Γ	Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.
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50m 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning	, 2021, and ending	, 20	

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

Clyfford Still Museum

86-1147083

Part I 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.

iai i Oi	ie ii ie ii raiti.		
1a	Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 4,386,446
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	b Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	
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 Signati	re Authorization of Officer or Person Subject to Tax	
Inder	penalties of perjury, I declare that X	I am an officer of the above entity or 🔲 I am a person subject to tax with re	spect to (name
f entit	y)	, (EIN) and that I hav	e examined a copy of the
021 e	lectronic return and accompanying sch	edules and statements, and, to the best of my knowledge and belief, they are	true, correct, and

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) an 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 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.

PIN:	check	one	box	only
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X I authorize	•	Corder & Montoya,	P.C.	to enter my PIN	80204
·			ERO firm name		Enter five numbers, bu do not enter all zeros

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

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.

Date

05/10/22

Signature of officer or person subject to tax Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

84643599799 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.

ERO's signature ▶ Steven R. Corder Date ▶ 05/10/22

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)

** PUBLIC DISCLOSURE COPY **

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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury

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

Inspection

and ending A For the 2021 calendar year, or tax year beginning C Name of organization D Employer identification number Check if applicable: Address change Clyfford Still Museum Name change 86-1147083 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ 1250 Bannock Street 720-354-4880 termin-ated G Gross receipts \$ 4,426,533. City or town, state or province, country, and ZIP or foreign postal code Amended return Denver, CO 80204 H(a) Is this a group return Applica-F Name and address of principal officer: Joyce Tsai for subordinates? pending same as C above **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 527) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ➤ www.clyffordstillmuseum.org **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2005 M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities: See description in Part III. Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 14 Number of independent voting members of the governing body (Part VI, line 1b) 14 4 51 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) Total number of volunteers (estimate if necessary) 26 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 3,402,346 4,214,177. Revenue 130,197. 55,573 Program service revenue (Part VIII, line 2g) 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 36,785 42,072. 11 3,494,704 4 386 446. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. 0 0. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,948,973 2 009 613. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) 2,290,373 2,320,638. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,239,346 4,330,251. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -744,642. 56,195. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 20,985,352. Total assets (Part X, line 16) 20,974,868. 1,421,580 1,375,869. 21 Total liabilities (Part X, line 26) Net/ 19,553,288, 19,609,483. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Joyce Tsai, Museum Director Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P10363943 Paid Steven R. Corder, CPA Steven R. Corder, CPA 05/10/22 self-employed Firm's name Kundinger, Corder & Montoya, P.C. Firm's EIN ▶ 84-1255164 Preparer Firm's address 475 Lincoln Street, Suite 200 Use Only Denver, CO 80203 Phone no.303-534-5953 May the IRS discuss this return with the preparer shown above? See instructions X Yes

86-1147083

Form 990 (2021) Clyfford Still Museum 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)?		103	110
•	If "Yes," complete Schedule A	1	х	
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			
J	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	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		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
			~~~	

86-1147083

# Form 990 (2021) Clyfford Still Museum Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	Х	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
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		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
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		Х
D	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	OEh		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		_ A
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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? If			
	"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
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		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		X
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			
20	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	33		
J-1	Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	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	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		 I	
	E		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	(gambling) winnings to prize winners?	1c	х	
	MARTINE DE MITTER DE LA DIRECTORISTA DE LA MARTINE DE LA M			

86-1147083

#### O21) Clyfford Still Museum Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		х
<b>L</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Α
D	If "Yes," enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 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	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	8		
	Did the appropriate programme to a protect plant distributions and appropriate 40000	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
<b>L</b>	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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			
_	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	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.			

Clyfford Still Museum Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent _____ 2 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? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b 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 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х 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 Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **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? Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Х Х 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? a The organization's CEO, Executive Director, or top management official X 15a **b** Other officers or key employees of the organization Х 15b 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? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 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 Upon request Own website Another's website Other (explain on Schedule O) 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 Marna Steuart - 720-354-4870 1250 Bannock Street, Denver, CO 80204

Form 990 (2021) Clyfford Still Museum 86-1147083 Page **7** 

## 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.

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

Check this box if neither the organization	nor any related	orga	aniza	ation	cor	npei	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)			_ (0	<b>C</b> )			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week (list any	$\vdash$					<u> </u>	from the	from related organizations	other compensation
	hours for	direct				p		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	` 1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)		and related
	below	ividua	titutio	Officer	dwa/	hest o	mer			organizations
(4)	line)	ы	lus	₩	Ke	E Hig	휸			
(1) Joan Prusse	40.00	-		l				054 505		25 64 2
Interim Director	10.00			Х				254,527.	0.	37,610.
(2) Debbie Linster	40.00	-						100.050		2 222
Director of Finance/Controller	10.00					Х		100,058.	0.	3,002.
(3) Joyce Tsai	40.00	-		l				04.465		- 4-0
Museum Director	10.00			Х				94,167.	0.	7,473.
(4) Anna Boatwright	40.00	-		l				12 262	0	1 106
Deputy Director	0.05			Х				13,363.	0.	1,106.
(5) Christopher Hunt	0.25	١		l					0	2
President	0.05	Х		Х				0.	0.	0.
(6) Susannah Drake	0.25	١		l					0	2
Vice President	0.05	Х		Х				0.	0.	0.
(7) Morris Susman M.D	0.25	١		l					0	2
Secretary	0.05	Х		Х				0.	0.	0.
(8) Daniel Benel	0.25	١		l					0	2
Treasurer	0.05	Х		Х				0.	0.	0.
(9) Curt R. Freed, M.D.	0.25	١							0	2
Oirector (10) Sandra Still Campbell	0.25	Х						0.	0.	0.
Director	0.25	x						0.	0.	0
(11) Andrew Freyer	0.25	^						0.	0.	0.
Director	0.23	x						0.	0.	0.
(12) Ramey Griffin Caulkins	0.25	^						0.	0.	0.
Director through 6/2021	0.23	x						0.	0.	0.
(13) Chris Hinds	0.25							0.	0.	· ·
Director	0.23	x						0.	0.	0.
(14) Steven Chavez	0.25							,	•••	
Director	1,25	x						0.	0.	0.
(15) Jennifer Evans	0.25									
Director		x						0.	0.	0.
(16) Bobby Lefebre	0.25	Ť				I	$\vdash$	1	-	-
Director		x						0.	0.	0.
(17) Robert McDaniel	0.25								- •	
Director		x						0.	0.	0.

132007 12-09-21 Form **990** (2021)

Form 990 (2021) Clyfford Stil									86-1147	083		Р	age 8
Part VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box	not c	Pos check ess pe nd a d	itior more	than	th an	( <b>D</b> )  Reportable  compensation  from	(E)  Reportable compensation from related	า		(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fı org an	pensa rom th janizat d relat anizati	ation le tion ted
(18) Jeremy J. Flug Director through 6/2021	0.25	x						0.		0.			0.
(19) Maruca Salazar	0.25												
Director (20) Judy Schiff	0.25	Х				$\vdash$		0.		0.			0.
Director	0.05	х					_	0.		0.			0.
(21) Ginger White Director	0.25	х						0.		0.			0.
_													
		-											
1b Subtotal							<b>&gt;</b>	462,115.		0.		49	,191.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)							<b>&gt;</b>	462,115.		0.		49	0. ,191.
2 Total number of individuals (including but n							ho r	received more than \$100	0,000 of reportable	Э			
compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n an	d ot	ther compensation from	the organization		J		
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or a</li></ul>									idual for services		4	Х	
rendered to the organization? If "Yes," com	-				-						5		х
Section B. Independent Contractors  1 Complete this table for your five highest co	mpensated in	dene	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	nens	ation :	from	
the organization. Report compensation for	=	-											
<b>(A)</b> Name and business	address	NO	NE					<b>(B)</b> Description of s	services	С	)) ompe	<b>C)</b> nsatio	n
2 Total number of independent contractors (i		ot li	mite	d to		se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the organi	ZaliUi P					-					Гаша	990	2021)

Clyfford Still Museum 86-1147083 Form 990 (2021) Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 91,580. c Fundraising events ..... 1c d Related organizations 3,250,000. 1d 659,660. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 212,937. 1f g Noncash contributions included in lines 1a-1f 1g |\$ h Total. Add lines 1a-1f 4,214,177 **Business Code** 2 a Admissions revenue 118,047. Program Service Revenue 900099 118,047 b Facility rental 900099 12,150 12,150 С f All other program service revenue 900099 130,197. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 1,150. 1,150. 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses ..... 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses _____ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns 81,009 and allowances 40,087. **b** Less: cost of goods sold ..... 40,922. 40,922 c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue

4,386,446.

171,119

1,150.

e Total. Add lines 11a-11d .....

Total revenue. See instructions

Form 990 (2021)

Clyfford Still Museum

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).

	Check if Schedule O contains a respon			<u> </u>	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	rotai 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,	389,514.	75,735.	284,074.	20 705
6	trustees, and key employees  Compensation not included above to disqualified	309,314.	75,755.	204,074.	29,705.
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,265,600.	792,764.	435,250.	37,586.
8	Pension plan accruals and contributions (include	2,233,000.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	200,200.	27,300.
3	section 401(k) and 403(b) employer contributions)	22,468.	15,669.	6,340.	459.
9	Other employee benefits	213,205.	117,948.	87,375.	7,882.
10	Payroll taxes	118,826.	62,978.	51,095.	4,753.
11	Fees for services (nonemployees):	,	,	,	· · · · · · · · · · · · · · · · · · ·
а	Management				
b		1,089.		1,089.	
С	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	35,611.		35,611.	
12	Advertising and promotion	143,685.	14,369.	129,316.	
13	Office expenses	397,567.	289,303.	97,374.	10,890.
14	Information technology	100,907.	53,481.	43,390.	4,036.
15	Royalties				
16	Occupancy	582,411.	419,335.	128,132.	34,944.
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	725,033.	653,802.	63,599.	7,632.
23	Incurance	13,504.	7,157.	5,807.	540.
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	Collection related	166,119.	166,119.		
b	Public prgms/Education	75,702.	70,941.	4,761.	
С	Development and F/R	67,804.	20,152.	29,318.	18,334.
d	Bond Costs	11,206.	9,794.	1,274.	138.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,330,251.	2,769,547.	1,403,805.	156,899.
26	<b>Joint costs.</b> 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)				F 000 (0004)

Form 990 (2021)
Part X Balance Sheet

. a	IL A	Check if Schedule O contains a response or	note to ar	ny line in this Part X			
				,	(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			486,835.	1	399,639.
	2	Savings and temporary cash investments			12,642.	2	9,896.
	3	Pledges and grants receivable, net			82,894.	3	98,699.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, se					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disc					
		under section 4958(f)(1)), and persons descri				6	
ठ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			207,862.	8	190,021.
ĕ	9	Prepaid expenses and deferred charges			80,774.	9	104,558.
	10a	Land, buildings, and equipment: cost or oth					
		basis. Complete Part VI of Schedule D	ı	27,613,283.			
	b	Less: accumulated depreciation		8,211,775.	20,103,861.	10c	19,401,508.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, li			12		
	13	Investments - program-related. See Part IV, I		_		13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	781,031.		
	16	Total assets. Add lines 1 through 15 (must			20,974,868.	16	20,985,352.
	17	Accounts payable and accrued expenses	231,580.	17	185,869.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			1,190,000.	20	1,190,000.
	21	Escrow or custodial account liability. Comple				21	
Ś	22	Loans and other payables to any current or					
Liabilities		trustee, key employee, creator or founder, se					
abi		controlled entity or family member of any of				22	
⊐	23	Secured mortgages and notes payable to ur				23	
	24	Unsecured notes and loans payable to unre		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on l					
		of Schedule D		, .		25	
	26	Total liabilities. Add lines 17 through 25			1,421,580.	26	1,375,869.
		Organizations that follow FASB ASC 958,					
ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			19,553,288.	27	19,609,483.
Ва	28	Net assets with donor restrictions				28	
<u>n</u>		Organizations that do not follow FASB AS					
Ť		and complete lines 29 through 33.	,	,			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current ful	nds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulate				31	
<b>Fet</b>	32	Total net assets or fund balances			19,553,288.	32	19,609,483.
_	33	Total liabilities and net assets/fund balances			20,974,868.	33	20,985,352.

Form **990** (2021)

Clyfford Still Museum 86-1147083 Page 12 Form 990 (2021) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 4,386,446. 1 Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 2 4,330,251. 56,195. 3 Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 19,553,288. 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 0. 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 19,609,483. column (B)) Part XII Financial Statements and Reporting х Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Lash X Accrual __ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Х 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant? Х 2b 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 c 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?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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)

Х

2c | X

За

#### **SCHEDULE A**

(Form 990)

Total

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 86-1147083 Clyfford Still Museum Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

#### 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	,,		,			
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(-,	(-7	(-,	(-,	(-,	(-)
-	membership fees received. (Do not						
	include any "unusual grants.")	3,268,286.	3,790,975.	3,594,132.	3,125,244.	3,879,822.	17,658,459.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	279,861.	287,420.	322,694.	277,102.	334,355.	1,501,432.
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,548,147.	4,078,395.	3,916,826.	3,402,346.	4,214,177.	19,159,891.
5	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						14,585,532.
6	Public support. Subtract line 5 from line 4.						4,574,359.
Sec	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	3,548,147.	4,078,395.	3,916,826.	3,402,346.	4,214,177.	19,159,891.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	33,071.	30,076.	-1,226.	8,113.	1,150.	71,184.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10					_	19,231,075.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	1,294,474.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	501(c)(3)	
_	organization, check this box and stop						<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2021 (					14	23.79 %
	Public support percentage from 2020					15	38.55 %
16a	33 1/3% support test - 2021. If the	•		•		•	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶□
b	33 1/3% support test - 2020. If the	-					
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the fact				•	VI how the organiz	ation
	meets the facts-and-circumstances to	-	•	*	-		
b	10% -facts-and-circumstances tes	_					10% or
	more, and if the organization meets the				-		. —
	organization meets the facts-and-circ		-				
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

#### 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	siow, picase com	piete i uit ii.j				
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and			, ,			,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2021 (li	ne 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	fies as a publicly s	supported organiz	ation	▶□
ł	33 1/3% support tests - 2020. If the	•			•	•	
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> t	<b>top here.</b> The orga	nization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his box and see in	structions	

 Schedule A (Form 990) 2021
 Clyfford Still Museum
 86-1147083
 Page 4

### 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	_		
	1		
	2		
	За		
	- Ou		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	oc		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	9с		
	10a		
	401-		
_	10b		

Pai	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	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 <b>Part VI</b> 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,			
<u> </u>	supervised, or controlled the supporting organization.	2		<u> </u>
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	_		
<u>Sac</u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		Ь
000	tion B. All Type III Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•	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			
Ū	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	ıstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u> </u>

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

Schedule A (Form 990) 2021

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive	е					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021			
_1_	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
а	From 2016							
b	From 2017							
С	From 2018							
d	From 2019							
e	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							
i_	Carryover from 2016 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2021 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
	and 4c.							
_8_	Breakdown of line 7:							
a	Excess from 2017							
b	Excess from 2018							
c	Excess from 2019							
d	Excess from 2020							
е	Excess from 2021							

Schedule A (Form 990) 2021

# Schedule B (Form 990)

**Schedule of Contributors** 

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

**202**1

Schedule B (Form 990) (2021)

Cly	fiord Still Museum	86-1147083			
Prganization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( ³ ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
, ,	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.			
General Rule					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor				
Special Rules					
sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Filine 1. Complete Parts I and II.	d that received from any one			
contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, charitable, so anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e) instead of the contributor name and address), II, and III.	ientific,			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} \rightarrow 1					
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	• *			

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

Name of organization

Employer identification number

Clyfford Still Museum

86-1147083

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$334,355.	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		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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

Name of organization

Employer identification number

Clyfford Still Museum

86-1147083

Part II	art 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			
		  \$				

Name of or	ganization		Employer identification n	umber
Clyfford	Still Museum		86-1147083	
Part III		) through (e) and the following line of charitable, etc., contributions of \$1,000 or	n section 501(c)(7), (8), or (10) that total more than \$1,000 for less for the year. (Enter this info. once.) \$\infty\$	or the ye
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I	(2). 2. pose e. g		(-, 2	
		(e) Transfer of g	ift	
	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	
		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-		(a) Transfer of		
	Transferee's name, address, a	(e) Transfer of g	Relationship of transferor to transferee	

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

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

2021

Open to Public Inspection

Name of the organization

Clyfford Still Museum

Employer identification number 86-1147083

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on 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 (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value				
1a Land		2,597,761.		2,597,761.				
<b>b</b> Buildings		22,409,635.	5,808,304.	16,601,331.				
c Leasehold improvements		519,789.	340,022.	179,767.				
d Equipment		2,086,098.	2,063,449.	22,649.				
e Other								
Total. Add lines 1a through 1e. (Column (d) must equa	otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)							

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
· · · · · ·	(b) Book value	(e) meaned of validations door of one	a or your market value
(1)		1	
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 000 Part IV line	a 11d Soc Form 990 Part V line 15	
	Description	erra. See Form 990, Fart X, line 13.	(b) Book value
	- Coonption		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e The or Thi. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
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 l	FASB ASC 740. Check I	nere if the text of the footnote has been p	rovided in Part XIII

Pai	rt XI Reconciliation of Revenue per Audited Financial Sta		enue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
1	Total revenue, gains, and other support per audited financial statements		1	4,386,446.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	4,386,446.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С				0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			4,386,446.
Pai	rt XII Reconciliation of Expenses per Audited Financial St		enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
1	Total expenses and losses per audited financial statements		1	4,330,251.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line <b>2e</b> from line <b>1</b>		3	4,330,251.
4	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			
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	0.
_5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	4,330,251.
Pai	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			ne 2; Part XI,
	Za ana 15, ana 1 ar 7m, moo za ana 15.7 noo complete the part to provide a	ary additional information.		
Form	n 990, Schedule D, Part III			
Coll	Lections - The Clyfford Still collection (the Collection)	was given by		
the	Clyfford Still Estate and the Patricia Still Estate to th	e City and		
	Clyllold belli bbedce and the facileta belli bbedce to th	ic city and		
Cour	nty of Denver under the terms and conditions of the Clyffo	ord Still		
Dona	ation Agreement and the Patricia Alice Still Estate Donati	on Agreement.		
The	Collection consists of approximately 3,200 paintings on c	anvas and		
pape	er, as well as other works of art and the artist's archive	. The		
Coll	lection consists solely of original works by Clyfford Stil	1. Under the		
prov	visions of the will, none of the works of art may be sold,	given, or		
	nanged but are to be retained in the Museum in perpetuity			
exhi	bition and study.			

Schedule D (Form 990) 2021 Clyfford Still Museum	86-1147083	Page <b>5</b>
Part XIII   Supplemental Information (continued)		
The Collection is held for educational, research, and curatorial purposes.		
Each item is cataloged, preserved and cared for, and activities verifying		
their existence and assessing their condition are performed continuously.		
The Collection is owned by the City and County of Denver and is not		
reported in the financial statements.		

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Clyfford Still Museum

Employer identification number 86 - 1147083

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     Written employment contract			
	Independent compensation consultant  Z Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
a	The organization?	5a		X
b	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			
_	contingent on the net earnings of:	C-		х
a	The organization?	6a		X
a	Any related organization?	6b		^
_	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	_		v
_	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			v
_	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			
	HORIHOTIONS SOCTION 62 (UNV EIO)2			

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 Clyfford Still Museum 86-1147083 Page 2

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	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Joan Prusse	(i)	154,527.	100,000.	0.	27,292.	10,318.	292,137.	0.
Interim Director	(ii)	0.	0.	0.	0.	0.	. 0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021 Clyfford Still Museum 86-1147083 Page 3
Part III Supplemental Information

Turk in Cuppionental information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	
Scheule J, Part I, Line 4b	_
Joan Prusse participates in an unfunded 457f deferred compensation plan	_
(the Plan). \$22,626 wsa credited to the Plan during 2021 for Ms.	
Prusse.	
	_
	_
	_

#### **SCHEDULE K** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2021 Open to Public Inspection

Name of the organization

Clyfford Still Museum

**Employer identification number** 86-1147083

Clyllold Stil	I Museum							۰	0 113	1003			
Part I Bond Issues													
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	ssued (e) Issue price		(f) Description of purpose		(g) De	efeased		behalf	(i) Po	oole
										of is	suer	finar	ıcir
								Yes	No	Yes	No	Yes	N
\$19,540,000 CECFA Variable Rate													
A Demand Revenue Bond	84-0896727	19645RGS4	10/09/08	19,5	540,000.	Construction	n project		Х		Х		х
В													
С													╙
D													_
Part II Proceeds			1		i		_						
			A			В	С				D		
1 Amount of bonds retired									_				
2 Amount of bonds legally defeased									_				
3 Total proceeds of issue				,540,000.					_				
4 Gross proceeds in reserve funds				460 505			-		_				
5 Capitalized interest from proceeds				168,525.			-		_				
6 Proceeds in refunding escrows				007 500			-		_				
7 Issuance costs from proceeds				207,500.			-		_				
8 Credit enhancement from proceeds				871,358.			-		_				
9 Working capital expenditures from proceed				202 617					_				—
10 Capital expenditures from proceeds				,292,617.					_				
11 Other spent proceeds									-				
12 Other unspent proceeds				2011					-				
13 Year of substantial completion			Yes	No	Yes	No	Yes	No	_	Yes		No	
14 Were the bonds issued as part of a refund	ting issue of tax-exempt	t hands (ar	162	NU	162	INU	162	NO	+	162	-	INO	—
if issued prior to 2018, a current refunding	•	• •		Х									
15 Were the bonds issued as part of a refund									+				
issued prior to 2018, an advance refundin	_			Х									
16 Has the final allocation of proceeds been									+				_
17 Does the organization maintain adequate													
		• •	х										

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

Schedule K (Form 990) 2021

Schedule K (Form 990) 2021 Clyfford Still Museum 86-1147083 Page 2

Pai	rt III Private Business Use								
		,	Ą	E	3	(	2		)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		Х						
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		Х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
_7	Does the bond issue meet the private security or payment test?		Х						
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		Х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?		Х						
Pai	rt IV Arbitrage								
		,	Ą	E	3	(	2		)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х						
_2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		Х						
b	Exception to rebate?		Х						
	No rebate due?	Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
_3	Is the bond issue a variable rate issue?	Х							

 Schedule K (Form 990) 2021
 Clyfford Still Museum
 86-1147083
 Page 3

Par	t IV Arbitrage (continued)								
			A	I	3		2		)
4a	Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
	hedge with respect to the bond issue?	Х							
b	Name of provider	Wells Far	go Bank, N				•		
	Term of hedge		7.000000	)					
	Was the hedge superintegrated?	Х							
	Was the hedge terminated?		х						
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		х						
b	Name of provider								
	Term of GIC								
	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х						
	Has the organization established written procedures to monitor the								
	requirements of section 148?	х							
Par	t V Procedures To Undertake Corrective Action					•			
			A	I	3		2	[	)
	Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
	of federal tax requirements are timely identified and corrected through the								
	voluntary closing agreement program if self-remediation isn't available under								
	applicable regulations?		х						
Par	t VI Supplemental Information. Provide additional information for responses to question	s on Schedu	le K. See insti	ructions.					
Sch	edule K, Part IV, Arbitrage, Line 2c:								
(a)	Issuer Name: \$19,540,000 CECFA Variable Rate Demand Revenue Bond								
	Date the Rebate Computation was Performed: 02/01/2018								

#### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Clyfford Still Museum

**Employer identification number** 86-1147083

Form 990, Part III, Line 4a, Program Service Accomplishments:
Museum Building and Galleries:
The Clyfford Still Museum raised funds from private philanthropic
sources to finance the construction of the Clyfford Still Museum
facility. The two-story, 28,500-square-foot building broke ground in
December 2009, construction was completed in September 2011 and the
Museum opened to the public in November 2011. The building, custom
designed by Brad Cloepfil of Allied Works Architecture for the storage
and display of the Still collection, won the 2012 Honor Award from the
New York Chapter of the American Institute of Architects. A
cantilevered canopy of concrete leads visitors into the first-floor
lobby, and glass walls allow visitors to see into the conservation
studio and collections storage. The Museum's open design embodies the
founding principle of the institution, the revealing to the public of
this once-private and very personal collection.
The second floor consists of a series of nine distinct galleries,
having varying ceiling heights and proportions designed for the optimal
display of the different elements of the Still collections. One of the
singular features of the Museum is its daylight system that includes
diffusing skylights and motorized shades situated above a
custom-formed, perforated concrete ceiling. The Museum's
state-of-the-art mechanical systems maintain the optimal environmental
conditions for the preservation of the artworks.

Name of the organization  Clyfford Still Museum	Employer identification number 86-1147083
Form 990, Part III, Line 4b, Program Service Accomplishments:	
Exhibitions and Collections:	
The Clyfford Still Museum was established to serve as a permanent	
repository and exhibition place for the works of one of the most	
important painters of the 20th century, Clyfford Still (1904-1980).	
Clyfford and Patricia Still's wills directed that the Still collection	
be given to an American City that would agree to build and support such	
a museum. After the artist's death in 1980, the Clyfford Still Estate	
was sealed off from public and scholarly view. In 2004-2005, the	
artist's widow Patricia selected the City of Denver to receive the	
substantial Still collection, including the artist's archives.	
The Clyfford Still Museum, as the steward of this legacy collection, is	
continuing the lengthy process of attending to the conservation of	
Still's paintings, many of which have been rolled and in storage for	
over 30 years, as well as the extensive works on paper collection. The	
Museum is also devoting significant resources to the inspection and	
cataloging of the collections, the preparation of works for exhibition,	
and to the proper storage of the collections in the Museum itself. The	
Museum's collection of approximately 3,200 paintings, drawings, prints,	
and sculptures, the majority of which have never been on public display	
before, provides an unprecedented opportunity to reflect on the full	
scope of Still's oeuvre and his profound influence on American art. The	
Museum anticipates rotating exhibitions at least twice each year, with	
single gallery exhibits rotating somewhat more frequently.	

Schedule O (Form 990) 2021 Page **2** 

Name of the organization  Clyfford Still Museum	Employer identification number 86-1147083
	·
Education and Programs:	
As part of the Museum's vision to offer quality programs and conduct	
scholarly research relating to the art and life of Clyfford Still, the	
Museum engages our audiences through programs and educational offerings	
that both enliven Museum spaces and provide opportunities for	
meditation - in single events and longer term collaborations. Programs	
are designed to foster a dialogue about Still's work and its current	
and future relevance. Using the work of Clyfford Still as a point of	
departure, the Museum's programs create a unique platform for exploring	
the concerns of modern and contemporary art through multiple voices and	
interdisciplinary programs.	
The Clyfford Still Museum offers lectures, films, productions, tours	
and interpretive materials and technologies to support and engage	
visitors' understanding about the work of Clyfford Still, his life, and	
significance to modern and contemporary art. Programs include a variety	
of local, national, and international speakers and partners. The	
Museum developed the inStill gallery visit program for school groups in	
grades 4-12 through which trained gallery instructors provide	
thematically integrated, standards-aligned lessons relating to the	
Museum's collections.	
The Clyfford Still Museum has begun to digitize and catalog Clyfford	
Still's archives which, when available to students and scholars, will	
provide a rich body of materials that will enlarge the understanding of	
Still's works and his place in 20th century American art.	

Schedule O (Form 990) 2021 Page **2** 

Name of the organization  Clyfford Still Museum	Employer identification number
The Clyfford Still Museum has other initiatives designed to make the	•
Still collections more accessible to a variety of audiences. In 2013,	
the Museum formed a Research Center and held its first scholarly	
symposium in New York. The Research Center will continue to develop	
programs that foster research and writing about Clyfford Still, his	
time and his work. The Museum is also publishing books that contain	
reproductions of Still's works and scholarly and historic articles	
about the artist. The Museum is continually developing technology	
solutions to reach increasingly broad audiences.	
Form 990, Part VI, Section B, line 11b:	
The Form 990 is made available to all board members electronically before	
the return is filed with the IRS.	
Form 990, Part VI, Section B, Line 12c:	
Disclosures are obtained from board members and key employees annually to	
report any conflict or potential conflict, as well as affirmation of	
adherence to the policy.	
Form 990, Part VI, Section B, Line 15a:	
The compensation committee reviews the salary and performance of the Museum	
Director periodically, and considers regional and industry standards in	
determining the amount of compensation.	
Form 990, Part VI, Section C, Line 19:	
These documents are made available upon request.	

#### **SCHEDULE R** (Form 990)

### **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.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Clyfford Still Museum	m					86-1147083		
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes	" on Form 990, Part IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	me End-of-yea		Direct o	(f) controlling ntity	9
	-							
	-							
	<u>-</u> -							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had on	e or more	e related tax-exe	∍mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ect controlling entity	Section 5 contr	
77.66 7.6117.11				501(c)(3))			Yes	No
Clyfford Still Museum Foundation - 61-1581548, 1250 Bannock Street, Denver, CO 80204	Support the purposes and programs of the Clyfford Still Museum	Colorado	501(c)(3)	Line 12a, I	Clyffc Museum	ord Still	x	
	_			,				

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	)	(k)	
Name, address, and EIN of related organization	Primary activity	domicile entity	(state or entity	domicile (state or state or st	nicile entity (related, unrelated, income end-of-year		related, unrelated, income end-of-year		amount in box 20 of Schedule		manag	ging er?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No		
										$\sqcup$			
										Ш			
										Ш			
		l		1		l	I	1	I	1 1			

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

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year	(h) Percentage ownership	(i Sec 512(t contr enti	tion o)(13)
or related organization		foreign	entity	or trust)	liicome	assets	Ownership		
		country)		,				Yes	No

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

Not	ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions with	one or more re	lated organizations listed in P	arts II-IV?				
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х	
	Gift, grant, or capital contribution to related organization(s)				1b		Х	
	Gift, grant, or capital contribution from related organization(s)				1c	Х		
	d Loans or loan guarantees to or for related organization(s)				1d		Х	
	Loans or loan guarantees by related organization(s)				1e		Х	
f	Dividends from related organization(s)				1f		Х	
	g Sale of assets to related organization(s)				1g		Х	
	h Purchase of assets from related organization(s)							
i Exchange of assets with related organization(s)							Х	
j Lease of facilities, equipment, or other assets to related organization(s)							Х	
•					1j			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х	
1	Performance of services or membership or fundraising solicitations for related organization	on(s)			11	Х		
m	m Performance of services or membership or fundraising solicitations by related organization				1m		Х	
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х	
	Sharing of paid employees with related organization(s)				10		Х	
p Reimbursement paid to related organization(s) for expenses								
q	Reimbursement paid by related organization(s) for expenses				1q	Х		
r	Other transfer of cash or property to related organization(s)				1r		Х	
	S Other transfer of cash or property from related organization(s)				1s		Х	
	If the answer to any of the above is "Yes," see the instructions for information on who mu							
	(a) Name of related organization Tr.	(b)	(c)	(d) Method of determining amount invo	olved			

(a)  Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Clyfford Still Museum Foundation	С	3,250,000.	N/A-Cash
(2) Clyfford Still Museum Foundation	Q	13,728.	N/A-Cash
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
(6)			

Page 3

<u>Schedule R (Form 990) 2021</u> Clyfford Still Museum 86-1147083 Page **4** 

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptional allocation	or- amount in box 2 of Schedule K-1	General of managing partner?  Yes NO	(k) Percentage ownership