

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493300002392

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

Δ Fo		Service Prine organization may have to use a copy of this return to satisfy			Inspection
A 10	r the 20	011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-20		dec-	
B Che	ck if app	plicable C Name of organization GEORGIA O'KEEFFE MUSEUM	D Emp	otoyer ide	entification number
☐ Add	ress cha			043711 phone nu	
☐ Nar	ne chan	ge		•	
Initi	ıal return	Number and street (of 1 o box ii mail is not delivered to street address) Room,	suite	5)946-:	
Г Теп	mınated	217 JOHNSON STREET	G Gros	s receipts	\$ 15,047,210
┌ Am	ended re				
┌ App	lication	SANTA FE, NM 87501 pending			
		F Name and address of principal officer	H(a) Is this a gro	up returr	n for
		ROBERT KRET 217 JOHNSON STREET	affiliates?		⊤Yes ▼ No
		SANTA FE,NM 87501	H(b) Are all affiliat	es includ	ed?
			` '		(see instructions)
I Tax	k-exemp	ot status 🔽 501(c)(3) 「 501(c)() 🖪 (insert no) 🗍 4947(a)(1) or 🗍 527	H(c) Group exem		
J W	ebsite:	► WWW OKEEFFEMUSEUM ORG			
K Form	n of orga	anization	L Year of formation	1995 M	State of legal domicile
				N	
Pa	rt I	Summary			
Governance	M M	riefly describe the organization's mission or most significant activities IISSION TO PERPETUATE THE ARTISTIC LEGACY OF GEORGIA O'KEE IODERNISM SIGNIFICANT ACTIVITIES EXHIBITIONS, SCHOLARLY RE OR THE COMMUNITY, AND PRESERVATION OF COLLECTION AND GEO	ESEARCH AND DISCO	URSE,	
ile.	_				
9	2 C	heck this box 📭 if the organization discontinued its operations or disposed	d of more than 25% of	its net as	ssets
	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	24
Activities &	4 N	umber of independent voting members of the governing body (Part VI, line 1	b)	4	24
	5 T	otal number of individuals employed in calendar year 2011 (Part V, line 2a)	5	112	
æ	6 T	otal number of volunteers (estimate if necessary)		6	76
	7 a ⊤	otal unrelated business revenue from Part VIII, column (C), line 12	7a	13,481	
	ьN	et unrelated business taxable income from Form 990-T, line 34		7b	-15,050
			Prior Year		Current Year
<u> </u>	8	Contributions and grants (Part VIII, line 1h)		0,912	5,830,902
Revenue	9	Program service revenue (Part VIII, line 2g)		5,906	1,490,297
歪	10 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,502 8,442	690,807 773,354
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), li		0,112	773,334
		12)	10,16	8,762	8,785,360
	13	Grants and similar amounts paid (Part IX, column (A), lines $1-3$)	7	2,785	147,212
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
82	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)	3,46	0,585	3,663,152
ě	16a	Professional fundraising fees (Part IX, column (A), line 11e)	,	0	0
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 1,093,752			<u> </u>
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	. 3,04	4,190	4,521,920
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		7,560	8,332,284
	19	Revenue less expenses Subtract line 18 from line 12	3,59	1,202	453,076
8 8 8			Beginning of Cur	rent	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Year 52,34	2 505	51,766,765
As dB:	20 21	Total liabilities (Part X, line 26)		2,595	1,146,999
E E	21	Net assets or fund balances Subtract line 21 from line 20	52,02		50,619,766
	t II	Signature Block		- /	55,515,750
	penalt edge ar	ies of perjury, I declare that I have examined this return, including accompanying nd belief, it is true, correct, and complete. Declaration of preparer (other than office			
knowl	<u> </u>	*****	2012-10-0	1	
knowl knowl ————————————————————————————————————	_	****** Signature of officer	2012-10-0 Date	1	
knowl knowl	_			1	

CLIFTONLARSONALLEN LLP

ALBUQUERQUE, NM 87102

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$. $\,$.

500 MARQUETTE NW SUITE 800

Firm's name (or yours if self-employed), address, and ZIP + 4

Preparer's

Use Only

EIN • 41-0746749

Phone no (505) 842-8290

Par	Statement of Progr Check if Schedule O cont				দ
1	Briefly describe the organization	n's mission			
<u>TO F</u>	PERPETUATE THE ARTISTIC LE	GACY OF GEORGIA O'K	EEFFE AND TO STUD	Y AND INTERPRET AMERIC	AN MODERNISM
2	Did the organization undertake a the prior Form 990 or 990-EZ?				┌ Yes ┌ No
	If "Yes," describe these new ser				
3	Did the organization cease cond services?				┌ Yes ┌ No
	If "Yes," describe these changes	s on Schedule O			
4	Describe the organization's progexpenses Section 501(c)(3) and grants and allocations to others	d 501(c)(4) organizations	s and section 4947(a)	(1) trusts are required to repo	, as measured by ort the amount of
4a	(Code) (Experiments) (Code) (Experiments)	DEDICATED TO PERPETUATING HE INSTITUTION'S COLLECTION URSE AND SERVES DIVERSE AU N OVERVIEW OF HER ACHIEVEM HARCOAL, OIL, PASTEL, PENCIL, IM IS COMMITTED TO MAKING AS ORGANIZED TRAVELING EXH RSE CONSTITUENCIES ABOUT G EVELOPMENT FOR EDUCATORS HIBITIONS OFFSITE PROGRAM FUNDED OR ELIMINATED DISTR SES ON INTERDISCIPLINARY RE MUSIC AND PHOTOGRAPHY TH	S, EXHIBITIONS, RESEARCHDIENCES THE MUSEUM HO IENTS DURING THE EIGHT I WATERCOLOR, AND BRONZITS EXHIBITIONS AND PROGUISPLAYING WORKS BY O'KI BITIONS WITH OTHER MUSEORGIA O'KEEFFE AND AME, ADULT EDUCATION, LECTUS INCLUDE A FULL-SCHOLAI ICT-FUNDED PROGRAMS IN FOR ADULTS, STATEWIDE E SEARCH ON AMERICAN MO E MUSEUM'S AUDIENCES IN	I CENTER, PUBLICATIONS, AND EDLUSES THE WORLD'S LARGEST COLLIDECADES (1901-1984) THAT SHE WIZE, WHICH REPRESENT MOST OF TISEMENT OF THE BROADES'S EFFE, OTHER AMERICAN MODERN'S EUMS AS WELL THE MUSEUM'S MUSERICAN MODERNISM THROUGH ONJURES, CONCERTS, WEEKEND FAMIL RSHIP PROGRAM FOR PRE-ADOLES'S LOCAL PUBLIC SCHOOLS, AFTER-S DUCATION OUTREACH, AND WORK DERNISM IN THE FIELDS OR ART HICLUDE NEW MEXICO RESIDENTS A	JCATIONAL PROGRAMS IT ECTION OF ARTWORK BY IAS ACTIVE AS AN ARTIST THE HE MANY SUBJECTS O'KEEFFE IF POSSIBLE AUDIENCE ITS ISTS, AND SELECT LIVING LITI-DISCIPLINARY EDUCATION SITE PROGRAMS SUCH AS Y PROGRAMS AND HANDS-ON CENT GIRLS AND BOYS, ARTS ICHOOL PROGRAMMING AT SHOPS FOR TEACHERS THE ISTORY, ARCHITECTURAL ND VISITORS FROM ACROSS THE
4b	(Code) (Expe	enses \$	ıncludıng grants of \$) (Revenue \$)
	-				
	-				
4c	(Code) (Expe	enses \$	including grants of \$) (Revenue \$)
	-				
4d	Other program services (Desc	·	· .		
	(Expenses \$	including grants o	<u> </u>) (Revenue \$)
4e	Total program service expenses	s► \$ 5,444,49	1		

Part IV	Checklist	of Red	uired	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V^{\bullet}	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

	990 (2011)			Page 4
Par	t IV Checklist of Required Schedules (continued)			_
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		No
Ь	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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
_		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Management	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		Νo
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

		_
Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V \cdot . \cdot . \cdot . \cdot . \cdot . \cdot . $$			
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 85			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
_				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a	Yes	
b	,			
_	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	5 ,			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
-	2 22 22 Caracter of the control of the cont	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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	7a		No
	services provided to the payor?			.,
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	_ 7		A :
	file Form 8282?	7 c		No
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7		
_	required?	7g		
п	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
_		ايا		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
-	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
h	Enter the aggregate amount of reserves the organization is required to maintain by			
ט	the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		V	N.
10-	Did the constraint have been been bounded as a filtrate.	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ▶ NM			

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
 - Own website 🔽 Another's website 🔽 Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization F
 THE ORGANIZATION

217 JOHNSON STREET SANTA FE,NM 87501 (505) 946-1000

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

ition nor any rel	ated or	ganız	atıo	ns c	ompe	nsat	ed any current or fo	ormer officer, direct	or, or trustee
(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and related
for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organizations
0 00	Х		Х				0	0	0
0 00	Х		Х				0	0	0
0 00	Х		Х				0	0	0
0 00	Х		Х				0	0	0
40 00	×		X				299,298	0	11,989
0 00	X						0	0	0
0 00	х						0	0	0
0 00	Х						0	0	0
0 00	х						0	0	0
0 00	х						0	0	0
0 00	х						0	0	0
0 00	х						0	0	0
0 00	х						0	0	0
0 00	Х						0	0	0
0 00	х						0	0	0
0 00	х						0	0	0
0 00	Х						0	0	0
	(B) A verage hours per week (describe hours for related organizations in Schedule O) 0 00 0 00 0 00 40 00 40 00 0 00	(B) A verage hours per week (describe hours for related organizations in Schedule O) Individual relations of the control of the c	(B) (Position of more than unless per week (describe hours for related organizations in Schedule O) Individual trustee 0 00 X 0 00 X <	C	C	C	C	C	A verage hours per more than one box, unless person is both an officer and a director/trustee) A verage hours per more than one box, unless person is both an officer and a director/trustee) A verage hours for related organizations in Schedule O) Individual Trustee) A verage hours for related organizations in Schedule O) Individual Trustee) A verage hours for related organizations in Schedule O) A verage hours for related organizations in Schedule O) A verage hours for related organizations (W- 2/1099-MISC) A verage hours for mindividual trustee) A verage hours for mindividual trustee hours for mindividual

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

		_											
(A) Name and Title		(B) (C) (D) A verage hours more than one box, unless person is both week (describe director/trustee) (D) Reportable compensation from the organization (W-2/1099-MISC)								(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estima amount o compens from t organizati	ated fother sation the ion and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)		reiati organiza	
(18) J DIREC	IOANNA TOWNSEND CTOR	0 00	x						o		0		0
(19) [DIREC	DAVID L WARNOCK CTOR	0 00	х						0		0		0
(20) L DIREC	AURA BUSH CTOR	0 00	х						0		0		0
	SAUL COHEN	0 00	х						0		0		0
	EMILY FISHER LANDAU	0 00	х						0		0		0
	IOANN K PHILLIPS	0 00	х						0		0		0
(24)	IUAN HAMILTON IAL CONSULTANT TO BOARD	0 00	х						0		0		0
	BARBARA LYNES	40 00					х		246,523		0		8,475
(26)	CARL BROWN CTOR OF FINANCE	40 00					х		169,901		0	,	8,475
(27) \	VIRGINIA FISHER CTOR OF DEVELOPMENT	40 00					х		114,585		0		4,318
											<u> </u>		
1b	Sub-Total		<u> </u>		٠.	<u> </u>		<u> </u> ►			╁		
С	Total from continuation sheets t							►			\top		
d	Total (add lines 1b and 1c)						•	F	830,307	ı	0		33,257
2	Total number of individuals (inclu \$100,000 of reportable compens					ted	above) who	received more tha	n			
3	Did the organization list any forn on line 1a? <i>If "Yes," complete Sch</i>						mploy -	ee, d	or highest compens	ated employee	_	Yes	No
4	For any individual listed on line 1 organization and related organiza	a, is the sum of	reporta	able d	omp	- pens					3		No
_	Individual			•	• •	• ·		•			4	Yes	
5	Did any person listed on line 1a is services rendered to the organization										5		No

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	Description of services	(C) Compensation	
GLUCKMAN MAYNER ARCHITECT LLC 250 HUDSON STREET NEW YORK, NY 10013	ARCHITECTURAL DESIGN	290,219	
PETER EDWARD ARENDT LLC 6012 EL CAMPO AVENUE FORT WORTH, TX 76107	OWNER'S REPRESENTATIVE	151,494	
	1 1 11		

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

Form 99	•							Page 9
Part \	/1111	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
<u>\$</u> \$	1a	Federated cam	paigns 1a	5,205,379				
듄둦	b	Membership du	es 1b	159,885				
% €	c	Fundraising eve	ents 1c					
£ a	d	Related organiz	ations 1d					
‰ <u>E</u>	e	Government grants	s (contributions) 1e					
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no Noncash contri	butions included in	465,638				
Contra	h	lines 1a-1f \$ _ Total. Add lines	2,521 s 1a-1f	🕨	5,830,902			
<u> </u>				Business Code				
Program Service Revenue	2a	ADMISSIONS		900099	925,844	925,844		
-	b	TOURS		900099	308,311	308,311		
e G	c	PROGRAM FEES		900099	125,934	125,934		
<u>.</u> ≥	d	REIMBURSED EXPE	ENSES	900099	109,778	109,778		
8	e	FACILITY RENTALS	<u> </u>	900099	20,430	20,430		
era ga	f	All other progra	am service revenue					
<u>&</u>	g	Total Add lines	s 2a – 2f		1,490,297			
	3		ome (including dividen		1,430,237			
			aramounts)		671,239			671,239
	4		tment of tax-exempt bond					
	5	Royalties		▶ [15,033			15,033
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	• •	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	5,886,568					
	Ь	Less cost or other basis and sales expenses	5,864,906	2,094				
	c	Gain or (loss)	21,662	-2,094 	10.500			10.560
	d	Net gain or (los			19,568			19,568
Other Revenue	8a	Gross income f events (not inc \$ of contributions						
Ą.		See Part IV, lin						
-	h		a					
差	b c		penses b (loss) from fundraising	events				
•	9a		rom gaming activities					
	b c		penses b (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo	inventory, less					
	b	less costofa	oods sold b	986,369 394,850				
	c		(loss) from sales of inve		591,519	578,038	13,481	
		Miscellaneous		Business Code				
	11a	MISCELLANEC	DUS REVENUE	900099	166,802	166,802		
	ь							
	С							
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d		166,802			
	12	Total revenue.	See Instructions .	▶	8,785,360	2,235,137	13,481	705,840

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21			γ	
2	Grants and other assistance to individuals in the United States See Part IV, line 22	147,212	147,212		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members			1	
5	Compensation of current officers, directors, trustees, and key employees	243,224	24,322	121,612	97,290
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,796,135	2,274,831	244,961	276,343
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	64,488		12,287	4,668
9	Other employee benefits	319,461	256,823	33,967	28,671
10	Payroll taxes	239,844		26,321	31,677
11	Fees for services (non-employees)				· · · · · · · · · · · · · · · · · · ·
а	Management				
b	Legal	7,163		7,163	
С	Accounting	43,871	13,161	8,774	21,936
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	263,334	70,000		193,334
g	Other	1,508,200	199,210	1,187,362	121,628
12	Advertising and promotion	109,359	81,622		27,737
13	Office expenses	219,718	131,436	17,609	70,673
14	Information technology	166,604	158,862	3,871	3,871
15	Royalties				_
16	Occupancy	21,836	21,836		
17	Travel	58,382	49,873	4,493	4,016
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,108	5,898	440	770
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	484,939	436,445	33,946	14,548
23	Insurance	209,580	201,311	5,788	2,481
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PROGRAM EXPENSES	827,463	693,194	178	134,091
b	MAINTENANCE & REPAIRS	427,874	348,496	46,725	32,653
С	MISC TAXES & FEES	97,566	60,067	32,948	4,551
d	PROFESSIONAL DEVELOPMEN	39,771	23,391	3,744	12,636
e					
f	All other expenses	29,152	17,122	1,852	10,178
25	Total functional expenses. Add lines 1 through 24f	8,332,284	5,444,491	1,794,041	1,093,752
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 6.600 6,600 1 1 1.185.130 2.952.926 2 2 3 4.388.075 3,558,304 51.548 84.776 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Schedule L 7 232.396 8 247.898 9 59.014 9 58.057 Prepaid expenses and deferred charges 15,449,913 10a Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 4,931,106 b Less accumulated depreciation 10,856,646 10c 10,518,807 11 11 35,563,186 34,339,397 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 52,342,595 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 51,766,765 322,584 1,146,999 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 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 of Schedule 25 D 26 322,584 26 1,146,999 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 22,153,372 20,079,957 Unrestricted net assets 3,707,076 28 3,706,319 28 Temporarily restricted net assets Fund 29 26,159,563 29 26,833,490 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 52.020.011 33 50.619.766 34 Total liabilities and net assets/fund balances 52.342.595 34 51,766,765

4.	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8 -	785,36
2	Total expenses (must equal Part IX, column (A), line 25)	2			332,28
3	Revenue less expenses Subtract line 2 from line 1	3			453,070
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		52,0	020,01
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1,8	353,32
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, colu(B))	mn 6		50,6	619,76
Par	THE Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				,
-				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? $$.		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, expl Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year won a separate basis, consolidated basis, or both	ere issued			
	▼ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth Single Audit Act and OMB Circular A-133?	n the	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .	the required •	3b		

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

h

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

GEORGIA O'KEEFFE MUSEUM 85-0437114 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Other c Type III - Functionally integrated Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		col (ı) of your co		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

Support Schedule for Organizations Described in IRC 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.)

	action A. Dublic Support								
	ection A. Public Support endaryear (or fiscal year beginning	() 2007	(1) 2000	() 2000	(D 2010	() 20	T		
	in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20)11	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	7,631,76	1 4,756,034	3,746,419	3,810,912	5,830,902		25,776,028	
2	grants ") Tax revenues levied for the								
_	organization's benefit and either								
	paid to or expended on its								
_	behalf The value of services or facilities								
3	furnished by a governmental unit								
	to the organization without charge								
4	Total. Add lines 1 through 3	7,631,76	1 4,756,034	3,746,419	3,810,912	5,	,830,902	25,776,028	
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly supported organization) included							11,535,183	
	on line 1 that exceeds 2% of the							, ,	
	amount shown on line 11, column (f)								
6	Public Support. Subtract line 5							14,240,845	
	from line 4 ection B. Total Support								
	endar year (or fiscal year								
Cuit	beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total	
7	Amounts from line 4	7,631,761	4,756,034	3,746,419	3,810,912	5,	830,902	25,776,028	
8	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties	1,181,299	964,024	850,156	774,903	686,272		4,456,654	
	and income from similar sources	1,101,233	301,021	030,130	,,,,,,,,		000,272	1,130,031	
9	Net income from unrelated business activities, whether or not the business is regularly								
10	Carried on Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	773,087	61,695	152,989	53,084			1,040,855	
11	Total support (Add lines 7 through 10)							31,273,537	
12	Gross receipts from related activition	es, etc (See ins	tructions)	l -		12	I	12,871,687	
13	First Five Years If the Form 990 is f	for the organizati	on's first, second,	, thırd, fourth, or fi	fth tax year as a 5) organiz		
	check this box and stop here	•	, ,	, ,	,		, ,	▶ □	
S	ection C. Computation of Pub	lic Support F	Percentage						
14	Public Support Percentage for 2011	l (line 6 column	(f) dıvıded by lıne	11 column (f))		14		45 540 %	
15	Public Support Percentage for 2010) Schedule A , Pa	ırt II, lıne 14			15		54 060 %	
16a	33 1/3% support test—2011. If the and stop here. The organization qua				ine 14 is 33 1/3%	or more	, check t	his box ▶✓	
ь	33 1/3% support test—2010. If the				a, and line 15 is 3	3 1/3% (or more.		
	box and stop here. The organization				.,	,	· · · · · · · · · · · · · · · · · · ·	► □	
17a	10%-facts-and-circumstances test-	_							
	is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain								
	in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization								
b	10%-facts-and-circumstances test-	–2010. If the org	anızatıon dıd not c	heck a box on lin	e 13, 16a, 16b, o	r 17a an	d line	•	
	15 is 10% or more, and if the organ			•		-			
	Explain in Part IV how the organizate supported organization	tion meets the "f	acts and circumst	ances" test The	organization qual	iries as a	publicly	▶ □	
18	Private Foundation If the organizations	on did not check	a box on line 13,	16a, 16b, 17a or	17b, check this b	oox and s	see	▶ □	

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Supplemental Information. Supplemental Information. Complete this part to provide the explanation
required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any
additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME SPECIAL EVENTS GROSS RECEIPTS NET OF CONTRIBUTIONS

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID: Software Version:

EIN: 85-0437114

Name: GEORGIA O'KEEFFE MUSEUM

Form 990, Special Condition Description:

Special Condition Description

DLN: 93493300002392

OMB No 1545-0047

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization **Employer identification number** GEORGIA O'KEEFFE MUSEUM 85-0437114 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ✓ Yes conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space

Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year						
		Held at the End of the Yea				
Total number of conservation easements	2a					
Total acreage restricted by conservation easements	2b					
Number of conservation easements on a certified historic structure included in (a)	2c					
Number of conservation easements included in (c) acquired after 8/17/06	2d					
Number of conservation easements modified, transferred, released, extinguished, or termina	ed by the	e organization during				
	Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06	easement on the last day of the tax year Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c				

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization d the taxable year 🛌	urıng		
4	Number of states where property subject to conservation easement is located ▶			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	┌ Yes	┌ No	
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌			
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year			
	▶ -\$			
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	┌ Yes	┌ No	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes			

the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	torio	<u>cal Tre</u>	asures, or O	<u>the</u>	<u>r Similar Asse</u>	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing th	at are a significa	ant u	se of its collectio	n	
а	Public exhibition		d	굣	Loan or	exchange progi	ams			
b	Scholarly research		e	Γ	Other					
С	✓ Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w they	further	the organization	's ex	kempt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes	√ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the o	organiza	ation answere		es" to Form 990	0,	·
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						ets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	/ıng ta	ıble	Г		Amo	unt	
c	Beginning balance					-	1c	Amo	<u> </u>	
d	Additions during the year					-	1d			
e	Distributions during the year					 	1e			
f	Ending balance					-	1f			
2a	Did the organization include an amount on Fe	orm 990 Part X line	e 212			L			Yes	
	If "Yes," explain the arrangement in Part XI\	·	C 21.					'	103	, 140
	rt V Endowment Funds. Complete		n and	MAR	d "Vac'	' to Form 990	Dar	t IV line 10		
F C	Endownient i unus. complete	(a)Current Year		Prior Y		(c)Two Years Back			e) Four '	Years Back
1a	Beginning of year balance	26,159,563		25,	827,812	25,172,85	-	24,141,648	-	
b	Contributions	673,927			331,751	654,95	64	1,031,210		
С	Investment earnings or losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	26,833,490		26,	159,563	25,827,81	.2	25,172,858		
2	Provide the estimated percentage of the year	r end balance held a	as							
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment ► 100 000 %									
c	Term endowment ▶									
За	Are there endowment funds not in the posse	ssion of the organiz	atıon '	that a	re held a	and administere	d for	the		
	organization by								Yes	No
	(i) unrelated organizations			•			٠	3a(i)		No
	(ii) related organizations						•	3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organization	•					•	3b		
4	Describe in Part XIV the intended uses of the					<u> </u>				
1261	t VI Land, Buildings, and Equipme	ent. See Form 99	U, Pa	T						
	Description of property				Cost or ot			(c) Accumulated depreciation	(d) Bo	ook value
1a	Land		•			1,404	,800			1,404,800
b	Buildings		•			13,346	,546	4,528,163		8,818,383
c	Leasehold improvements									
d I	Equipment					665	,590	378,800		286,790
	Other						,977	24,143		8,834
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B)), line	10(c).)			🕨		0,518,807
								Schedule D (Form 9	90) 2011

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		,
(2)Closely-held equity interests		
(3)Other (A)MUTUAL FUNDS	27,133,908	F
(B) HEDGE FUNDS	5,093,568	F
(C) REAL ESTATE FUNDS	1,963,559	F
(D) MONEY MARKETS	148,362	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	4 34,339,397	
Part VIII Investments—Program Related. S	ee Form 990, Part X, line 1	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X,	line 15.	
(a) Desc	ription	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part		
1 (a) Description of Liability	(b) Amount	
Federal Income Taxes		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	,	

Sche	edule D (Form 990) 2011		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	_
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,785,360
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,332,284
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	453,076
4	Net unrealized gains (losses) on investments	4	-1,853,321
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-1,853,321
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,400,245
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	
1	Total revenue, gains, and other support per audited financial statements	1	7,147,343
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 2,844		
e	Add lines 2a through 2d	2e	-1,638,017
3	Subtract line 2e from line 1	3	8,785,360
4	A mounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
C	Add lines 4a and 4b	4 c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	8,785,360
	TXIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	8,547,588
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	-	
С	Other losses	1	
d	Other (Describe in Part XIV) 2d 2,844	1	
e	Add lines 2a through 2d	2e	215,304
3	Subtract line 2e from line 1	3	8,332,284
4	A mounts 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 XIV)]	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	8,332,284

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
	PART III, LINE 1A	THE VALUE OF COLLECTION ITEMS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE MUSEUM'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED OR AS TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES THERE WERE NO DEACCESSION OR INSURANCE RECOVERIES IN THE CURRENT YEAR
	PART III, LINE 4	THE MUSEUM'S COLLECTIONS ARE MADE UP OF ARTWORK AND RESEARCH COLLECTIONS THAT ARE HELD FOR PUBLIC EXHIBITION, EDUCATIONAL, AND RESEARCH PURPOSES ALL WORKS OF ART AND COLLECTIONS ARE PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED, AND ARE SUBJECT TO STRICT ORGANIZATIONAL POLICIES GOVERNING THEIR USE THE COLLECTIONS ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THEIR SALES TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS BASED UPON INDEPENDENT APPRAISERS AND OTHER FACTORS, MANAGEMENT ESTIMATES THE FAIR MARKET VALUE OF THE COLLECTION WAS APPROXIMATELY \$232,500,000 AT DECEMBER 31, 2011
ESCRIPTION OF INTENDED USI F ENDOWMENT FUNDS	PART V, LINE 4	GENERAL ENDOWMENT ONCE THE ENDOWMENT REACHES IT'S GOAL, IT IS THE INTENTION TO USE THE INCOME TO SUPPORT THE OPERATIONS OF THE MUSEUM ABIQUIU ENDOWMENT INCOME FROM THE ENDOWMENT IS TO BE USED TO MAINTAIN THE ABIQUIU AND GHOST RANCH HOUSES BOOK AWARD INCOME FROM THE ENDOWMENT IS USED TO FUND AN ANNUAL BOOK AWARD RESEARCH CENTER ENDOWMENT INCOME FROM THE ENDOWMENT IS USED TO FUND SCHOLARSHIPS AND RESEARCH CENTER PROGRAMS BOY'S ART & LEADERSHIP SCHOLARSHIP INCOME FROM THE ENDOWMENT IS USED FOR THE BOY'S ART AND LEADERSHIP PROGRAM
ART XII, LINE 2D - OTHER DJUSTMENTS ART XIII, LINE 2D - OTHER		LOSS ON ABANDONED ASSETS INCLUDED IN EXPENSES 2,094 IN-KIND CONTRIBUTIONS 750 IN-KIND EXPENSES 750 LOSS ON ABANDONED ASSETS
ADJUSTMENTS		MOVED TO REVENUE SECTION OF 990 2,094 PART X, LINE 2, FIN 48 THE ORGANIZATION'S INCOME TAX FOOTNOTE CONTAINS A DESCRIPTION OF THE REQUIREMENTS OF FIN 48 IT THEN CONTAINS THE FOLLOWING TEXT AS OF DECEMBER 31, 2011, 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 THIS REVIEW, THE MUSEUM QUALIFIED AS A TAX EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE IRC AND HAD NO UNREPORTED INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES AND DID NOT IDENTIFY ANY ENTITY LEVEL TAX POSITIONS THAT WOULD NOT MEET THE MORE-LIKELY-THAN-NOT THRESHOLD
		PART XI, LINE 8, OTHER LOSS ON ABANDONED ASSETS INCLUDED IN EXPENSES \$2,094

DLN: 93493300002392

2011

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

Name of the organization GEORGIA O'KEEFFE MUSEUM **Employer identification number**

85-0437114

Pa	"Yes" to Form 990, Pa			ne United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the dassistance, the grantees' eligible the grants or assistance?	organization n gibility for the	naıntaın record grants or assıs	stance, and the select	ion criteria used to awa	
2	For grantmakers. Describe in Pa United States	rt V the organiz	atıon's procedur	es for monitoring the us	e of grant funds outside t	he
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed [)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	region (by type) (e g ,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	EUROPE	0	4	PROGRAM SERVICES	ART EXHIBIT	68,910
	Sub-total	0	4			68,910
Ŀ	Total from continuation sheets to Part I	0	0			0
	: Totals (add lines 3a and 3b)	0				68,910

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur ,000. Check this box	nited States. Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nui	mber of other o	organizations or en	tities					(Form 990) 2011

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
		+			†		
		+			+		
		+ +	· · · · · · · · · · · · · · · · · · ·		+		
'	 	+	<u> </u>	-	+		+
		+	<u> </u>	-	+	<u> </u>	+
		+	ı———			1	
			<u> </u>	<u> </u>		 	+
				<u> </u>		 	
						1	
			<u></u>	<u> </u>		1	
		T					
-					Ţ		
		+ + +	 I		†		
		+		<u> </u>	+		
		+	·	<u> </u>	+		
	+	+	 I	<u> </u>	+	<u> </u>	+
·	 	+	ı———	<u>'</u>		1	_
			<u> </u>	<u> </u>		 	1
						1	dula E (Earre 000) 2011

Part IV Foreign Forms

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 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	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)	Г	Yes	্	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
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)	Г	Yes	┍	Νo
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 file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	No

Schedule F (Form 990) 2011

Identifier	ReturnReference	uctions) required in Part I, line 2, and any Explanation
		<u>'</u>
	1	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

OMB No 1545-0047

2011

DLN: 93493300002392

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number GEORGIA O'KEEFFE MUSEUM 85-0437114 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other)

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, I	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLAR STIPENDS	10	147,212			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 SCHOLARS WORK ALONGSIDE STAFF AT OUR RESEARCH CENTER THEY GIVE A
MONITORING GRANTS		PUBLIC LECTURE DURING THE SCHOLARSHIP PERIOD
IN THE U.S.		

Schedule I (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493300002392

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name	of	the	org	aniza	ition
GEORG	IA C	KEE	FFE	MUSE	UM

Employer identification number

85-0437114

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(i) Base (ii) Bonus & (iii) Other reportable compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or
			compensation	compensation				Form 990-EZ
(1) ROBERT A KRET	(1) (11)	243,224 0	0 0	56,074 0	0 0	11,989 0	311,287 0	o 0
(2) BARBARA LYNES	(I) (II)	239,725 0	0 0	6,798 0	0 0	8,475 0	254,998 0	0 0
(3) CARL BROWN	(I) (II)	169,505 0	0 0	396 0	0 0	8,475 0	178,376 0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	,	THE TAX IMPACT OF THE PERSONAL VALUE OF THE EXECUTIVE DIRECTOR'S RESIDENCE IS GROSSED-UP THE EXECUTIVE DIRECTOR IS PROVIDED A HOUSE USED PARTLY FOR MUSEUM ENTERTAINMENT AND ENDOWMENT SOLICITATION

Schedule J (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

NonCash Contributions

DLN: 93493300002392

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Department of the Treasury ► Attach to Form 990. Internal Revenue Service

Name of the organization GEORGIA O'KEEFFE MUSEUM

Employer identification number

					85-0437114			
Pa	rt I Types of Property			•				
		(a) Check If applicable		(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d contribution	etermi n amou	_	
	Art—Works of art	X	2	0	LINE 33 EXPLANA	TION		
	Art—Historical treasures .							
	Art—Fractional Interests							
	Books and publications							
	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	2	12,521	MARKET VALUE			
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Q ualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
	Real estate—Other							
18	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	O ther ►()							
	Other ►()							
	Other ► ()							
29	Number of Forms 8283 received for which the organization compl				29			2
							Yes	No
30a	During the year, did the organiza						1 1	
	must hold for at least three year			·	d to be used		1 1	
	for exempt purposes for the enti	re holding p	period?			30a		No
b	If "Yes," describe the arrangement	ent in Part 1	II					
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	•	ies or related organizations	to solicit, process, or sell	non-cash • • • • •	32a	Yes	
b	If "Yes," describe in Part II							_
33	If the organization did not report describe in Part II	revenues i	ın column (c) for a type of p	roperty for which column (a) is checked,			

Part II

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

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	IF MARKETABLE SECURITIES ARE CONTRIBUTED TO THE MUSEUM A BROKERAGE FIRM IS USED TO LIQUIDATE THEM
NON REPORTING OF REVENUE	PART I, LINE 33	THE WORKS OF ART RECEIVED WERE ADDED TO THE COLLECTION THE MUSEUM DOES NOT INCLUDE THE VALUE OF THE COLLECTION ON ITS BALANCE SHEET OR THESE TYPES OF GIFTS IN REVENUE WHEN RECEIVED AS MORE FULLY EXPLAINED IN SCHEDULE D THE FAIR MARKET VALUES OF THESE GIFTS ARE DETERMINED BY APPRAISAL AND VALUED AT APPROXIMATELY \$52,000

Schedule M (Form 990) 2011

DLN: 93493300002392

SCHEDULE O (Form 990 or 990-EZ)

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization GEORGIA O'KEEFFE MUSEUM Employer identification number

85-0437114

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S CFO REVIEWS THE FORM 990 PRIOR TO FILING AND THE FINANCE & AUDIT COMMITTEE RECEIVES A COPY OF THE FINAL RETURN
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY IN DECEMBER 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 WHICH INCLUDES A CONFLICT OF INTEREST POLICY STATEMENT
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE (A BOARD COMMITTEE) REVIEWS COMPARABLES IN DETERMINING THE EXECUTIVE DIRECTOR'S SALARY THE BOARD PRESIDENT NOTIFIES HUMAN RESOURCES OF ALL SALARY CHANGES OTHER OFFICERS OR KEY EMPLOYEES ARE APPROVED BY THE EXECUTIVE DIRECTOR
	FORM 990, PART VI, SECTION C, LINE 18	INFORMATION IS AVAILABLE ON THE GUIDESTAR WEBSITE AND IS PROVIDED TO THE NM ATTORNEY GENERAL FOR PUBLICATION ON THEIR WEBSITE DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST FROM THE SANTA FE LOCATION
	FORM 990, PART VI, SECTION C, LINE 19	CARL BROWN, THE CFO, POSSESSES THE BOOKS AND RECORDS OF THE ORGANIZATION AT 217 JOHNSON ST , SANTA FE, NM 87501
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,853,321
OVERSIGHT OF AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT	FORM 990, PART IX, LINE 2C	THE PROCESS IS THE SAME AS LAST YEARORGANIZATION HAS AN AUDIT COMMITTEE.
FORM 8899 AND 1098-C REPORTING	FORM 990, PART V, PAGE 5, ITEMS 7G & 7H	THE ORGANIZATON DID NOT RECEIVE CONTRIBTUTIONS OF THE TYPE LISTED AND, THEREFORE, DID NOT HAVE A REPORTING REQUIREMENT ON EITHER FORM 8899 OR FORM 1098-C THESE QUESTIONS HAVE NOT BEEN ANSWERED AS THEY ARE NOT APPLICABLE
DONATED USE OF FACILITIES	SCHEDULE D, PAGE 4, PART XII, LINE 2B AND PART XIII, LINE 2A	THE CHAIRPERSON OF THE MUSEUM, THROUGH THE BURNETT FOUNDATION (A PRIVATE FOUNDATION) OF WHICH SHE IS THE PRESIDENT, FURNISHES FACILITIES AND PARKING LOT SPACE TO THE MUSEUM AT NO CHARGE THE APPROXIMATE FAIR RENTAL VALUE OF THE RENT-FREE USE OF THIS PROPERTY IS \$212,460