-	
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins		
1320	23 01-04-22					Schedule A	\ (Form 990) 2021

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
 IUD		

132024 01-04-21

Schedule A (Form 990) 2021

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
Sec	supported organizations played in this regard. stion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a		•		
b				
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction	(2)	
2	Activities Test. Answer lines 2a and 2b below.	456011	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2 a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2 b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

132025 01-04-22

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

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

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

emergency temporary reduction (see instructions).

3

4

5

Schedule A (Form 990) 2021

c Excess from 2019d Excess from 2020e Excess from 2021

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

SCHEI	DULE A,	PART	II,	LINE	10,	EXPLANA	MOITA	FOR	OTHER	INCOME:		
	ELLANEO											
2017	AMOUNT	: \$	88,	664.								
2018	AMOUNT	: \$	90,	000.								
	AMOUNT			429.								

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

2021

Name of the organization

GEORGIA O'KEEFFE MUSEUM

85-0437114

Organiz	ation type (check o	ne):						
Filers of	:	Section:						
Form 99	0 or 990-EZ	$oxed{X}$ 501(c)($oxed{3}$) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Note: O	nly a section 501(c)(covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General General	For an organization property) from any	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
X	For an organization sections 509(a)(1) a	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one						
	_	the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.						
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.						
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year						
answer '	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).						

Name of organization

Employer identification number

GEORGIA O'KEEFFE MUSEUM

85-0437114

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
1		\$\frac{1,056,417.}{}	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- - \$ <u>225,975.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$90,000•_	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-11-	-21		Schedule B (Form 990) (2021)

Name of organization Employer identification number

GEORGIA O'KEEFFE MUSEUM

85-0437114

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	dditional space is needed.	
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
7		\$\$66,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No₌	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Complete Part II for noncash contributions.
123452 11-11-	- 21		Schedule B (Form 990) (2021)

Name of organization Employer identification number

GEORGIA O'KEEFFE MUSEUM

85-0437114

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions,)	(d) Date received
		-	
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- - \$	
123453 11-11-	21	- 1 - 1	Schedule B (Form 990) (2021)

Employer identification number

GEORGI	IA O'KEEFFE MUSEUM		85-0437114
Part III) through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

13251009 146892 632317

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GEORGIA O'KEEFFE MUSEUM

Employer identification number 85-0437114

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Ac	counts. Complete if the		
	organization anomored 100 on 10111 000, 1 are 10, inte	(a) Donor adv	ised funds	(k	b) Funds and other accounts		
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	writing that the assets	held in donor advi	sed fund:	S		
	are the organization's property, subject to the organization's	exclusive legal contro	! ?		Yes	No	
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or	_	-		•		
	impermissible private benefit?				Yes	□ No	
Pa	rt II Conservation Easements. Complete if the org	ganization answered "	Yes" on Form 990,	Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recreat	r		of a histor	rically important land area		
	Protection of natural habitat	. [Preservation of	of a certif	ied historic structure		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribution in the form	of a con	servation easement on the I	ast	
	day of the tax year.			[Held at the End of the 1	Tax Year	
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified historic stru	ucture included in (a)			2c		
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not	on a historic struct	ure			
	listed in the National Register				2d		
3	Number of conservation easements modified, transferred, rele				ation during the tax		
	year ▶						
4	Number of states where property subject to conservation eas	sement is located 🕨		_			
5	Does the organization have a written policy regarding the peri	iodic monitoring, insp	ection, handling of				
	violations, and enforcement of the conservation easements it	holds?			Yes	No	
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations,	and enforcing cor	servatior	n easements during the year		
	>						
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enforcing conserv	ation eas	ements during the year		
	▶ \$						
8	Does each conservation easement reported on line 2(d) above				·		
	and section 170(h)(4)(B)(ii)?					No	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and						
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the						
Da	organization's accounting for conservation easements.	Aut Historical T		than C:			
Pa	organizations Maintaining Collections of		reasures, or O	tner Si	milar Assets.		
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 958	•					
	of art, historical treasures, or other similar assets held for pub		•		ce ot public		
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 958	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or research in tur	nerance	of public service,		
	provide the following amounts relating to these items:				• •		
	(i) Revenue included on Form 990, Part VIII, line 1				\$		
•		nource or other simila			\$		
2	•	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 FASB ASC 958 relating to these items:						
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X				► \$ ► \$		
					•	201 2004	
LHA	For Paperwork Reduction Act Notice, see the Instructions	IOF FORM 990.			Schedule D (Form 99	ouj 2021	

Complete in the organization answered thes on Form 990, Part IV, line that See Form 990, Part X, line to.						
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land		1,104,800.		1,104,800.		
b Buildings		8,318,779.	5,120,114.	3,198,665.		
c Leasehold improvements						
d Equipment		806,131.	523,072.	283,059.		
e Other						
Total. Add lines 1a through 1e. (Column (d) must equa	4,586,524.					

Schedule D (Form 990) 2021

	EEFFE MUSEUM	0.5	-043/114 Page
Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1h See Form 990 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of vear market value
(1) Financial derivatives	(b) Book value	(b) Metrica er variation. Cook er ena	or your market value
(A) Olasakakakakakakaka			
(3) Other			
(A) REAL ESTATE FUNDS	19,922,496.	END-OF-YEAR MARKET	VALUE
(B) PRIVATE EQUITY	,,,		
(C) INVESTMENTS	19,088,781.	END-OF-YEAR MARKET	VALUE
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	39,011,277.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	. 1E \		
Part X Other Liabilities.	: 10.)		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO THE O'KEEFFE MUSEUM	1		
(3) FOUNDATION			422,197.
(4)			
(5)			
(6)			
		1	

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

Schedule D (Form 990) 2021

422,197.

(8)

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

	dule D (Form 990) 2021 GEORGIA O KEEFFE MUSEUM		85-043/114	Page 4
ar	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		1 2 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
aı	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
1	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
aı	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add		line 4; Part X, line 2; Part	XI,

PART III, LINE 1A:

THE MUSEUM'S COLLECTIONS ARE MADE UP OF ARTWORK AND RESEARCH COLLECTIONS THAT ARE HELD FOR PUBLIC EXHIBITION, EDUCATIONAL, AND RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FINANCIAL GAIN. THE VALUE OF THE ART OBJECTS IN THE PERMANENT COLLECTION IS EXCLUDED FROM THE ACCOMPANYING CONSOLIDATED STATEMENTS OF FINANCIAL POSITION. ALL WORKS OF ART AND COLLECTIONS ARE PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED; AND ARE SUBJECT TO STRICT ORGANIZATIONAL POLICIES GOVERNING THEIR USE. ALL COLLECTION OBJECTS WERE INSURED WITH BLANKET INSURANCE COVERAGE.

THE COLLECTION IS SUBJECT TO A MUSEUM POLICY ESTABLISHED BY THE MUSEUM'S BOARD OF TRUSTEES. THE POLICY CURRENTLY REQUIRES ANY PROCEEDS FOR THE SALE 132054 10-28-21 Schedule D (Form 990) 2021 OF DEACCESSIONED ITEMS FROM THE COLLECTION BE DESIGNATED TO ACQUIRE OTHER ITEMS FOR THE COLLECTION OR FOR THE DIRECT CARE OF WORKS IN THE COLLECTIONS. DIRECT CARE INCLUDES COSTS ASSOCIATED WITH THE CONSERVATION, PRESERVATION, REGISTRATION, MAINTENANCE, STORAGE, AND SAFEGUARDING OF COLLECTIONS, INCLUDING ANALYSIS, TREATMENT, INVENTORY, RESEARCH, FRAMING, DOCUMENTATION, THE RELATED INFORMATION TECHNOLOGY TO ASSURE FULL DOCUMENTATION, AND THE PROVISION OF SAFE AND SECURE, CLIMATE CONTROLLED STORAGE AND MUSEUM SPACES. THE AMOUNT OF DIRECT CARE FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020 WAS \$721,502 AND \$423,354, RESPECTIVELY. AN ADDITION OF A WORK OF ART TO THE PERMANENT COLLECTION IS MADE EITHER BY DONATION FROM A BENEFACTOR OR THROUGH A PURCHASE FUNDED BY THE MUSEUM'S ART ACQUISITION FUND. THE ART ACQUISITION FUND IS A BOARD-DESIGNATED FUND FOR ACQUISITIONS, WHERE BOTH THE PRINCIPAL AND EARNED INCOME MAY BE USED FOR ART ACQUISITIONS. PROCEEDS FROM DEACCESSIONS OF COLLECTION ITEMS ARE REFLECTED AS INCREASES TO THE BOARD-DESIGNATED ART ACQUISITIONS FUND. DURING 2021 AND 2020, THE MUSEUM DEACCESSIONED ARTWORK WHICH WAS SUBSEQUENTLY SOLD FOR \$239,400 AND \$58,333, RESPECTIVELY. THE MUSEUM PURCHASED ARTWORK FOR \$30,000,000 DURING 2021. THE MUSEUM PURCHASED ARTWORK FOR \$143,793 DURING 2020.

PART III, LINE 4:

THE GEORGIA O'KEEFFE MUSEUM IS DEDICATED TO PERPETUATING THE ARTISTIC

LEGACY OF GEORGIA O'KEEFFE AND TO THE STUDY AND INTERPRETATION OF AMERICAN

MODERNISM THROUGH THE INSTITUTION'S COLLECTIONS, EXHIBITIONS, RESEARCH

CENTER, PUBLICATIONS, AND EDUCATIONAL PROGRAMS. IT CONTRIBUTES TO

SCHOLARLY DISCOURSE AND SERVES DIVERSE AUDIENCES. THE MUSEUM HOUSES THE

WORLD'S LARGEST COLLECTION OF ARTWORK BY GEORGIA O'KEEFFE AND PROVIDES AN

OVERVIEW OF HER ACHIEVEMENTS DURING THE EIGHT DECADES (1901-1984) THAT SHE

Schedule D (Form 990) 2021

132055 10-28-21

Part XIII | Supplemental Information (continued)

WAS ACTIVE AS AN ARTIST. THE COLLECTION INCLUDES WORKS IN CHARCOAL, OIL,

PASTEL, PENCIL, WATERCOLOR, AND BRONZE, WHICH REPRESENT MOST OF THE MANY

SUBJECTS O'KEEFFE ADDRESSED IN HER ART. THE MUSEUM IS COMMITTED TO MAKING

ITS EXHIBITIONS AND PROGRAMS AVAILABLE TO THE BROADEST POSSIBLE AUDIENCE.

ITS ACTIVE, CHANGING EXHIBITION SCHEDULE INCLUDES EXHIBITIONS DISPLAYING

WORKS BY O'KEEFFE, OTHER AMERICAN MODERNISTS, AND SELECT LIVING AMERICAN

ARTISTS.

PART V, LINE 4:

THE MUSEUM ENDOWMENTS AND OTHER DONOR-RESTRICTED FUNDS MUST BE SPENT

ACCORDING TO THE DONOR-DESIGNATED PURPOSE. IN ADDITION, ENDOWMENT FUNDS

REQUIRE THE PRESERVATION OF THE HISTORIC DOLLAR VALUE. THE BOARD OF THE

MUSEUM HAS INTERPRETED THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL

FUNDS ACT (UPMIFA) AS REQUIRING THE MAINTENANCE OF THE LONG-TERM

PURCHASING POWER OF THE DONOR-RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT

DONOR STIPULATIONS TO THE CONTRARY. DONOR-RESTRICTED FUNDS INCLUDE THE

FOLLOWING:

GENERAL OPERATIONS ENDOWMENT'S PURPOSE IS TO SUPPORT THE GENERAL OPERATIONS OF THE MUSEUM.

HISTORIC PROPERTIES ENDOWMENT FUND IS A DONOR-RESTRICTED ENDOWMENT TO BE

USED FOR THE OPERATION, PRESERVATION AND MAINTENANCE OF THE ABIQUIU AND

GHOST RANCH PROPERTIES.

THE RESEARCH CENTER ENDOWMENT IS TO SUPPORT THE STUDY CENTER (NOW REFERRED

TO AS THE RESEARCH CENTER) AND FOR FUNDING THE DIRECTOR OF THE RESEARCH

CENTER POSITION.

Schedule D (Form 990) 2021

CARNEY EXHIBITION ENDOWMENT IS TO SUPPORT EXPENDITURES RELATED TO EXHIBITIONS INSTALLED AT OR CURATED BY THE MUSEUM.

THOMA EXHIBITION ENDOWMENT IS TO BE USED TO SUPPORT EXHIBITION RESEARCH, PLANNING, IMPLEMENTATION AND INSTALLATION.

CAPITAL CAMPAIGN FUND IS TO BE USED FOR THE CONSTRUCTION OF A NEW MUSEUM CAMPUS.

PART X, LINE 2:

THE MUSEUM IS A NOT-FOR-PROFIT ORGANIZATION AND QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC).

FASB ISSUED AUTHORITATIVE GUIDANCE RELATING TO THE ACCOUNTING FOR THE UNCERTAINTY IN INCOME TAXES. THE GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN CONSOLIDATED FINANCIAL STATEMENTS IN ACCORDANCE WITH GAAP. THE GUIDANCE ALSO REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE MUSEUM'S INFORMATION RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX BENEFIT OR EXPENSE IN THE CURRENT YEAR. IN ADDITION, GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION WAS ALSO PROVIDED. AS OF DECEMBER 31, 2021 AND 2020, THE MUSEUM PERFORMED A COMPREHENSIVE REVIEW OF ITS MATERIAL TAX POSITIONS IN ACCORDANCE WITH RECOGNITION AND MEASUREMENT STANDARDS ESTABLISHED BY GAAP. AS A RESULT OF Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

2021
Open to Public Inspection

Name of the organization

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

Employer identification number

GEORGIA O'KEEFFI	E MIISEIIM				85-043711	4
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	es" on
Form 990, Part IV			·			
~	•		ds to substantiate the amount of its gra he selection criteria used to award the			Yes No
United States.			procedures for monitoring the use of its		ner assistance outsi	de the
			n be duplicated if additional space is n			I
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND						
THE CARIBBEAN -						
ANTIGUA & BARBUDA,						
ARUBA, BAHAMAS,	0	0	INVESTMENTS			13,901,425.
						12 001 405
3 a Subtotal	0	0				13,901,425.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a	Ů					, ·

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

Schedule F (Form 990) 2021

13,901,425.

and 3b)

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2021

Part II Grants and Other

(i) Method of valuation (book, FMV, appraisal, other)						Schodule F (Form 990) 2021
(h) Description of noncash assistance						PodoS
(g) Amount of noncash assistance					A	
(f) Manner of cash disbursement					ecognized as a tax valency letter	
(e) Amount of cash grant					ʻoreign country, ra ion 501(c)(3) equi	
(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region					s listed above that are re for which the grantee o	entities
(b) IRS code section and EIN (if applicable)					ecipient organizations nization by the IRS, or	other organizations or
1 (a) Name of organization						3 Enter total number of other organizations or entities

GEORGIA O'KEEFFE MUSEUM

Schedule F (Form 990) 2021

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2021
(g) Description of noncash assistance					Scheduk
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					-
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

132073 12-20-21

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 GEORGIA O'KEEFFE MUSEUM	85-0437114	Page 5
Part V Supplemental Information		i ago o
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accour	ting method: amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method)		
(estimated number of recipients), as applicable. Also complete this part to provide any additional infor	mation. See instructions.	
DIDE T . T. T. T. C.		
PART I, LINE 3:		
ACCRUAL		
-		

132075 12-20-21 Schedule F (Form 990) 2021

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GEORGIA O'KEEFFE MUSEUM

Employer identification number 85-0437114

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
		_		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
_	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а		4a		х
b	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c		4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	 -		
	The same of three 44.5, list the persons and provide the applicable amounts for each term in that in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of:			
а		5a		х
	Any related organization?	5b		х
~	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ū	contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		Х
2	If "Yes" on line 6a or 6b, describe in Part III.	-		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7	х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
ŭ	Regulations section 53 4958-6/c)?	9		

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 GEORGIA O'KEEFFE MUSEUM 85-0437114

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CODY HARTLEY	Ξ	328,405.	0	0.	11,600.	10,132.	350,137.	0.
MUSEUM DIRECTOR	Ξ		• 0	• 0	• 0	• 0	0	0
(2) COLLEEN KELLY DELAY	≘	179,57	5,000.	0.	7,848.	27,940.	220,36	0.
SR DIR, ADVANCEMENT & COMMUNICATIONS			• 0	0	• 0	• 0	0	0
(3) BENJAMIN FINBERG	≘	152,331.	5,000.	0.	6,534.	18,618.	182,483.	0.
SENIOR DIRECTOR OF OPERATIONS	€		0	0	• 0	• 0	0	0
(4) JENNIFER FOLEY, DEPUTY DIRECTOR	_	149,239.	5,000.	0	.779	20,078.	174,994.	0
FOR COLLECTIONS & ENGAGEMENT	_		0	0	• 0	• 0	0	0
	Ξ							
	≘							
	≘							
	≘							
	Ξ							
	≘							
	≘							
	(ii)							
	(i)							
	⊞							
	Ξ							
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	Ξ							
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							Schedu	Schedule J (Form 990) 2021

Page 3

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:
BONUS PAYMENTS WERE AWARDED AND APPROVED BY THE BOARD FOR ALL STAFF. THESE
WERE GIVEN TO INCENTIVIZE, RETAIN, AND ADJUST CLOSER TO MARKET VALUE DUE TO
NO COL RAISES DURING THE PREVIOUS TWO YEARS.
Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

Open to Public Inspection

Name of the organization

Types of Property

GEORGIA O'KEEFFE MUSEUM

Employer identification number 85-0437114

		(a) Check if	(b) Number of	(c) Noncash contri						
		applicable	contributions or	amounts report Form 990, Part VI		noncash contribu	ıtion ar	nounts	3	
	Aut. Maulco of out	X	7	FOITH 990, Fart VI	0.					
1	Art Historical transpures	<u> </u>	,		- ' 					
2	Art - Historical treasures				+					
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods				-					
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property				+					
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
14	Historic structures 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									
2 4 25	Other ()									
26										
20 27	,									
28	Other () Other ()									
<u>20</u> 29	Number of Forms 8283 received by the organization	totion during	the tay year for a	entributions						
29	for which the organization completed Form 82	-	<u>=</u>	.	29			0		
	for which the organization completed form 62.	bo, rait v, L	onee Acknowledg	ement [29			Yes	No	
200	During the year, did the organization receive by	, contributio	n any proporty ron	orted in Port I line	1 through	20 that it		163	No	
Jua	must hold for at least three years from the date				_					
	•			•			30a		Х	
	exempt purposes for the entire holding period'						Sua			
	If "Yes," describe the arrangement in Part II.	adiov that "	auiroa tha raviaur	of any nanatandard	oontributi	no?	0.4	x		
31	Does the organization have a gift acceptance	•	•	•		ופות!	31	$\vdash \stackrel{\triangle}{\vdash}$		
32a	Does the organization hire or use third parties		_	•					х	
1.	contributions?						32a			
	If "Yes," describe in Part II.	ali was (-) *		foundate bu	(a) ia -l !	. a al				
33	If the organization didn't report an amount in c	olullili (C) fo	a type of property	for which column	(a) is check	æu,				
	describe in Part II.	41 14 ·				0-1				
LHA	For Paperwork Reduction Act Notice, see	tne instruc	iions for Form 990) <u>.</u>		Schedule N	/ı (Forr	ก 990)	2021	

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132142 11-17-21 Schedule M (Form 990) 2021

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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

2021
Open to Public Inspection

OMB No. 1545-0047

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

Name of the organization

GEORGIA O'KEEFFE.

GEORGIA O'KEEFFE MUSEUM

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

Employer identification number 85-0437114

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
DECADES (1901-1984) THAT SHE WAS ACTIVE AS AN ARTIST. THE COLLECTION
INCLUDES WORKS IN CHARCOAL, OIL, PASTEL, PENCIL, WATERCOLOR,
AND BRONZE, WHICH REPRESENT MOST OF THE MANY SUBJECTS O'KEEFFE
ADDRESSED IN HER ART. THE MUSEUM IS COMMITTED TO MAKING ITS EXHIBITIONS
AND PROGRAMS AVAILABLE TO THE BROADEST POSSIBLE AUDIENCE. ITS ACTIVE,
CHANGING EXHIBITION SCHEDULE INCLUDES EXHIBITIONS DISPLAYING WORKS BY
O'KEEFFE, OTHER AMERICAN MODERNISTS, AND SELECT LIVING AMERICAN
ARTISTS. THE MUSEUM HAS ORGANIZED TRAVELING EXHIBITIONS WITH OTHER
MUSEUMS AS WELL.

THE MUSEUM'S MULTI-DISCIPLINARY EDUCATION AND PUBLIC PROGRAMS TEACH

DIVERSE CONSTITUENCIES ABOUT GEORGIA O'KEEFFE AND AMERICAN MODERNISM

THROUGH ON-SITE PROGRAMS SUCH AS DOCENT TRAINING, PROFESSIONAL

DEVELOPMENT FOR EDUCATORS, ADULT EDUCATION, LECTURES, CONCERTS, WEEKEND

FAMILY PROGRAMS AND HANDS-ON ACTIVITIES RELATED TO CURRENT EXHIBITIONS.

OFFSITE PROGRAMS INCLUDE A FULL-SCHOLARSHIP PROGRAM FOR PRE-ADOLESCENT

GIRLS AND BOYS, ARTS PROGRAMMING TO REPLACE UNDERFUNDED OR ELIMINATED

DISTRICT-FUNDED PROGRAMS IN LOCAL PUBLIC SCHOOLS, AFTER-SCHOOL

PROGRAMMING AT COMMUNITY AND LOCAL SCHOOL SITES, ART-MAKING WORKSHOPS

FOR ADULTS, STATEWIDE EDUCATION OUTREACH, AND WORKSHOPS FOR TEACHERS.

THE MUSEUM'S RESEARCH CENTER FOCUSES ON INTERDISCIPLINARY RESEARCH ON

AMERICAN MODERNISM IN THE FIELDS OF ART HISTORY, ARCHITECTURAL HISTORY

132211 11-11-21

13251009 146892 632317

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

Schedule O (Form 990) 2021

AND DESIGN, LITERATURE, MUSIC AND PHOTOGRAPHY.

THE MUSEUM'S AUDIENCES INCLUDE NEW MEXICO RESIDENTS AND VISITORS FROM ACROSS THE COUNTRY AND AROUND THE WORLD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE MUSEUM DIRECTOR AND THE CFO REVIEW THE FORM 990 FIRST. THEN IT IS

REVIEWED BY THE FINANCE AND AUDIT COMMITTEE PRIOR TO FILING WITH THE IRS.

THE PUBLIC DISCLOSURE COPY OF THE FORM 990 WAS DISCUSSED AT A BOARD OF

TRUSTEES MEETING WITH THE BOARD BEING ADVISED AS TO HOW THEY COULD REVIEW

THE DOCUMENT IN DETAIL AT THEIR WILL PRIOR TO THE FILING DATE.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY IN THE FIRST QUARTER OF THE YEAR, THE MUSEUM DISTRIBUTES ITS CODE

OF ETHICS AND PROFESSIONAL CONDUCT POLICY TO ITS EMPLOYEES ALONG WITH A

FORM THEY SIGN THAT STATES THAT THEY HAVE RECEIVED IT, HAVE READ IT AND ARE

IN COMPLIANCE WITH IT. IN ADDITION, THERE ARE MEETINGS HELD WITH THE

EMPLOYEES TO EXPLAIN THESE DOCUMENTS AND ANSWER ANY QUESTIONS THEY MIGHT

HAVE. WITHIN THE CODE OF ETHICS POLICY IS A CONFLICT OF INTEREST POLICY

STATEMENT AND A FRAUD AND DISHONESTY POLICY STATEMENT AS WELL AS OTHER

POLICY STATEMENTS. THE MUSEUM ALSO HAS A SEPARATE CODE OF ETHICS AND

PROFESSIONAL CONDUCT POLICY FOR BOARD MEMBERS THAT IS SIGNED BY ALL MEMBERS

EACH YEAR AND THAT INCLUDES A CONFLICT OF INTEREST POLICY STATEMENT. THERE

WERE NO INSTANCES OF CONFLICT DURING THE YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE REVIEWS MARKET COMPARABLES IN DETERMINING THE

DIRECTOR'S SALARY. THE COMMITTEE THEN MAKES A RECOMMENDATION TO THE BOARD

Name of the organization Employer identification number GEORGIA O'KEEFFE MUSEUM 85-0437114 OF TRUSTEES, WHICH HAS FINAL APPROVAL AUTHORITY FOR THE DIRECTOR'S COMPENSATION. THE DIRECTOR REVIEWS MARKET COMPARABLES WHEN DETERMINING ALL OTHER EMPLOYEE SALARIES. ANY SPECIAL BONUS PLANS OR COMPENSATION PLANS MUST BE APPROVED BY THE EXECUTIVE COMMITTEE. ALL DECISIONS ARE DOCUMENTED AND ARE KEPT BY HR AND FINANCE DEPARTMENTS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: CA, CO, FL, GA, MD, NM, NY, OH, WI, IL, MN, OK, TN, VA, WA FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS ARE POSTED ON OUR WEBSITE. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: -30,000,000. COLLECTION ITEMS PURCHASED BUT NOT CAPITALIZED PLEDGE IMPAIRMENT 92,828. TOTAL TO FORM 990, PART XI, LINE 9

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

2021

OMB No. 1545-0047

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

Open to Public Inspection

Employer identification number 85-0437114Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. End-of-year assets <u>e</u> Total income ਉ Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) Primary activity GEORGIA O'KEEFFE MUSEUM Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part II

(g) Section 512(b)(13) controlled Yes No entity? × GEORGIA O'KEEFFE Direct controlling entity MUSEUM status (if section Public charity LINE 12A, I 501(c)(3)) Exempt Code section 501(C)(3) ੁ Legal domicile (state or foreign country) NEW MEXICO SUPPORTING ORGANIZATION TO THE GEORGIA O'KEEFFE Primary activity MUSEUM THE O'KEEFFE MUSEUM FOUNDATION - 81-1012846 Name, address, and EIN of related organization SANTA FE, NM 87501 201 JOHNSON STREET

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CONTINUATIONS

132161 11-17-21 LHA

Schedule R (Form 990) 2021

Page 2

85-0437114

GEORGIA O'KEEFFE MUSEUM Schedule R (Form 990) 2021

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

(a)	(q)	(၁)	(p)	(e)	Œ	(a)	Ē	()	9	3
Name, address, and EIN of related organization	N Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership
		country)		sections 512-514)		doodio	Yes No	K-1 (Form 1065)	Yes	
Part IV Identification of Re organizations treate	Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	e as a Corpo	ration or Trust, Co ear.	Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related at year.	on answered "Yes	" on Form 990, P.	art IV, line 34,	, because it had or	ne or mo	ore related

	(13) olled ty?	ટ			×						
į	Section 512(b)(13) controlled entity?	Yes									
(y)	Percentage ownership				*00*						
(6)	Share of end-of-year	desers			0.						
(f)	Share of total income				0						
(e)	Type of entity (C corp, S corp,	or trasty			C CORP						
(p)	Direct controlling Type of entity (C corp., S corp,		тне о'кеегге	MUSEUM	FOUNDATION						
(0)	Legal domicile (state or foreign	country)			DE						
(q)	Primary activity			CONSERVATION PRODUCT	DEVELOPMENT						
(a)	Name, address, and EIN of related organization		GOKM INNOVATIONS INC 47-5622335	217 JOHNSON STREET	SANTA FE, NM 87501						

				ŀ		1
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	£
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rel	ated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Α			<u>1</u>	7	×
b Gift, grant, or capital contribution to related organization(s)				1 p	_	×
c Gift, grant, or capital contribution from related organization(s)				2	_	×
				79	_	⋈
				<u> </u>	×	
f Dividends from related organization(s)				=	_	×
g Sale of assets to related organization(s)				19	_	×
Purchase of assets from related organization(s)				ŧ	^	×
				;=	_	l⋈
j Lease of facilities, equipment, or other assets to related organization(s)				÷	_	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
l Performance of services or membership or fundraising solicitations for related organization(s)	ınization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			T T	_	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			÷	×	
o Sharing of paid employees with related organization(s)				9	×	
p Reimbursement paid to related organization(s) for expenses				1p	^	×
q Reimbursement paid by related organization(s) for expenses				19	7	×I
 r Other transfer of cash or property to related organization(s) 				÷	×	
s Other transfer of cash or property from related organization(s)				1s	_	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete thi	s line, including covered	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) PAYABLE TO THE O'KEEFFE MUSEUM FOUNDATION	ы	422,197.	BALANCE SHEET PAYABLE			
(2)						
(3)						
(4)						
(5)						
(9)						
40 74 44 604004			Siricodo S	Schodule B (Ec.m. 000) 2021	76 (000	3

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

(k) Percentage ownership				
(j) General or managing partner? Yes No				
20 ma -1 PE				
(h)				
(h) Disproportionate allocations? Yes No				
Xe allo				
(g) Share of end-of-year assets				
(f) Share of total income				
Are all partners sec. 501(c)(3) orgs.?				
(d) Predominant income particulated, unrelated, excluded from tax under sections 512-514) y				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

132165 11-17-21 Schedule R (Form 990) 2021

Form 8879-TE

THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization

for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of filer

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

GEORGIA	O'KEEFFE	MUSEUM

EIN or SSN 85-0437114

CODY HARTLEY Name and title of officer or person subject to tax MUSEUM DIRECTOR

Part | Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here >	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here >	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here >	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here > X	b	Total tax (Form 990-T, Part III, line 4)	6b	45,736.
7a	Form 4720 check here >	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	
Part	II Declaration and Signatu	ıre	Authorization of Officer or Person Subject to Tax		

Authorization of Officer or I

Under penalties of perjury, I declare that 🔀 I am an officer of the above entity or 🔲 I am a person subject to tax with respect to (name and that I have examined a copy of the _ , (EIN)_

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) and the return to the IRS and to receive from the IRS (b) and the return to the IRS and to receive from the IRS (b) and the return to the IRS (c) and the IRS (c) and the IRS acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the entry to the infancial institution account indicated in the tax preparation software for payment of the lederal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

P	IN:	check	one	box	only
		OHICOK	0110		~ ,

X Lauthorize MOSS ADAMS LLP

to enter my PIN

ERO firm name

Enter five numbers, but

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

fficer or person subject to tax > **** THIS IS NOT A FILEABLE COPY ****

Certification and Authentication

number (EFIN) followed by your five-digit self-selected PIN.

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

85334822222

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub, 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date = 10/09/22

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

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

Form **8879-TE** (2021)

102521 01-11-22

ERO's signature

Form **8868**

(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

	ed below with the exception of Form 8870, Information F s, for which an extension request must be sent to the IRS					
	nis form, visit www.irs.gov/e-file-providers/e-file-for-chari		,			
Automa	atic 6-Month Extension of Time. Only subm	nit origina	al (no copies needed).			
	rations required to file an income tax return other than Fo			s, REMICs	s, and trusts	
must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.			
Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpaye	ridentification	number (TIN)
print	GEORGIA O'KEEFFE MUSEUM				85-043	7114
File by the due date for filing your return See	Number, street, and room or suite no. If a P.O. box, see instructions. 217 JOHNSON STREET Turn. See					
instructions.	City, town or post office, state, and ZIP code. For a for SANTA FE, NM 87501	oreign addı	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			0 7
Applicati	on	Return	Application			Return
···					Code	
Form 990 or Form 990-EZ 01 Form 1041-A				08		
Form 4720 (individual) 03 Form 4720 (other than individual)					09	
					10	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	I-T (trust other than above)	06	Form 8870			12
Form 990	I-T (corporation)	07				
Teleph If the o	none No. ► $505-946-1034$ forganization does not have an office or place of business is for a Group Return, enter the organization's four digit (If it is for part of the group, check this box ►	s in the Uni Group Exe	Fax No. ▶ted States, check this box	f this is fo	r the whole gr	
the	quest an automatic 6-month extension of time until			e the exen	npt organizatic	on return for
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reasc	on: Initial return	Final retur	'n	
	nis application is for Forms 990-PF, 990-T, 4720, or 6069 nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	3,600.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069 imated tax payments made. Include any prior year overp	-		3b	\$	3,600.
	lance due. Subtract line 3b from line 3a. Include your pang EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.
Caution:	If you are going to make an electronic funds withdrawal	(direct deb	oit) with this Form 8868, see Form 84	453-TE and	d Form 8879-1	E for payment

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

Form 8868 (Rev. 1-2022)

2021.04030 GEORGIA O'KEEFFE MUSEUM

			EXTENDED TO NOVEMBER 15, 2022						
Form	990-T	l E	Exempt Organization Business Income Tax Return	ı L	OMB No. 1545-0047				
	-		(and proxy tax under section 6033(e))						
		For ca	lendar year 2021 or other tax year beginning and ending		2021				
	► Go to www.irs.gov/Form990T for instructions and the latest information.								
Depart Interna	ment of the Treasury I Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only							
Α _	Check box if address changed.	Name of organization (
B Ex	empt under section	Print GEORGIA O'KEEFFE MUSEUM 85-0437114							
X] 501(c)(3)] 408(e)220(e)	or Type Number, street, and room or suite no. If a P.O. box, see instructions. 217 JOHNSON STREET EGroup exemption number (see instructions)							
	30(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code SANTA FE, NM 87501	F	Check box if				
	()	C Bo	ok value of all assets at end of year	1	an amended return.				
G	Check organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust		un umonada rotum.				
	Check if filing only to								
			ation filing a consolidated return with a 501(c)(2) titleholding corporation						
			ed Schedules A (Form 990-T)		2				
				▶ □	Yes X No				
			d identifying number of the parent corporation.						
			JUDY SCHARMER Telephone number > 5	05-	946-1034				
Pai	rt I Total Unr	elate	d Business Taxable Income						
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		,				
	instructions)			1	218,789.				
2	Б			2					
3	Add lines 1 and 2			3	218,789.				
4	Charitable contrib		see instructions for limitation rules)	4	0.				
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	5	218,789.				
6			ng loss. See instructions	6					
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.						
	Subtract line 6 fro	m line 5	5	7	218,789.				
8	Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)	8	1,000.				
9	Trusts. Section 19	99A de	duction. See instructions	9					
10	Total deductions			10	1,000.				
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,						
	enter zero			11	217,789.				
Pai	rt II│ Tax Com	putat	ion						
1	Organizations tax	kable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	45,736.				
2	Trusts taxable at	trust r	ates. See instructions for tax computation. Income tax on the amount on						
	Part I, line 11 from	ո։	Tax rate schedule or Schedule D (Form 1041)	2					
3	Proxy tax. See ins	structio	ns	3					
4	Other tax amounts	s. See i	nstructions	4					
5	Alternative minimu	ım tax	(trusts only)	5					
6	Tax on noncomp	liant fa	cility income. See instructions	6					
7	Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	7	45,736.				
LHA	For Paperwork F	Reduct	ion Act Notice, see instructions₌		Form 990-T (2021)				

LHA For Paperwork Reduction Act Notice, see instructions.

Form 99	90-T (2	021)						Page :
Part	III T	Tax and Payments						
1a		n tax credit (corporations attach Form 1						
b		credits (see instructions)						
С		al business credit. Attach Form 3800 (se						
d		for prior year minimum tax (attach Form						
е		credits. Add lines 1a through 1d						45 506
2		act line 1e from Part II, line 7					2	45,736.
3	Other		4255 Form 8611 (attach statement)			Form 8866	. 3	
4		tax. Add lines 2 and 3 (see instructions).			,	red under		
	sectio	n 1294. Enter tax amount here			▶		4	45,736.
5		nt net 965 tax liability paid from Form 96					. 5	0.
6a		ents: A 2020 overpayment credited to 20			6a	3,439	<u>'-</u>	
b		estimated tax payments. Check if sectio			6b			
С		eposited with Form 8868			6c			
d	_	n organizations: Tax paid or withheld at						
е		up withholding (see instructions)						
f		for small employer health insurance pre			6f			
g			Other	Total ▶				
7		payments. Add lines 6a through 6g					_ 7	3,439.
8		ated tax penalty (see instructions). Chec				▶ ∟	8	996.
9		ue. If line 7 is smaller than the total of lin						43,293.
10		payment. If line 7 is larger than the total			aid		10	
11 Part		the amount of line 10 you want: Credite Statements Regarding Certain			(·	Refunded	<u> 11 </u>	
						•		
1		time during the 2021 calendar year, dic	•		•		-	Yes No
		financial account (bank, securities, or o			•	•		
		N Form 114, Report of Foreign Bank and	d Financial Accounts. If "Ye	es," enter the	name of th	ne foreign countr	У	x
•	here			:4 4				$ \vdash$ \vdash $^{\triangle}$
2		g the tax year, did the organization received		-				x
		n trust? s," see instructions for other forms the o						
3		the amount of tax-exempt interest receiv				▶ \$		
4		available pre-2018 NOL carryovers here					carryover	
7		n on Schedule A (Form 990-T). Don't red						
5		2017 NOL carryovers. Enter available Bu	•	•	•	•	arti, iirio 4.	
J		nounts shown below by any NOL claime					ne	
	ti ic ai	Business Activi		11, 11110 17 101	•	le post-2017 NOI		
		Business Activi	ty oodc	\$	Availab	ic post 2017 1101	_ carryover	
				\$				
6a	Did th	e organization change its method of acc	ounting? (see instructions)					X
b		s "Yes," has the organization described t			F. or Form	1128? I f "No."		
		n in Part V		, , , , , , , , , , , , , , , , , , , ,				
Part	v 9	Supplemental Information						
Provide	the ex	planation required by Part IV, line 6b. Al	so, provide any other addit	ional informa	tion. See ir	nstructions.		
			,					
		der penalties of perjury, I declare that I have examined rrect, and complete. Declaration of preparer (other than					wledge and belie	of, it is true,
Sign		reed, and complete. Declaration of proparor (other than		ii oi willon propur	or rido driy kilo	micage.	May the IRS di	scuss this return with
Here				MUSEUM	DIREC	CTOR	,	nown below (see
		Signature of officer	Date	Title			instructions)?	X Yes No
		Print/Type preparer's name	Preparer's signature	D	ate	Check	if PTIN	
Paid			PAMELA			self- employ	I .	
Prepa	rer	PAMELA ALEXANDERSON	ALEXANDERSON	10	0/09/2	22		1218925
Use C		Firm's name ► MOSS ADAMS L				Firm's EIN	▶ 91-	-0189318
	•		CAS PARKWAY N	E STE	600			
		Firm's address ▶ ALBUQUERQU	E, NM 87110			Phone no.	505-87	78-7200

Phone no. 505-878-7200 Form **990-T** (2021)

123711 01-31-22

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

1

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

B Employer identification number

	GEORGIA O'KEEFFE MUSEUM			85-0	43711	4	
C L	Inrelated business activity code (see instructions) > 45322	0		D Sequen	ıce: 1	of 2	<u> </u>
E [escribe the unrelated trade or business GIFT SHOP SA	LES	FOR ITEMS UNF	RELATED	TO EX	EMPT	
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expens	ses	(C) Ne	t
_	Gross receipts or sales 568,068.	Г					
	·	ــــــــــــــــــــــــــــــــــــــ	568,068.				
	Less returns and allowances c Balance >	1c 2	259,286.				
2	Cost of goods sold (Part III, line 8) Gross profit, Subtract line 2 from line 1c	3	308,782.			308	782.
	Capital gain net income (attach Sch D (Form 1041 or Form	ᡰ	300,7021			300	7020
+ u	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12	200 700			200	700
13	Total. Combine lines 3 through 12	13	308,782.			308,	,782.
Par	t II Deductions Not Taken Elsewhere See instruction			ctions. Dec	ductions	must be	
	directly connected with the unrelated business in	come	9				
_	Compensation of officers, directors, and trustees (Part X)				1		
1	Salaries and wages					93	653.
3	Repairs and maintenance						0334
4	Bad debts						
5	Interest (attach statement). See instructions						
6	Taxes and licenses				6		
7			7				
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b		
9	Depletion				9		
10	Contributions to deferred compensation plans				10		
11	Employee benefit programs						
12	Excess exempt expenses (Part VIII)				12		
13	Excess readership costs (Part IX)				13		
14	Other deductions (attach statement)		SEE STATE	MENT 1	14		<u>,863.</u>
15					15	403,	<u>,516.</u>
16	Unrelated business income before net operating loss deduction. Su						
	column (C)				16	-94,	734.
17	Deduction for net operating loss. See instructions					~ ^ 4	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	3					734.
LHA	For Paperwork Reduction Act Notice, see instructions.				Schedule	A (Form 990)-T) 202

ae	2

Part	III Cost of Goods Sold Enter met	hod of inventory valuatio	n ▶ COST		
1	Inventory at beginning of year	<u> </u>		1	186,772.
2	Purchases				186,233.
3	Cost of labor				0.
4	Additional section 263A costs (attach statement)			4	0.
5	Other costs (attach statement)				0.
6	Total. Add lines 1 through 5				373,005.
7	Inventory at end of year				113,719.
8	Cost of goods sold. Subtract line 7 from line 6. Enter				259,286.
9	Do the rules of section 263A (with respect to property	produced or acquired for	r resale) apply to the org	ganization?	Yes X No
Part	IV Rent Income (From Real Property and	l Personal Property	y Leased with Rea	al Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Check if	a dual-use. See instruc	ctions.	
	A				
	В 🗌				
	c 🗌				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the	Τ			_
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach etatement)	through D. Enter here a	nd on Part I, line 6, colu	umn (A)	0.
3 4 <u>5</u> Part '	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er	nter here and on Part I, lin	ne 6, column (B)		0.
4 <u>5</u> Part '	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions, Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	nter here and on Part I, lin	ne 6, column (B)		
4 <u>5</u> Part '	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	nter here and on Part I, lin	ne 6, column (B)		
4 <u>5</u> Part '	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B)eck if a dual-use. See ir	nstructions.	0.
4 <u>5</u> Part '	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B)eck if a dual-use. See ir	nstructions.	0.
4 <u>5</u> Part '	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a column and col	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B)eck if a dual-use. See ir	nstructions.	0.
4 5 Part ' 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a columns) B	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B)eck if a dual-use. See ir	nstructions.	0.
4 5 Part ' 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a columns) B	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B)eck if a dual-use. See ir	nstructions.	0.
4 5 Part ' 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a columns) B	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B)eck if a dual-use. See ir	nstructions.	0.
4 5 Part 1 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a growth of the columns	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B)eck if a dual-use. See ir	nstructions.	0.
4 5 Part ' 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a column of the debt-financed property (street address) or a column of the debt-financed property Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement)	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B)eck if a dual-use. See ir	nstructions.	0.
4 5 Part ' 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a second property (street address) (s Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B)eck if a dual-use. See ir	nstructions.	0.
4 5 Part ' 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a columns A through D. Err Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D)	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B)eck if a dual-use. See ir	nstructions.	0.
4 5 Part ' 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a second property (street address) (s Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable	nter here and on Part I, line ee instructions) city, state, ZIP code). Ch	ne 6, column (B)eck if a dual-use. See ir	nstructions.	0.
4 5 Part 1 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a second property (street address) (s B	nter here and on Part I, liree instructions) city, state, ZIP code). Ch	ne 6, column (B)eck if a dual-use. See ir	nstructions.	0.
4 5 Part 1 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a second property) Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-	nter here and on Part I, liree instructions) city, state, ZIP code). Ch	ne 6, column (B)eck if a dual-use. See ir	nstructions.	D D
4 5 Part 1 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a second property (street address) (s B	nter here and on Part I, liree instructions) city, state, ZIP code). Ch	ne 6, column (B)eck if a dual-use. See in	nstructions.	D %
4 5 Part 1 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions, Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a secretary of the secre	A A A A A	B B %	c	D D
4 5 Part 1 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions, Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a become a compared by the columns of t	A A A A A	B B %	c	D %
4 5 Part 1 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a become a compared by the columns of t	A A Sheer here and on Part I, line ee instructions) A Kan be a series of the serie	B I, line 7, column (A)	c C	0. D
4 5 Part 1 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Err Unrelated Debt-Financed Income (s Description of debt-financed property (street address, or a grown of the columns o	A A Sheer here and on Part I, line ee instructions) A Kan be a series of the serie	B I, line 7, column (A)	c C	D %

Schedu Part	ıle A (Form 990-T) 2021 VI İnterest, Annı	uities. Re	ovalties, and Re	ents fror	n Control	led Or	ganization	S (94	ee instruct	ione)		Page	<u>3</u>
							Exempt Contro						-
	Name of controlled organization identification number		identification	3. Net unrelated 4. Tot		4. Tota	al of specified nents made 5. Part of column that is include controlling or		art of colur included	mn 4 in the aniza		eductions directly connected with ome in column 5	_
(1)								110110	y groce inc	701110			_
(2)													-
(3)													_
(4)													_
			No	nexempt C	Controlled O	rganizati	ions						_
7	Taxable Income	ir	Net unrelated ncome (loss) e instructions)	1	otal of specif yments mad		10. Part that is incontrolling aross	luded	in the zation's		coni	uctions directly nected with e in column 10	
(1)							9						_
(2)													_
(3)													
(4)													_
							Add colum Enter here line 8, o	and on	Part I, (A)	Ente	er he	umns 6 and 11. re and on Part I, B, column (B)	
Totals Part	VII Investment	Income	of a Section 50	1/0\/7\ /	0) or (17)	Orgar	ization (-		0.			0 .	<u>-</u>
		cription of		1(0)(1), (2. Amou incon	nt of	3. Deduction directly connutation (attach state)	ons ected	ructions) 4. Set- (attach st		nt)	. Total deduction and set-asides (add cols 3 and 4)	
<u>(1)</u>											_		_
(2)											_		_
(3)											+		_
(4) Totals				>	Add amou column 2 here and of line 9, colu	Enter n Part I,						Add amounts in column 5. Enter nere and on Part I line 9, column (B)	ļ,
Part	VIII Exploited E	xempt A	Activity Income,	Other T	han Adve	ertising	g Income	(see ins	structions)				_
1	Description of exploite												_
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2			
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	here and on Pa		·				_
	line 10, column (B)									3			_
4	Net income (loss) from												_
	lines 5 through 7									4			_
5	Gross income from ac	tivity that i	is not unrelated busi	ness incor	me					5			_
6	Expenses attributable	to income	entered on line 5							6			_
7	Excess exempt expen	ses. Subtr	act line 5 from line 6	, but do no	ot enter more	e than th	ne amount on I	ine					
	4. Enter here and on F	Part II, line	12							7			

Schedule A (Form 990-T) 2021

0	ane	

	IX		dvertising Income					
1	Na	ame(s)	of periodical(s). Check box if reporting	ng two or m	ore periodicals on a	consolidated basis	S.	
	Α							
	В							
	С							
	D							
Enter a	amo	unts f	or each periodical listed above in the	correspond	lina column.			
				Γ	Α	В	С	D
2	Gı	ross ar	dvertising income					
_			uwertising income umns A through D. Enter here and or		11 column (Δ)			0.
_	/ (ad Con	annis A through b. Enter here and or	i i dit i, iii c	TT, COIGITITY (-1)			
a	D:	root o	dvertising costs by periodical	Г				
3			umns A through D. Enter here and or	_	11 column (P)	l		. 0.
а	AC	au con	unins A through b. Enter here and or	i Fait i, iiile	i i, coluitii (b)			
	۸.		in a main (lana). Codatura at lina of from li	Г				
4			ing gain (loss). Subtract line 3 from li	rie				
			ny column in line 4 showing a gain,					
		-	e lines 5 through 8. For any column i					
			lowing a loss or zero, do not complet					
_			hrough 7, and enter zero on line 8					
5			hip costs					
6			on income					
7			readership costs. If line 6 is less than					
			ubtract line 6 from line 5. If line 5 is le					
			e 6, enter zero					
8			readership costs allowed as a					
			on. For each column showing a gain	II				
			nter the lesser of line 4 or line 7	_				
а	Ac	dd line	8, columns A through D. Enter the g	greater of the	e line 8a, columns to	tal or zero here an	d on	
_			ne 13				>	0.
<u>Part</u>	<u>X</u>	C	ompensation of Officers, Di	rectors, a	and Irustees (s	ee instructions)	1	
							3. Percentage	4. Compensation
			1. Name		2. Title		of time devoted	attributable to
							to business	unrelated business
(1)							%	
(2)							%	
(3)							%	
(4)							%	
								_
								0.
Part	ΧI	S	upplemental Information (se	ee instructio	ons)			

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
ADMINISTRATIVE AND OVERH RETAIL MISC EXPENSE	EAD COSTS	278,757. 31,106.
TOTAL TO SCHEDULE A, PAR	T II, LINE 14	309,863.
FORM 990-T DESCRIPTI SCHEDULE A	ON OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 2

GIFT SHOP SALES FOR ITEMS UNRELATED TO EXEMPT ACTIVITY

TO FORM 990-T, SCHEDULE A, LINE E

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

						Employer identification number 85-0437114				
c ւ	Unrelated business activity code (see instructions) > 52300	0		D Sequen	ce: 2	of 2				
F	Describe the unrelated trade or business PASSTHROUGH	INVE	STMENT INCOM	Ξ						
	रा Unrelated Trade or Business Income		(A) Income	(B) Expens	ses	(C) Net				
1 a	Gross receipts or sales									
b	Less returns and allowancesc Balance ▶	1c								
2	Cost of goods sold (Part III, line 8)	2								
3	Gross profit. Subtract line 2 from line 1c	3								
4 a	Capital gain net income (attach Sch D (Form 1041 or Form									
	1120)). See instructions	4a	229,301.			229,301.				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b								
С	Capital loss deduction for trusts	4c								
5	Income (loss) from a partnership or an S corporation (attach									
	statement) STATEMENT 3	5	666.			666.				
6	Rent income (Part IV)	6								
7	Unrelated debt-financed income (Part V)	7								
8	Interest, annuities, royalties, and rents from a controlled									
	organization (Part VI)	8								
9	Investment income of section 501(c)(7), (9), or (17)									
	organizations (Part VII)	9								
10	Exploited exempt activity income (Part VIII)	10								
11	Advertising income (Part IX)	11								
12	Other income (see instructions; attach statement)	12								
13	Total. Combine lines 3 through 12	13	229,967.			229,967.				
	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	come				must be				
1	Compensation of officers, directors, and trustees (Part X)					1,000.				
2	Salaries and wages					1,000.				
3	Repairs and maintenance				4					
4	Bad debts									
5	Interest (attach statement). See instructions				6					
6 7	Taxes and licenses Depreciation (attach Form 4562). See instructions		7							
8	Less depreciation claimed in Part III and elsewhere on return				8b					
9					9					
10	Depletion Contributions to deferred compensation plans									
11					11					
12					12					
13	Excess exempt expenses (Part VIII) Excess readership costs (Part IX)				13					
14	Excess readership costs (Part IX) Other deductions (attach statement)		SEE STATE	MENT 4	14	10,178.				
15					15	11,178.				
16	Unrelated business income before net operating loss deduction. Si				"	,				
10	column (C)		·	•	16	218,789.				
17	Deduction for net operating loss. See instructions				17	0.				
18	Unrelated business taxable income. Subtract line 17 from line 16					218,789.				
LHA	For Paperwork Reduction Act Notice, see instructions.					A (Form 990-T) 202				
	. J applittorit rioudollori riot Hotioo, Joo illuu dottolla				Jones and A	01111 000 1/202				

2021.04030 GEORGIA O'KEEFFE MUSEUM

Page 2		
	Page	2

Part I	II Cost of Goods Sold Enter met	hod of inventory valuatio	<u>n</u>		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property				Yes No
Part I	V Rent Income (From Real Property and	l Personal Property	y Leased with Rea	al Property)	
1	Description of property (property street address, city, s	tate, ZIP code). Check if	a dual-use. See instruc	tions.	
	A				
	В				
	c				
	D				
		A	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
5 Part V	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address,	ee instructions)			0.
	A	orty, otato, 211 0000/i 011	con ii a duai use. Gee ii	istractions.	
	A	, , state, 211 code). On	eek ii a daal ase. Gee ii	Structions.	
	A	A	B	C	D
	A				D
2	A B C C C C C C C C C C C C C C C C C C				D
2	A B C C C C C C C C C C C C C C C C C C				D
2	A B C C C C C C C C C C C C C C C C C C				D
2 3 a	A B C C C C C C C C C C C C C C C C C C				D
2 3 a b	A B C C D C C C C C C C C C C C C C C C C				D
2 3 a b c	A B C C C C C C C C C C C C C C C C C C				D
2 3 a b c	A B B C C D D C C C C C C C C C C C C C C				D
2 3 a b c	A B C C C C C C C C C C C C C C C C C C				D
2 3 a b c	A B B C C D D C C C C C C C C C C C C C C				D
2 3 a b c	A B C C D D C C C C C C C C C C C C C C C	A			D
2 3 a b c	A B C C D D C C C C C C C C C C C C C C C	A	В	C	D
2 3 a b c 4 5	A B C C D D C C C C C C C C C C C C C C C	A			D
2 3 a b c 4 5 6 7	A B C C D D C C C C C C C C C C C C C C C	A	B	C	%
2 3 a b c 4 5 6 7	A B C C D D C C C C C C C C C C C C C C C	A	B	C	
2 3 a b c 4 5 6 7	A B C C D D C C C C C C C C C C C C C C C	A	B	C	%
2 3 a b c 4 5 6 7 8	A B C C D D C C D D C C C D D C C C D D C C C D D C C C C C C D D C	A %	B %	C	% 0.
2 3 a b c 4 5 6 7 8 9	A B C C D C C D C C C C C C C C C C C C C	A % . Enter here and on Part	B %	C	% 0.

ane	2	

	VI Interest, Annu		oyalties, and Re	ents fror	n Control	led Or	ganizations	s (s	ee instruct	tions)		ı age 3
						E	Exempt Contro	lled O	ganization	ns .		
	 Name of controlled organization 		identification income				al of specified ments made	that is	5. Part of column 4 that is included in the controlling organization's gross income		connected with	
<u>(1)</u>												
(2)												
(3)				ļ								
(4)				<u> </u>								
	T				Controlled O			- £ l.			D1	
,	Taxable Income	ir	Net unrelated acome (loss) e instructions)	1	otal of specif yments mad		that is inc controlling gross	luded	in the zation's		conr	uctions directly nected with in column 10
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I,	Ente	er her	umns 6 and 11. re and on Part I, s, column (B)
Totals						•			0.			0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Organ	nization (s	ee ins	tructions)			
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach state)	ons ected		asides tateme	nt)	. Total deductions and set-asides (add cols 3 and 4)
<u>(1)</u>												
(2)												
(3)											_	
(4) Totals				>	Add amou column 2 here and or line 9, colu	. Enter n Part I,						Add amounts in column 5. Enter nere and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	Other 1	Than Adve	ertising	g Income	(see in	structions)			
1	Description of exploite	ed activity:										
2	Gross unrelated busin							٠,		2		
3	Expenses directly con line 10, column (B)							,		3		
4	Net income (loss) from lines 5 through 7	n unrelated	trade or business.	Subtract lir	ne 3 from line	e 2. If a	gain, complete	+		4		
5	Gross income from ac	tivity that i	s not unrelated bus	iness incor	me					5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4 Enter here and on F	Part II line	12							7		

Schedule A (Form 990-T) 2021

Page 4	Page	4
--------	------	---

Part	IX	Ad	Ivertising Income								
1	Na	me(s)	of periodical(s). Check box if reporti	ng two or	more period	icals on a	consolidated b	asis.			
	Α			Ü							
	В	一一									
		⊢-									
	С	⊢-									
	D	Ш_									
Inter a	ımoı	unts fo	r each periodical listed above in the	correspo	nding colum	n.					
					Α		В		С		D
2	Gr	oss ad	vertising income								
	Ad	ld colui	mns A through D. Enter here and or	n Part I, lin	e 11, colum	n (A)			•		0.
а			-			. ,					
3	Dir	rect ad	vertising costs by periodical								
			mns A through D. Enter here and or		o 11 colum	n (B)					0.
а	Au	ia colai	mins A through b. Enter here and or	ii aiti, iii	e i i, coluiii	· · (D)					
_							T		I		
4			ng gain (loss). Subtract line 3 from li	ine							
		-	y column in line 4 showing a gain,								
	СО	mplete	lines 5 through 8. For any column i	in							
	line	e 4 shc	owing a loss or zero, do not complet	te							
	line	es 5 th	rough 7, and enter zero on line 8 $_{\cdot\cdot\cdot}$								
5	Re	adersh	nip costs								
6			on income								
7			eadership costs. If line 6 is less than			-					
	line	e 5, sul	btract line 6 from line 5. If line 5 is le	ess							
			6, enter zero								
8			eadership costs allowed as a								
Ü			n. For each column showing a gain	on							
			ter the lesser of line 4 or line 7								
а			8, columns A through D. Enter the g	reater of t	ne line 8a, c	olumns to	tai or zero nere	e and on	1		0.
David		ırt II, lin									0.
Part	<u>^</u>	CC	ompensation of Officers, Di	rectors	, and Trus	stees (see instructions		1		
									3. Percentage	4. Comp	
			1. Name			2. Title		0	of time devoted	attribut	able to
									to business	unrelated	business
1)									%		
2)									%		
3)									%		
4)									%		
Total.	. Ent	ter here	e and on Part II, line 1						•		0.
Part				ee instruc							
			(S	CC IIISti GC	LIOI 13)						

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION	NET INCOME OR (LOSS)
HARBOURVEST CO-INVESTMENT IV - INTEREST INCOME HARBOURVEST CO-INVESTMENT IV - DIVIDEND INCOME HARBOURVEST CO-INVESTMENT IV - OTHER PORTFOLIO INCOME	295. 14,206.
(LOSS) HARBOURVEST CO-INVESTMENT IV - OTHER INCOME (LOSS) HARBOURVEST CO-INVESTMENT IV AIV - OTHER INCOME (LOSS)	200. -3,016. -11,019.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	666.
FORM 990-T (A) OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION	AMOUNT
TAX PREPARATION FEES INVESTMENT MANAGEMENT FEES OTHER DEDUCTIONS - PORTFOLIO FROM HARBOURVEST CO-INVESTMENT	1,500. 8,654.
IV	24.
TOTAL TO SCHEDULE A, PART II, LINE 14	10,178.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

GEORGIA O'KEEFFE MUSEUM	85-0437114				
Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?	▶ Yes X No				
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.					
Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less					

Part I Short-Term Capital Gai	ins and Losses - Ass	ets Held One Year	or Less			
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						
1b Totals for all transactions reported on						
Form(s) 8949 with Box A checked						
2 Totals for all transactions reported on						
Form(s) 8949 with Box B checked						
3 Totals for all transactions reported on						
Form(s) 8949 with Box C checked	from Form COEO line OC or O	7				
4 Short-term capital gain from installment sales				4		
5 Short-term capital gain or (loss) from like-kind				5	1	
6 Unused capital loss carryover (attach computa7 Net short-term capital gain or (loss). Combine	alinee to through 6 in column			6 7	<u> </u>	
Part II Long-Term Capital Gai	ns and Losses - A ss	ets Held More Than	n One Year			
See instructions for how to figure the amounts to enter on the lines below. (d) (e) (g) Adjustments to ge to enter on the lines below.			(h) Gain or (loss) Subtract column (e) from			
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column	(g)	column (d) and combine the result with column (g)	
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b						
8b Totals for all transactions reported on						
Form(s) 8949 with Box D checked						
9 Totals for all transactions reported on						
Form(s) 8949 with Box E checked						
10 Totals for all transactions reported on					000 201	
Form(s) 8949 with Box F checked					229,301.	
				11		
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12		
13 Long-term capital gain or (loss) from like-kind				13		
14 Capital gain distributions 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15				229,301.		
Part III Summary of Parts I and		n n		15	229,301.	
-		I logo (line 15)		16		
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)					229,301.	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns				17 18	229,301.	
Note: If losses exceed gains, see Capital Los		phoable line oil other returns	'	10		
Hote. II 100000 000000 gains, see Capital Los	ises in the manuchons.					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2021

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

GEORGIA O'KEEFFE MUSEUM

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (h) (b) (d) (a) (c) (e) loss. If you enter an amount in column (g), enter a code in column (f). See instructions. Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or (sales price) Subtract column (e) (Example: 100 sh. XYZ Co.) basis. See the (Mo., day, yr.) disposed of from column (d) & Note below and (Mo., day, yr.) (f) (g) Amount of see *Column (e)* ir combine the result Code(s) the instructions with column (g) adjustment 182,141. C 47,160. C 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

123012 12-14-21

229,301.

negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

GEORGIA O'KEEFFE MUSEUM			<u> 85-</u>	85-0437114			
Did the corporation dispose of any investmen	nt(s) in a qualified opportur	nity fund during the tax y	ear?	Yes X No			
If "Yes," attach Form 8949 and see its instru-	ctions for additional require	ements for reporting you	r gain or loss.				
Part I Short-Term Capital Gai	ins and Losses - Ass	ets Held One Year	or Less				
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 8949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)			
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)				
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b							
1b Totals for all transactions reported on Form(s) 8949 with Box A checked							
2 Totals for all transactions reported on							
Form(s) 8949 with Box B checked							
3 Totals for all transactions reported on							
Form(s) 8949 with Box C checked							
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7	4				
5 Short-term capital gain or (loss) from like-king							
6 Unused capital loss carryover (attach computa				(
7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in columr	ı h	7				
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Tha	n One Year				
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to gain	(h) Gain or (loss) Subtract column (e) from			
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 8949, Part II, line 2, column (g)	column (d) and combine the result with column (g)			
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b							
8b Totals for all transactions reported on							
Form(s) 8949 with Box D checked							
9 Totals for all transactions reported on							
Form(s) 8949 with Box E checked							

12	2 Long-term capital gain from installment sales from Form 6252, line 26 or 37		
13	3 Long-term capital gain or (loss) from like-kind exchanges from Form 8824		
14	4 Capital gain distributions		
15	Net long-term capital gain or (loss). Combine lines 8a through 14 in column h	15	229
P	Part III Summary of Parts I and II		
16	Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17	17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)		
18	Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	229
	Note: If losses exceed gains, see Capital Losses in the instructions.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2021

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10 Totals for all transactions reported on

Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 Form 8949 (2021)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

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Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (h) (b) (d) (a) (c) (e) loss. If you enter an amount in column (g), enter a code in column (f). See instructions. Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of from column (d) & Note below and (Mo., day, yr.) (f) (g) Amount of see *Column (e)* ir combine the result Code(s) the instructions with column (g) adjustment 182,141. 47,160.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

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Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

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Form **8949** (2021)