

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015**  
Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

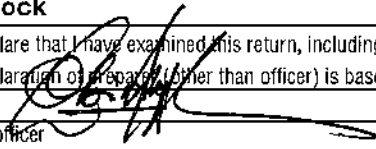
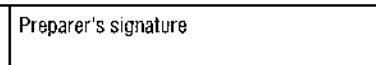
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization THE MUSEUM OF FINE ARTS, HOUSTON		<b>D</b> Employer identification number 74-1109655
	Doing business as		<b>E</b> Telephone number 713-639-7300
	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 6826	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 77265-6826		<b>G</b> Gross receipts \$ 287,569,023.
<b>F</b> Name and address of principal officer: GARY TINTEROW SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: WWW.MFAH.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1924	<b>M</b> State of legal domicile: TX

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: THE MUSEUM OF FINE ARTS, HOUSTON (THE "MUSEUM") IS ORGANIZED AND IS TO BE OPERATED EXCLUSIVELY FOR	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 85
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 73
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5 779
	6	Total number of volunteers (estimate if necessary)	6 1100
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a -4,147,729.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b -4,147,729.
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year 107,070,171. Current Year 54,001,910.
	9	Program service revenue (Part VIII, line 2g)	8,237,189. 9,390,605.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	99,261,202. 63,519,986.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,054,649. -388,147.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	215,623,211. 126,524,354.
	<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	33,676,022. 36,026,216.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	42,000. 42,000.
16b		Total fundraising expenses (Part IX, column (D), line 25)	3,539,434.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	59,548,838. 73,028,837.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	93,435,292. 109,267,133.	
19	Revenue less expenses. Subtract line 18 from line 12	122,187,919. 17,257,221.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year 1,575,446,456. End of Year 1,550,990,542.
	21	Total liabilities (Part X, line 26)	48,231,514. 55,432,618.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,527,214,942. 1,495,557,924.

**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.

<b>Sign Here</b>	Signature of officer 	Date 5/12/17	
	ERIC ANYAH, CHIEF FINANCIAL OFFICER Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name BROOKE MCNEIL	Preparer's signature 	Date Check if self-employed <input type="checkbox"/> PTIN P00849302
	Firm's name DELOITTE TAX LLP	Firm's EIN 86-1065772	Firm's address 1111 BAGBY STREET, SUITE 4500 HOUSTON, TX 77002

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MUSEUM OF FINE ARTS, HOUSTON (THE "MUSEUM") IS ORGANIZED AND IS TO BE OPERATED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, LITERARY, AND EDUCATIONAL PURPOSES, INCLUDING THE OPERATION AND MAINTENANCE OF ONE OR MORE MUSEUM FACILITIES AND, IN CONNECTION THEREWITH, THE OPERATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 7,638,495. including grants of \$ ) (Revenue \$ 3,152,087. ) EDUCATION AND PUBLIC PROGRAMS

4b (Code: ) (Expenses \$ 79,182,449. including grants of \$ 66,175. ) (Revenue \$ 1,248,494. ) ACCESSIONS, CURATORIAL AND EXHIBIT EXPENSES

4c (Code: ) (Expenses \$ 3,910,174. including grants of \$ 103,905. ) (Revenue \$ 2,069,938. ) GLASSELL SCHOOL OF ART

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,103,767. including grants of \$ ) (Revenue \$ 2,920,086. )

4e Total program service expenses 91,834,885.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9	Did the organization report an amount in Part X, line 21, 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
11b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
11c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
11e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
11f	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

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

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	
<b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with corresponding Yes/No columns and data entry boxes.

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

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 in Schedule O.		
	85		
b	Enter the number of voting members included in line 1a, above, who are independent		
	73		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		X
b	Describe in 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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**

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **JULIA R. PETTY - 713-639-7566**  
**P.O. BOX 6826, HOUSTON, TX 77265-6826**

**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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MR. RICHARD D. KINDER LIFE TRUSTEE, CHAIRMAN	1.00	X		X				0.	0.	0.
(2) MRS. ANNE S. DUNCAN LIFE TRUSTEE, VICE-CHRMN	1.00	X		X				0.	0.	0.
(3) MR. FRANK J. HEVREDEJS LIFE TRUSTEE, TREASURER	1.00	X		X				0.	0.	0.
(4) MRS. CORNELIA C. LONG LIFE TRUSTEE CHRMN EMRIT	1.00	X		X				0.	0.	0.
(5) MR. ISAAC ARNOLD, JR. LIFE TRUSTEE	1.00	X						0.	0.	0.
(6) MS. ANNE L. SCHLUMBERGER LIFE TRUSTEE	1.00	X						0.	0.	0.
(7) DR. MARJORIE G. HORNING LIFE TRUSTEE	1.00	X						0.	0.	0.
(8) MR. E.J. HUDSON, JR. LIFE TRUSTEE	1.00	X						0.	0.	0.
(9) MRS. CLARE ATTWELL GLASSELL LIFE TRUSTEE	1.00	X						0.	0.	0.
(10) MRS. NANCY BROWN NEGLEY LIFE TRUSTEE	1.00	X						0.	0.	0.
(11) MS. ALICE C. SIMKINS LIFE TRUSTEE	1.00	X						0.	0.	0.
(12) MRS. JEANIE KILROY WILSON LIFE TRUSTEE	1.00	X						0.	0.	0.
(13) MR. RICHARD D. WORTHAM III LIFE TRUSTEE	1.00	X						0.	0.	0.
(14) MRS. GAIL F. ADLER TRUSTEE	1.00	X						0.	0.	0.
(15) MRS. SUSHILA AGRAWAL TRUSTEE	1.00	X						0.	0.	0.
(16) MR. CHARLES BUTT TRUSTEE	1.00	X						0.	0.	0.
(17) MRS. KAROL BARNHART TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MR. JACK S. BLANTON, JR. TRUSTEE	1.00	X						0.	0.	0.
(19) MRS. ANN BOOKOUT TRUSTEE	1.00	X						0.	0.	0.
(20) MR. BRAD BUCHER TRUSTEE	1.00	X						0.	0.	0.
(21) MS. JEREANN H. CHANEY TRUSTEE	1.00	X						0.	0.	0.
(22) MS. BETTIE CARTWRIGHT TRUSTEE	1.00	X						0.	0.	0.
(23) DR. ANNE S. CHAO TRUSTEE	1.00	X						0.	0.	0.
(24) MRS. SARA S. MORGAN TRUSTEE	1.00	X						0.	0.	0.
(25) MRS. MICHAEL G. COUSINS TRUSTEE	1.00	X						0.	0.	0.
(26) MS. FRANCI NEELY TRUSTEE	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								3,078,346.	0.	213,085.
<b>d Total (add lines 1b and 1c)</b>								3,078,346.	0.	213,085.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **40**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MCCARTHY BUILDING COMPANIES INC, 1201 NORTH CENTRAL EXPRESSWAY, SUITE 400, STEVEN HOLL ARCHITECTS PC, 450 W. 31ST ST, 11TH FLOOR, NEW YORK, NY 10001	GENERAL CONTRACTOR	4,817,150.
AMSYS INNOVATIVE SOLUTIONS LLC, 8300 BISSONNET ST, SUITE 570, HOUSTON, TX 77074	ARCHITECT	4,669,529.
MERIDIAN CONSTRUCTORS LLC, 6105 BRITTMORE ROAD, SUITE B, HOUSTON, TX 77041	IT SERVICES PROVIDER	2,119,606.
CARDNO HAYNES WHALEY INC P. O. BOX 893400, DALLAS, TX 75312-3400	GENERAL CONTRACTOR	2,082,884.
	STRUCTURAL ENGINEERING	1,868,685.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **38**



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MRS. MARY CULLEN TRUSTEE	1.00	X						0.	0.	0.
(28) MRS. ROSANETTE CULLEN TRUSTEE	1.00	X						0.	0.	0.
(29) MRS. RANIA DANIEL TRUSTEE	1.00	X						0.	0.	0.
(30) MRS. LINNET F. DEILY TRUSTEE	1.00	X						0.	0.	0.
(31) MRS. LOUISA STUDE SAROFIM TRUSTEE	1.00	X						0.	0.	0.
(32) MR. HOLBROOK F. DORN TRUSTEE	1.00	X						0.	0.	0.
(33) MR. RODNEY J. EICHLER TRUSTEE	1.00	X						0.	0.	0.
(34) MRS. LELA GIBBS TRUSTEE	1.00	X						0.	0.	0.
(35) MR. TOM GLANVILLE TRUSTEE	1.00	X						0.	0.	0.
(36) MRS. SANDRA GODFREY TRUSTEE	1.00	X						0.	0.	0.
(37) MR. ALFRED C. GLASSELL, III TRUSTEE	1.00	X						0.	0.	0.
(38) MS. CARROLL R. GOODMAN TRUSTEE	1.00	X						0.	0.	0.
(39) MRS. WINDI GRIMES TRUSTEE	1.00	X						0.	0.	0.
(40) MR. MARTYN E. GOOSSEN TRUSTEE	1.00	X						0.	0.	0.
(41) MR. SAMUEL F. GORMAN TRUSTEE	1.00	X						0.	0.	0.
(42) MR. WILLIAM J. HILL TRUSTEE	1.00	X						0.	0.	0.
(43) MR. RONALD E. HUEBSCH TRUSTEE	1.00	X						0.	0.	0.
(44) MS. CARLA KNOBLOCH TRUSTEE	1.00	X						0.	0.	0.
(45) MRS. BOBBIE NAU TRUSTEE	1.00	X						0.	0.	0.
(46) MRS. PAMELA F. OTT TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MR. JAMES EDWARD MALONEY TRUSTEE	1.00	X						0.	0.	0.
(48) MRS. MARY F. JOHNSTON TRUSTEE	1.00	X						0.	0.	0.
(49) MR. ANDRIUS KONTRIMAS TRUSTEE	1.00	X						0.	0.	0.
(50) MR. LENOIR M. JOSEY II TRUSTEE	1.00	X						0.	0.	0.
(51) MR. MICHAEL C. LINN TRUSTEE	1.00	X						0.	0.	0.
(52) MRS. ANN G. TRAMMELL TRUSTEE	1.00	X						0.	0.	0.
(53) MR. DOUGLAS L. LAWING TRUSTEE	1.00	X						0.	0.	0.
(54) MRS. ROLANETTE LAWRENCE TRUSTEE	1.00	X						0.	0.	0.
(55) MRS. MARGARET ALKEK WILLIAMS TRUSTEE	1.00	X						0.	0.	0.
(56) MRS. JUDY E. MARGOLIS TRUSTEE	1.00	X						0.	0.	0.
(57) MR. WILLIAM N. MATHIS TRUSTEE	1.00	X						0.	0.	0.
(58) MRS. LISA M. MEARS TRUSTEE	1.00	X						0.	0.	0.
(59) MRS. NIDHIKA O. MEHTA TRUSTEE	1.00	X						0.	0.	0.
(60) MRS. KIRBY COHN MCCOOL TRUSTEE	1.00	X						0.	0.	0.
(61) MRS. CHERIE FLORES TRUSTEE	1.00	X						0.	0.	0.
(62) MS. NANCY POWELL MOORE TRUSTEE	1.00	X						0.	0.	0.
(63) MS. JOAN MORGENSTERN TRUSTEE	1.00	X						0.	0.	0.
(64) MRS. LAURIE MORIAN TRUSTEE	1.00	X						0.	0.	0.
(65) MRS. CYNTHIA PETRELLO TRUSTEE	1.00	X						0.	0.	0.
(66) MS. MARY LAWRENCE PORTER TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(67) MRS. SUSANNE PRITCHARD TRUSTEE	1.00	X					0.	0.	0.
(68) MRS. TINA PYNE TRUSTEE	1.00	X					0.	0.	0.
(69) MRS. LYNN S. WYATT LIFE TRUSTEE	1.00	X					0.	0.	0.
(70) MR. H. JOHN RILEY, JR. TRUSTEE	1.00	X					0.	0.	0.
(71) MS. BETH ROBERTSON TRUSTEE	1.00	X					0.	0.	0.
(72) MR. MANOLO SANCHEZ TRUSTEE	1.00	X					0.	0.	0.
(73) MRS. COURTNEY LANIER SAROFIM TRUSTEE	1.00	X					0.	0.	0.
(74) MRS. ALIYYA KOMBARGI STUDE TRUSTEE	1.00	X					0.	0.	0.
(75) MRS. ELIZA STEDMAN TRUSTEE	1.00	X					0.	0.	0.
(76) MR. BARRON F. WALLACE TRUSTEE	1.00	X					0.	0.	0.
(77) MR. JAMES D. WEAVER TRUSTEE	1.00	X					0.	0.	0.
(78) DR. FRAZIER WILSON TRUSTEE	1.00	X					0.	0.	0.
(79) MRS. CYVIA G. WOLFF TRUSTEE	1.00	X					0.	0.	0.
(80) MRS. NINA O'LEARY ZILKHA TRUSTEE	1.00	X					0.	0.	0.
(81) MRS. CLAYTON ERIKSON TRUSTEE	1.00	X					0.	0.	0.
(82) MRS. ZEINA N. FARES TRUSTEE	1.00	X					0.	0.	0.
(83) MR. GEORGE B. KELLY TRUSTEE	1.00	X					0.	0.	0.
(84) MRS. COLLEEN KOTTS TRUSTEE	1.00	X					0.	0.	0.
(85) MRS. BARBARA WEBBER TRUSTEE	1.00	X					0.	0.	0.
(86) MR. JOSEPH D. JAMAIL PART YEAR LIFE TRUSTEE	1.00	X					0.	0.	0.
Total to Part VII, Section A, line 1c									

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) JOHN WILLARD HOLMES CHIEF OPERATING OFFICER	35.00			X			349,228.	0.	30,649.	
(88) AMY PURVIS CHIEF DEVELOPMENT OFFICER	35.00			X			349,461.	0.	22,106.	
(89) GARY TINTEROW DIRECTOR	35.00 1.00			X			893,911.	0.	23,522.	
(90) ERIC ANYAH CHIEF FINANCIAL OFFICER	35.00			X			465,916.	0.	38,642.	
(91) DARREN A. BARTSCH INVESTMENT OFFICER	35.00					X	265,866.	0.	18,786.	
(92) JULIA R. PETTY CONTROLLER	35.00					X	191,300.	0.	23,915.	
(93) DAVID BOMFORD CHAIRMAN, CONSERVATION	35.00					X	190,754.	0.	17,122.	
(94) MALCOLM DANIEL CURATOR DEPT PHOTOGRAPHY	35.00					X	186,511.	0.	18,808.	
(95) MARY HAUS HEAD MARKET & COMMUNICATION	35.00					X	185,399.	0.	19,535.	
Total to Part VII, Section A, line 1c							3,078,346.		213,085.	

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns					
	b Membership dues					
	c Fundraising events	5,284,334.				
	d Related organizations					
	e Government grants (contributions)	797,409.				
	f All other contributions, gifts, grants, and similar amounts not included above	47,920,167.				
	g Noncash contributions included in lines 1a-1f: \$	8,349,037.				
	<b>h Total. Add lines 1a-1f</b>	<b>54,001,910.</b>				
Program Service Revenue	<b>Business Code</b>					
	2 a ADMISSION, TOURS, LECT	900099	3,152,087.	3,152,087.		
	b MEMBERSHIP	900099	2,920,086.	2,920,086.		
	c SCHOOL TUITION	611600	2,069,938.	2,069,938.		
	d OTHER PROGRAM SERVICES	900969	1,248,494.	1,248,494.		
	e					
	<b>g Total. Add lines 2a-2f</b>		<b>9,390,605.</b>			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		22,579,764.	-4,147,729.	26,727,493.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		201,458.		201,458.	
	6 a Gross rents	(i) Real	245,444.			
		(ii) Personal	0.			
		b Less: rental expenses				
		c Rental income or (loss)	245,444.			
	d Net rental income or (loss)		245,444.		245,444.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	192,501,785.			
		(ii) Other	4,900,064.			
		b Less: cost or other basis and sales expenses	54,801,604.	1,660,023.		
		c Gain or (loss)	37,700,181.	3,240,041.		
	d Net gain or (loss)		40,940,222.		40,940,222.	
	8 a Gross income from fundraising events (not including \$ 5,284,334. of contributions reported on line 1c). See Part IV, line 18	a	231,245.			
		b Less: direct expenses	1,528,113.			
c Net income or (loss) from fundraising events			-1,296,868.		-1,296,868.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	2,703,231.				
	b Less: cost of goods sold	3,054,929.				
	c Net income or (loss) from sales of inventory		-351,698.		-351,698.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
11 a OTHER INCOME	900099	813,517.			813,517.	
b						
c						
d All other revenue						
<b>e Total. Add lines 11a-11d</b>		<b>813,517.</b>				
<b>12 Total revenue. See instructions.</b>		<b>126,524,354.</b>	<b>9,390,605.</b>	<b>-4,147,729.</b>	<b>67,279,568.</b>	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	156,166.	156,166.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	13,914.	13,914.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,179,897.		1,803,794.	376,103.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	26,384,420.	21,235,666.	3,710,539.	1,438,215.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	935,559.	691,321.	179,617.	64,621.
9 Other employee benefits	4,435,396.	3,568,596.	670,519.	196,281.
10 Payroll taxes	2,090,944.	1,604,958.	363,762.	122,224.
11 Fees for services (non-employees):				
a Management				
b Legal	1,948.		1,948.	
c Accounting	222,198.		222,198.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	42,000.			42,000.
f Investment management fees	1,682,878.		1,682,878.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,004,820.	1,967,565.	718,876.	318,379.
12 Advertising and promotion	1,307,865.	1,133,484.	26,579.	147,802.
13 Office expenses	1,360,162.	876,712.	420,264.	63,186.
14 Information technology	767,270.	690,543.	76,727.	
15 Royalties				
16 Occupancy	3,406,263.	2,505,238.	901,025.	
17 Travel	880,208.	549,307.	181,742.	149,159.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	52,681.	28,225.	19,687.	4,769.
20 Interest	93,148.		93,148.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,995,779.	5,831,761.	883,534.	280,484.
23 Insurance	1,453,203.	1,254,368.	193,504.	5,331.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ACCESSIONS	43,255,063.	43,255,063.		
b PROGRAMS AND PREVIEWS	2,306,516.	2,289,277.	17,215.	24.
c SHIPPING AND FREIGHT	1,901,031.	1,799,775.	59,178.	42,078.
d PRINTING AND PUBLICATIO	864,512.	684,723.	22,226.	157,563.
e All other expenses	3,473,292.	1,698,223.	1,643,854.	131,215.
25 Total functional expenses. Add lines 1 through 24e	109,267,133.	91,834,885.	13,892,814.	3,539,434.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing .....	70,913,824.	1	88,552,898.	
	2	Savings and temporary cash investments .....	88,866,316.	2	55,991,465.	
	3	Pledges and grants receivable, net .....	153,604,547.	3	131,414,911.	
	4	Accounts receivable, net .....	12,562,448.	4	10,791,280.	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....	886,999.	5	870,796.	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6		
	7	Notes and loans receivable, net .....		7		
	8	Inventories for sale or use .....	261,487.	8	493,179.	
	9	Prepaid expenses and deferred charges .....	361,494.	9	1,116,391.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a	252,732,871.		
	b	Less: accumulated depreciation .....	10b	95,711,324.	10c	157,021,547.
	11	Investments - publicly traded securities .....	828,265,063.	11	821,051,720.	
	12	Investments - other securities. See Part IV, line 11 .....	284,082,601.	12	281,418,324.	
	13	Investments - program-related. See Part IV, line 11 .....		13		
	14	Intangible assets .....		14		
	15	Other assets. See Part IV, line 11 .....	2,274,442.	15	2,268,031.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,575,446,456.	16	1,550,990,542.		
Liabilities	17	Accounts payable and accrued expenses .....	30,843,471.	17	38,602,607.	
	18	Grants payable .....		18		
	19	Deferred revenue .....	17,388,043.	19	16,830,011.	
	20	Tax-exempt bond liabilities .....		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	23	Secured mortgages and notes payable to unrelated third parties .....		23		
	24	Unsecured notes and loans payable to unrelated third parties .....		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	48,231,514.	26	55,432,618.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets .....	267,971,559.	27	269,221,347.	
	28	Temporarily restricted net assets .....	562,531,456.	28	521,802,375.	
	29	Permanently restricted net assets .....	696,711,927.	29	704,534,202.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds .....		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	32	Retained earnings, endowment, accumulated income, or other funds .....		32		
33	<b>Total net assets or fund balances</b> .....	1,527,214,942.	33	1,495,557,924.		
34	<b>Total liabilities and net assets/fund balances</b> .....	1,575,446,456.	34	1,550,990,542.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	126,524,354.
2	Total expenses (must equal Part IX, column (A), line 25)	2	109,267,133.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,257,221.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,527,214,942.
5	Net unrealized gains (losses) on investments	5	-48,799,662.
6	Donated services and use of facilities	6	-114,577.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,495,557,924.

**Part XII Financial Statements and Reporting**

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 in Schedule O.	X	
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? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization <b>THE MUSEUM OF FINE ARTS, HOUSTON</b>	Employer identification number <b>74-1109655</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **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.**
  - 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.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations:

**g Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	28,518,263.	175,592,483.	98,060,784.	110,117,910.	56,921,996.	469,211,436.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 Total. Add lines 1 through 3 .....	28,518,263.	175,592,483.	98,060,784.	110,117,910.	56,921,996.	469,211,436.
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) .....						127,632,872.
6 Public support. Subtract line 5 from line 4.						341,578,564.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4 .....	28,518,263.	175,592,483.	98,060,784.	110,117,910.	56,921,996.	469,211,436.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	18,489,390.	21,193,851.	23,735,665.	24,207,198.	23,026,666.	110,652,770.
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.) .....	699,894.	692,136.	385,861.	800,001.	813,517.	3,391,409.
11 Total support. Add lines 7 through 10 .....						583,255,615.
12 Gross receipts from related activities, etc. (see instructions) .....					12	40,328,149.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

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

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	14	58.56 %
15 Public support percentage from 2014 Schedule A, Part II, line 14 .....	15	55.92 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
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 .....	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

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

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 in 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 in 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 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.)		

**Part IV** Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

**Section B. Type I Supporting Organizations**

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

**Section C. Type II Supporting Organizations**

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

**Section D. All Type III Supporting Organizations**

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

**Section 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 year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	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 in (a) 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 (a) and (b) below.		
a	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? 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	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f <b>Total of lines 3a through e</b>			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

**Part VI**

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

[Lined area for supplemental information input]



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

THE MUSEUM OF FINE ARTS, HOUSTON

Employer identification number

74-1109655

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization.

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization  THE MUSEUM OF FINE ARTS, HOUSTON	Employer identification number  74-1109655
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 6,547,680.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 5,023,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/> <hr/>	\$ 2,515,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/> <hr/>	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/> <hr/>	\$ 2,170,939.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  THE MUSEUM OF FINE ARTS, HOUSTON	Employer identification number  74-1109655
--	--

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization <b>THE MUSEUM OF FINE ARTS, HOUSTON</b>	Employer identification number <b>74-1109655</b>
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and 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 gift	
Transferee's name, address, and 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 gift	
Transferee's name, address, and 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 gift	
Transferee's name, address, and ZIP + 4	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.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**  
Open to Public Inspection

Name of the organization

THE MUSEUM OF FINE ARTS, HOUSTON

Employer identification number

74-1109655

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part 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.

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

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

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,149,912,605.	1,186,734,007.	1,047,024,665.	995,323,099.	1,012,962,776.
b Contributions	7,977,580.	11,906,153.	1,584,236.	1,462,414.	788,704.
c Net investment earnings, gains, and losses	10,707,241.	7,753,191.	192,484,595.	100,531,810.	31,839,451.
d Grants or scholarships					
e Other expenditures for facilities and programs	53,494,774.	53,068,261.	50,837,689.	46,851,111.	46,908,472.
f Administrative expenses	2,921,286.	3,412,485.	3,521,800.	3,441,547.	3,359,360.
g End of year balance	1,112,181,366.	1,149,912,605.	1,186,734,007.	1,047,024,665.	995,323,099.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  11.86 %
  - b Permanent endowment  63.35 %
  - c Temporarily restricted endowment  24.79 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		27,877,015.		27,877,015.
b Buildings		204,716,137.	83,868,950.	120,847,187.
c Leasehold improvements				
d Equipment		20,139,719.	11,842,374.	8,297,345.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				157,021,547.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MULTI STRATEGY HEDGE FUNDS	26,611,104.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY FUNDS	125,412,943.	END-OF-YEAR MARKET VALUE
(C) VENTURE CAPITAL FUNDS	16,419,224.	END-OF-YEAR MARKET VALUE
(D) ENERGY/NATURAL RESOURCES FUNDS	83,603,102.	END-OF-YEAR MARKET VALUE
(E) DISTRESSED DEBT FUNDS	2,827,607.	END-OF-YEAR MARKET VALUE
(F) REAL ESTATE FUNDS	26,544,344.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	281,418,324.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	82,307,734.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-48,799,662.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	4,583,042.	
	e Add lines 2a through 2d		2e	-44,216,620.
3	Subtract line 2e from line 1		3	126,524,354.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	126,524,354.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	113,964,752.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	114,577.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	4,583,042.	
	e Add lines 2a through 2d		2e	4,697,619.
3	Subtract line 2e from line 1		3	109,267,133.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	109,267,133.

**Part XIII Supplemental Information.**

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

PART III, LINE 1A:

WITH APPROXIMATELY 68,559 WORKS, THE MUSEUM'S PERMANENT COLLECTION OF  
 WORLD ART SPANS 6,000 YEARS AND SIX CONTINENTS. THE MUSEUM ACQUIRES ITS  
 ART COLLECTION THROUGH PURCHASES OR BY GIFTS. THE COST OF ALL ART OBJECTS  
 PURCHASED, TOGETHER WITH THE VALUE OF ART OBJECTS OBTAINED BY GIFT (FOR  
 WHICH THE MUSEUM RECEIVES A REASONABLE ESTIMATE), IS REPORTED AS A PART OF  
 COLLECTION EXPENSE. IN ACCORDANCE WITH POLICIES FOLLOWED BY MANY ART  
 MUSEUMS, NO VALUE HAS BEEN ASSIGNED IN THE STATEMENT OF FINANCIAL POSITION  
 TO THE MUSEUM'S ART COLLECTION.

PART III, LINE 4:

COLLECTION OF WORLD ART AND ART EDUCATION. SEE SCHEDULE O DESCRIPTION OF



**Part XIII** Supplemental Information *(continued)*

ORGANIZATION'S EXEMPT PURPOSE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

FUNDRAISING DIRECT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

FUNDRAISING DIRECT EXPENSES

SCHEDULE D, PART V, LINE 4

OPERATIONS OF THE MUSEUM AND ACCESSIONS FOR ART PURCHASES

SCHEDULE D, PART XII, LINE 2A

DONATED LEGAL SERVICES, TECHNOLOGY ADVISORY AND IMPLEMENTATION SERVICES

SCHEDULE D, PART XII, LINE 2D

OTHER ADJUSTMENTS: FUNDRAISING DIRECT EXPENSES AND COST OF GOODS SOLD

**SCHEDULE F**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

THE MUSEUM OF FINE ARTS, HOUSTON

Employer identification number

74-1109655

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE (INCLUDING ICELAND & GREENLAND)	1	1	PROGRAM SERVICES		163,333.
CENTRAL AMERICA & THE CARIBBEAN			INVESTMENTS		53,126,000.
<b>3 a</b> Sub-total .....	1	1			53,289,333.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	1	1			53,289,333.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

**3** Enter total number of other organizations or entities

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
LIVING EXPENSES	EUROPE ( INCLUDING ICELAND & GREENLAND )	7	10,550. CHECK		3,364. TRAVEL.		BOOK

**Part IV Foreign Forms**

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

Schedule F (Form 990) 2015

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2:

IN 2007, THE MUSEUM OF FINE ARTS, HOUSTON BEGAN A PROJECT CONCEIVED BY  
NANCY BROWN NEGLEY AND FUNDED BY THE BROWN FOUNDATION INC., OF HOUSTON TO  
CREATE AN INTERNATIONAL RESIDENCY PROGRAM FOR TALENTED MIDCAREER  
SCHOLARS, ARTISTS, AND OTHERS ACTIVE IN THE HUMANITIES. THE BROWN  
FOUNDATION FELLOWS ARE INVITED TO SPEND ONE TO THREE MONTHS ON THEIR  
SPECIAL PROJECTS AT THE DORA MAAR HOUSE, A BEAUTIFUL, EIGHTEENTH CENTURY  
COUNTRY HOME IN THE SOUTH OF FRANCE THAT WAS PREVIOUSLY OWNED BY DORA  
MAAR, ARTIST PHOTOGRAPHER, AND PABLO PICASSO'S MUSE.

THE WORK CARRIED OUT BY GWEN STRAUSS, ON-SITE DIRECTOR OF THE BROWN  
FOUNDATION FELLOWS PROGRAM, IS CRITICAL. SHE INITIATES CONTACT WITH THE  
FELLOWS BEFORE THEY ARRIVE, MEETS THEM AT THEIR PLANES OR TRAINS, AND  
ENSURES THAT THEY HAVE THE INFORMATION, EQUIPMENT, AND CONTACTS THEY NEED  
FOR PRODUCTIVE RESIDENCIES. THE MUSEUM OF FINE ARTS, HOUSTON STAFF  
MEMBER, DIRECTOR OF THE DORA MAAR HOUSE, VISITS AND MONITORS THE PROGRAMS  
THREE TO SIX TIMES A YEAR.

ALL SCHOLARSHIP FUNDS ARE USED TO PAY FOR THE FELLOWS' LIVING EXPENSES  
DURING THEIR STAY AT DORA MAAR. GRANT RECIPIENTS RECEIVE CASH  
REIMBURSEMENT FOR QUALIFYING EXPENSES. EACH PERSON WHO RECEIVES A  
FELLOWSHIP AGREES TO DO SOMETHING FOR THE VILLAGE OF MENERBES TO THANK  
ITS RESIDENTS FOR THEIR HOSPITALITY.

THE DORA MAAR HOUSE IS ORGANIZED UNDER THE LAWS OF FRANCE WITH THE  
APPROPRIATE BY-LAWS AND ARTICLES OF INCORPORATION WHICH ARE REGISTERED  
WITH THE FRENCH GOVERNMENT.

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 3:

MANAGES FACILITY FOR RESEARCH. SEE SCHEDULE O DESCRIPTION OF PROGRAM

ACCOMPLISHMENTS FOR MORE DETAIL.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization **THE MUSEUM OF FINE ARTS, HOUSTON** Employer identification number **74-1109655**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THE LUKENS COMPANY - 2800 SHIRLINGTON ROAD 9TH FLOOR,	DIRECT MAIL		X	1,310,100.	42,000.	1,268,100.
<b>Total</b>				<b>1,310,100.</b>	<b>42,000.</b>	<b>1,268,100.</b>

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



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		GALA BALL (event type)	ONE GREAT NIGHT (event type)	8 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	2,260,500.	516,873.	2,738,206.	5,515,579.
	2	Less: Contributions	2,216,200.	487,373.	2,580,761.	5,284,334.
	3	Gross income (line 1 minus line 2)	44,300.	29,500.	157,445.	231,245.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	68,090.	100,793.	385,795.	554,678.
	8	Entertainment	28,500.	900.	20,031.	49,431.
	9	Other direct expenses	166,126.	85,738.	672,140.	924,004.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,528,113.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-1,296,868.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

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

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$

c If "Yes," enter name and address of the third party:
Name ►
Address ►

16 Gaming manager information:

Name ►
Gaming manager compensation ► \$
Description of services provided ►

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV** Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2015**  
Open to Public  
Inspection

Name of the organization THE MUSEUM OF FINE ARTS, HOUSTON Employer identification number 74-1109655

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.**

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
LIVING EXPENSES	18	25,272.	26,989.	BOOK	AIRFARE AND SHIPPING
SCHOOL SCHOLARSHIPS	339	103,905.	0.	BOOK	N/A

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

GRANTEES MUST MAKE A PRESENTATION OF WORK IN ORDER TO RECEIVE FINANCIAL

ASSISTANCE FOR SCHOLARSHIPS AND LIVING EXPENSES. SCHOLARSHIP FUNDS ARE

DIRECTLY APPLIED TO RECIPIENTS' TUITION ACCOUNTS OR USED TO COVER

DIRECT TRAVEL EXPENSES FOR QUALIFYING PROGRAMS ON THEIR BEHALF. THE

GLASSELL SCHOOL OF ART OFFERS A VARIETY OF CLASSES, WORKSHOPS, AND

EDUCATIONAL OPPORTUNITIES FOR STUDENTS DIVERSE IN AGE, INTERESTS,

EXPERIENCE LEVEL, AND NEED. THE JUNIOR SCHOOL OFFERS YEAR-ROUND ART

CLASSES AND WORKSHOPS FOR CHILDREN AGES FOUR THROUGH EIGHTEEN. THIS

**Part IV** Supplemental Information

YEAR'S ENROLLMENT REACHED 6,519, INCLUDING 339 STUDENTS RECEIVING  
TUITION SCHOLARSHIPS. SOME OF THESE SCHOLARSHIPS ARE AWARDED IN  
RECOGNITION OF TALENT THROUGH PROGRAMS SUCH AS SKETCHING COMPETITION;  
OTHERS ARE BASED ON NEED, THUS ENSURING ACCESS TO ART EDUCATION FOR  
YOUNG PEOPLE THROUGHOUT THE COMMUNITY. THE STUDIO SCHOOL OF THE  
GLASSELL SCHOOL OF ART OFFERS COURSES IN ART HISTORY AND STUDIO ART TO  
ADULTS. THE CORE ARTIST-IN-RESIDENCE PROGRAM AND THE CORE CRITICAL  
PROGRAM INCLUDE EIGHT ARTISTS AND THREE CRITICAL WRITERS. EACH IS A  
NINE-MONTH POSTGRADUATE PROGRAM RENEWABLE FOR A SECOND TERM UPON  
SUCCESSFUL COMPLETION OF THE FIRST YEAR. THE CORE ARTISTS MOUNT AN  
EXHIBITION OF THEIR WORK IN THE LAURA LEE BLANTON GALLERY, WHICH IS  
ACCOMPANIED BY A CATALOGUE THAT DOCUMENTS THE ARTISTS' PRODUCTION OVER  
THE COURSE OF THE YEAR AND INCLUDES ESSAYS CONTRIBUTED BY THE CRITICAL  
STUDIES RESIDENTS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2015**

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

THE MUSEUM OF FINE ARTS, HOUSTON

Employer identification number

74-1109655

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </p> <p> <input checked="" type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input checked="" type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </p>		
<p><b>b</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</p>	X	
<p><b>2</b> 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 in line 1a?</p>	X	
<p><b>3</b> Indicate which, if any, of the following the filing 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.</p> <p> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </p> <p> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> 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:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>		X
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		X
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		X
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> 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:</p>		
<p><b>a</b> The organization?</p>		X
<p><b>b</b> Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		X
<p><b>6</b> 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:</p>		
<p><b>a</b> The organization?</p>		X
<p><b>b</b> Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		X
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	X	
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		X
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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

Schedule J (Form 990) 2015

74-1109655

THE MUSEUM OF FINE ARTS, HOUSTON

Schedule J (Form 990) 2015

**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 are not 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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN WILLARD HOLMES CHIEF OPERATING OFFICER	(i) 312,122. (ii) 0. (iii) 0.	(i) 25,000. (ii) 0. (iii) 0.	(i) 12,106. (ii) 0. (iii) 0.	13,250.	17,399.	379,877.	0.
(2) AMY PURVIS CHIEF DEVELOPMENT OFFICER	(i) 312,781. (ii) 0. (iii) 0.	(i) 30,000. (ii) 0. (iii) 0.	(i) 6,680. (ii) 0. (iii) 0.	13,250.	8,856.	371,567.	0.
(3) GARY TINPEROW DIRECTOR	(i) 547,325. (ii) 0. (iii) 0.	(i) 275,000. (ii) 0. (iii) 0.	(i) 71,586. (ii) 0. (iii) 0.	13,250.	10,272.	917,433.	0.
(4) ERIC ANYAH CHIEF FINANCIAL OFFICER	(i) 407,782. (ii) 0. (iii) 0.	(i) 55,000. (ii) 0. (iii) 0.	(i) 3,134. (ii) 0. (iii) 0.	13,250.	25,392.	504,558.	0.
(5) DARREN A. BARTSCH INVESTMENT OFFICER	(i) 253,170. (ii) 0. (iii) 0.	(i) 12,103. (ii) 0. (iii) 0.	(i) 593. (ii) 0. (iii) 0.	12,689.	6,097.	284,652.	0.
(6) JULIA R. PETTY CONTROLLER	(i) 175,678. (ii) 0. (iii) 0.	(i) 15,000. (ii) 0. (iii) 0.	(i) 622. (ii) 0. (iii) 0.	6,569.	17,346.	215,215.	0.
(7) DAVID BOMFORD CHAIRMAN, CONSERVATION	(i) 183,273. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 7,481. (ii) 0. (iii) 0.	8,266.	8,856.	207,876.	0.
(8) MALCOLM DANIEL CURATOR DEPT PHOTOGRAPHY	(i) 182,860. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 3,651. (ii) 0. (iii) 0.	9,232.	9,576.	205,319.	0.
(9) MARY HAUS HEAD MARKET & COMMUNICATION	(i) 181,020. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 4,379. (ii) 0. (iii) 0.	9,179.	10,356.	204,934.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							



Part III Supplemental 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.

PART I, LINE 1A:

HOUSING ALLOWANCE - RECEIVED BY THE DIRECTOR. TAXABLE HOUSING ALLOWANCE,

ALONG WITH ALL OTHER COMPENSATION, WAS CONSIDERED WHEN SETTING TOTAL

COMPENSATION USING THE METHODS INDICATED IN SCHEDULE J, LINE 3.

SOCIAL CLUB DUES - RECEIVED BY THE DIRECTOR. NONTAXABLE CLUB DUES ARE PAID

BY THE ORGANIZATION AND ARE USED EXCLUSIVELY FOR THE ORGANIZATION'S

BUSINESS PURPOSES.

PART I, LINE 7:

THE COMPENSATION COMMITTEE DETERMINES BONUSES BY REVIEWING PERFORMANCE OVER

THE PREVIOUS YEAR AND ASSESSING ACCOMPLISHMENTS MADE TO GROW, PROTECT,

PRESENT, AND PRESERVE THE ASSETS AND PROGRAMS OF THE MUSEUM OF FINE ARTS,

HOUSTON. PRIOR TO FINAL APPROVAL OF NON-FIXED PAYMENTS, THE TOTAL

COMPENSATION PACKAGE, INCLUDING BONUSES, ARE REVIEWED USING THE METHODS

INDICATED IN SCHEDULE J, LINE 3.

SCHEDULE L  
(Form 990 or 990-EZ)

Transactions With Interested Persons

CMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
Attach to Form 990 or Form 990-EZ.  
Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization THE MUSEUM OF FINE ARTS, HOUSTON  
Employer identification number 74-1109655

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No).

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 10 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Includes entry for GARY TINTEROW.

Total \$ 870,796.

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance.

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CITY KITCHEN LLC	FAMILY RELATIONSHIP	1,038,475.	CATERING FE		X
FAYEZ SAROFIM & CO.	OWNERSHIP BY SIGNIF	1,038,564.	INVESTMENT		X

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

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

(A) NAME OF PERSON: CITY KITCHEN LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY RELATIONSHIP WITH KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 1,038,475.

(D) DESCRIPTION OF TRANSACTION: CATERING FEES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: FAYEZ SAROFIM & CO.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNERSHIP BY SIGNIFICANT CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 1,038,564.

(D) DESCRIPTION OF TRANSACTION: INVESTMENT MANAGEMENT FEES

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

THE MUSEUM OF FINE ARTS, HOUSTON

Employer identification number

74-1109655

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....	X	514	6,219,667.	MARKET VALUE
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	17	2,129,370.	MARKET VALUE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

29

15

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	X	
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT IN PART I, COLUMN B, LINE 1 DESCRIBES THE NUMBER OF ITEMS

CONTRIBUTED. THE AMOUNT IN PART I, COLUMN B, LINE 9 DESCRIBES THE

NUMBER OF CONTRIBUTORS.

SCHEDULE M, PART I, LINE 32B:

THE ORGANIZATION HIRES AN OUTSIDE THIRD PARTY TO DISPOSE OF NONCASH

CONTRIBUTIONS.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**  
Open to Public  
Inspection

Name of the organization

THE MUSEUM OF FINE ARTS, HOUSTON

Employer identification number  
74-1109655

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

CHARITABLE, SCIENTIFIC, LITERARY, AND EDUCATIONAL PURPOSES, INCLUDING  
THE OPERATION AND MAINTENANCE OF ONE OR MORE MUSEUM FACILITIES AND, IN  
CONNECTION THEREWITH, THE OPERATION AND MAINTENANCE OF AN ARTS SCHOOL  
AND THE CONDUCT OF SUCH OTHER CHARITABLE, SCIENTIFIC, LITERARY, AND  
EDUCATIONAL ACTIVITIES AS ARE CUSTOMARILY CARRIED ON BY A MUSEUM AND  
WHICH ARE APPROVED BY THE BOARD OF TRUSTEES.

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

AND MAINTENANCE OF AN ARTS SCHOOL AND THE CONDUCT OF SUCH OTHER  
CHARITABLE, SCIENTIFIC, LITERARY, AND EDUCATIONAL ACTIVITIES AS ARE  
CUSTOMARILY CARRIED ON BY A MUSEUM AND WHICH ARE APPROVED BY THE BOARD  
OF TRUSTEES.

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

MEMBERSHIP ACTIVITIES  
EXPENSES \$ 1,103,767. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,920,086.

FORM 990, PART III, LINE 4A - DESCRIPTION OF PROGRAM SERVICES:

ESTABLISHED IN 1900 AS A MODEST EDUCATION INITIATIVE TO BRING ART TO  
HOUSTON PUBLIC SCHOOLS, THE MUSEUM OF FINE ARTS, HOUSTON (MFAH) REMAINS  
STEADFAST IN ITS MISSION TO SERVE AS A PLACE FOR ALL PEOPLE THROUGH  
EXCELLENCE IN THE COLLECTION, EXHIBITION, PRESERVATION, CONSERVATION,  
AND INTERPRETATION OF ART. TO THAT END, MFAH PUBLIC PROGRAMMING  
ACTIVELY SEEKS TO CONNECT THE INSTITUTION WITH THE COMMUNITY THROUGH

EXHIBITIONS AND ACTIVITIES HELD ACROSS HOUSTON, EACH YEAR, VISITORS

Name of the organization THE MUSEUM OF FINE ARTS, HOUSTON	Employer identification number 74-1109655
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ENGAGE WITH THE MUSEUM'S PERMANENT COLLECTION OF OVER 60,000  
 MASTERPIECES FROM AROUND THE WORLD, AND WITH THE ARTISTS AND OBJECTS  
 FEATURED IN SPECIAL PRESENTATIONS AND PROGRAMS. BY PROVIDING A BROAD  
 RANGE OF EDUCATIONAL AND ARTISTIC ACTIVITIES, THE MUSEUM SEEKS TO  
 CAPTURE THE VIBRANT PATCHWORK OF HOUSTON'S UNIQUE CULTURE AND TO  
 RESPOND TO THE INTERESTS AND NEEDS OF A DIVERSE POPULATION. THUS, THE  
 VISION OF INCLUSION AND ACCESSIBILITY ON WHICH THE MFAH WAS FOUNDED  
 ENDURES ON THROUGH ITS INNOVATIVE PROGRAMS, WHICH ENGAGE THE ENTIRE  
 COMMUNITY IN THE ARTS AND IN CELEBRATION OF THE DIVERSE FORMS OF  
 CREATIVITY THAT INTRIGUE, INSPIRE, AND EXCITE US ALL.

FORM 990, PART III, LINE 4B - DESCRIPTION OF PROGRAM SERVICES:

THE MFAH IS THE LARGEST CULTURAL INSTITUTION SOUTH OF CHICAGO, WEST OF  
 WASHINGTON, D.C., AND EAST OF LOS ANGELES, WITH A TOTAL OF 300,000  
 SQUARE FEET OF SPACE DEDICATED TO THE DISPLAY OF ART. THE MAJORITY OF  
 THE MUSEUM'S EXHIBITIONS AND ACTIVITIES TAKE PLACE ON ITS MAIN CAMPUS,  
 WHICH COMPRISES THE CAROLINE WIESS LAW BUILDING, THE AUDREY JONES BECK  
 BUILDING, THE GLASSELL SCHOOL OF ART, THE GLASSELL JUNIOR SCHOOL, AND  
 THE LILLIE AND HUGH ROY CULLEN SCULPTURE GARDEN. WITHIN THESE  
 BUILDINGS, EXHIBITION GALLERIES AND AN EDUCATIONAL RESOURCE CENTER  
 RESIDE ALONGSIDE THE OLDEST REPERTORY CINEMA IN HOUSTON AND ONE OF THE  
 LARGEST ART LIBRARIES IN THE SOUTHWEST. THE ROSINE BUILDING ENCOMPASSES  
 THE MFAH ARCHIVE - ONE OF THE COUNTRY'S FIRST PUBLIC ART MUSEUM RECORD  
 REPOSITORIES - AND A STATE-OF-THE-ART CONSERVATION AND STORAGE  
 FACILITY. NEARBY ARE TWO REMARKABLE HOUSE MUSEUMS - BAYOU BEND, GIVEN  
 TO THE MUSEUM BY TEXAS PHILANTHROPIST IMA HOGG, AND RIENZI, THE FORMER  
 HOME OF ART PATRONS CARROLL AND HARRIS MASTERSON, III - PROVIDING  
 EXQUISITE SETTINGS FOR VISITORS TO EXPERIENCE THE MUSEUM'S RENOWNED

Name of the organization THE MUSEUM OF FINE ARTS, HOUSTON	Employer identification number 74-1109655
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AMERICAN AND EUROPEAN DECORATIVE ARTS COLLECTIONS IN CONTEXT.

OVER THE YEARS, THE MFAH HAS BEEN PRIVILEGED TO ACQUIRE OUTSTANDING  
WORKS OF ART REPRESENTING A WIDE VARIETY OF GEOGRAPHIC REGIONS AND  
HISTORIC PERIODS. PARTICULAR STRENGTHS LIE IN PRE-COLUMBIAN ART,  
RENAISSANCE AND BAROQUE PAINTING AND SCULPTURE, 19TH AND 20TH CENTURY  
ART, AFRICAN-AMERICAN ART, PHOTOGRAPHY, AND LATIN AMERICAN ART. BAYOU  
BEND HOUSES ON OF THE FINEST ASSEMBLAGES OF EARLY AMERICAN FURNITURE,  
SILVER, CERAMICS, AND PAINTINGS OUTSIDE OF NEW ENGLAND: AND RIENZI  
SHOWCASES ONE OF THE MOST IMPORTANT COLLECTIONS OF ENGLISH PORCELAIN  
OUTSIDE OF THE UNITED KINGDOM.

CHIEF AMONG THE MUSEUM'S CURRENT ACQUISITION, EXHIBITION, AND  
SCHOLARSHIP PRIORITIES ARE THE ARTS OF THE AMERICAS, THE ISLAMIC WORLD,  
AND ASIA. IN 2001, THE MFAH ESTABLISHED THE INTERNATIONAL CENTER FOR  
THE ARTS OF THE AMERICAS, A RESEARCH INSTITUTION DESIGNED TO ADDRESS  
THE WIDESPREAD LAG IN SCHOLARSHIP AND COLLECTION OF LATIN AMERICAN AND  
LATINO ART. THE MUSEUM HAS ESTABLISHED A NEW DEPARTMENT OF ISLAMIC ART,  
WHICH IS DEVOTED TO BUILDING A RENOWNED PERMANENT COLLECTION,  
ORGANIZING INNOVATIVE EXHIBITIONS OF ISLAMIC ART, AND HOSTING  
STIMULATING EDUCATIONAL AND INTERPRETIVE PROGRAMS. AT THE SAME TIME,  
THE MUSEUM IS ALSO DEEPENING ITS COMMITMENT TO ASIAN ART, ACTIVELY  
SEEKING TO INCREASE ITS RELEVANT HOLDINGS AND PROMOTE CULTURAL  
UNDERSTANDING, BEGINNING WITH THE DECEMBER 2007 OPENING OF THE NEWLY  
RENOVATED ARTS OF KOREA GALLERY, FOLLOWED BY THE ESTABLISHMENT OF THE  
INDONESIAN GOLD GALLERY AND THE MAY 2009 OPENING OF THE NIDHIKA AND  
PERSHANT MEHTA ARTS OF INDIA GALLERY. THIS WORK TO EXPLORE THE RICH  
TRADITIONS OF EACH COUNTRY BY JUXTAPOSING ANCIENT AND CONTEMPORARY



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WORKS CONTINUED WITH THE ESTABLISHMENT OF DEDICATED GALLERIES FOR THE  
ART OF CHINA AND JAPAN IN 2010.

IN SEPTEMBER 2010, BAYOU BEND COLLECTION AND GARDENS, THE MFAH HOUSE  
MUSEUM FOR AMERICAN DECORATIVE ARTS, OPENED THE LORA JEAN KILROY  
VISITOR AND EDUCATION CENTER. THE VISITOR CENTER FEATURES AN  
ORIENTATION GALLERY, A LIBRARY, A RETAIL SHOP, TWO MEETING ROOMS,  
PUBLIC TERRACES, AND AMPLE PARKING. DESIGNED BY HOUSTON ARCHITECT  
LESLIE K. ELKINS, THE BUILDING ACHIEVED A LEED SILVER CERTIFICATION FOR  
ITS ENVIRONMENTAL EFFICIENCIES.

FORM 990, PART III, LINE 4C - DESCRIPTION OF PROGRAM SERVICES:

OFFERING ART EDUCATION, STUDIO INSTRUCTION, AND COMMUNITY OUTREACH, THE  
MFAH IS DEDICATED TO SUPPORTING RESEARCH AND CULTIVATING INNOVATION  
WITHIN THE ARTS AND RELATED DISCIPLINES. THE MFAH IS PARTNERING WITH  
RICE UNIVERSITY TO STRENGTHEN ART INSTRUCTION AT UNDERGRADUATE AND  
GRADUATE LEVELS.

THE MFAH IS PARTNERING WITH RICE UNIVERSITY TO PURSUE LEADING-EDGE  
SCIENTIFIC RESEARCH AIMED AT ADVANCING CURRENT TECHNIQUES FOR ART  
CONSERVATION, WITH GENEROUS SUPPORT FROM THE ANDREW W. MELLON  
FOUNDATION, THE MUSEUM HAS ESTABLISHED A RESEARCH SCIENCE PROGRAM  
DEDICATED TO THOROUGH INVESTIGATION AND ANALYSIS OF WORKS OF ART. IN A  
RELATED EFFORT, THE MUSEUM DEVELOPED AN ART CONSERVATION DATABASE  
(ACD), A WEB-BASED DATABASE THAT WILL PROVIDE A SYSTEM FOR EASILY  
ACCESSING CONSERVATION RECORDS, INFORMING ALL COLLECTION PROCEDURES AND  
POLICIES, AND SERVING AS A NATIONAL MODEL FOR CONSERVATION DATA  
MANAGEMENT AND COLLECTION CARE. IN ACKNOWLEDGMENT OF THE ACD'S IMPACT

Name of the organization

THE MUSEUM OF FINE ARTS, HOUSTON

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74-1109655

ON THE FIELD, THE INSTITUTE FOR MUSEUM AND LIBRARY SERVICES HAS

RECOGNIZED THE MUSEUM WITH A NATIONAL LEADERSHIP AWARD.

FORM 990, PART VI, SECTION A, LINE 2:

THE FOLLOWING MFAH BOARD MEMBERS SHARE A FAMILY RELATIONSHIP:

CORNELIA C. LONG, MARY CULLEN, ROSANETTE CULLEN, AND NINA ZILKHA - FAMILY

RELATIONSHIP

NANCY BROWN NEGLEY, HOLBROOK F. DORN, AND WILLIAM N. MATHIS - FAMILY

RELATIONSHIP

CLARE ATTWELL GLASSELL, ALFRED C. GLASSELL, JR. - FAMILY RELATIONSHIP

LOUISA STUDE SAROFIM, COURTNEY LANIER SAROFIM, ALIYYA KOMBARGI STUDE -

FAMILY RELATIONSHIP

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

FORM 990 WAS DISTRIBUTED TO THE AUDIT COMMITTEE VIA A DELIVERY SERVICE

PRIOR TO FILING. THE DOCUMENT WAS REVIEWED BY THE CHIEF FINANCIAL OFFICER,

IN PERSON, WITH THE CONTROLLER. A PAID INDEPENDENT ACCOUNTING FIRM REVIEWED

FORM 990. THE CFO, CONTROLLER, AND DIRECTOR WERE AVAILABLE TO ALL MEMBERS

OF THE AUDIT COMMITTEE TO ANSWER QUESTIONS.

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

ALL TRUSTEES AND COMMITTEE MEMBERS, VOTING OR NON-VOTING, RECEIVE A

CONFLICT OF INTEREST QUESTIONNAIRE AT THE START OF EACH FISCAL YEAR. THE

COMPLETED FORMS ARE RETURNED TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER.

EACH TRUSTEE COMMITTEE CHAIR IS FAMILIAR WITH THE MUSEUM OF FINE ARTS,

HOUSTON'S CONFLICT OF INTEREST POLICY AND ENFORCES THE POLICY AT THE

COMMITTEE LEVEL AS REQUIRED. ANY CONFLICTS IDENTIFIED AT A COMMITTEE

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MEETING ARE REFLECTED IN THE COMMITTEE MINUTES AND THE CONFLICTED PARTY

LEAVES THE ROOM AND DOES NOT PARTICIPATE IN THE VOTE.

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

THE MUSEUM OF FINE ARTS, HOUSTON HAS A COMPENSATION SUB-COMMITTEE CHAIRED

BY THE CHAIRMAN OF THE COMMITTEE, INCLUDES FOUR VOTING TRUSTEE MEMBERS AND

ONE COMMITTEE CONSULTANT. COMPARATIVE DATA FOR SIMILAR POSITIONS IN THE

UNITED STATES MUSEUMS ARE REVIEWED ALONG WITH A MINIMUM OF A FOUR TO FIVE

YEAR COMPENSATION HISTORY. ADDITIONALLY, THE COMMITTEE ESTABLISHES SPECIFIC

CRITERIA FOR COMPENSATION DECISIONS.

FORM 990, PART VI, SECTION C, LINE 19:

ALL DOCUMENTS REQUIRED BY LAW TO BE MADE AVAILABLE TO THE PUBLIC ARE

AVAILABLE. THE ANNUAL REPORT, INCLUDING THE AUDITED FINANCIAL STATEMENTS,

IS MADE AVAILABLE THROUGH THE MUSEUM OF FINE ARTS, HOUSTON WEBSITE.

**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.  
 ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
 Internal Revenue Service

Name of the organization: THE MUSEUM OF FINE ARTS, HOUSTON

Employer identification number: 74-1109655

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE ENDOWMENT FOR THE MUSEUM OF FINE ARTS - 46-2488674, HOUSTON - 1001 BISSONNET ST, HOUSTON, TX 77005	INACTIVE	TEXAS	501(C)(3)	LINE 11, FINE ARTS, HOUSTON TYPE I:	THE MUSEUM OF FINE ARTS, HOUSTON		X

**Part III 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			

**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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 513(b)(3) controlled entity?	
								Yes	No
ART OF THE SPIRITS, INC - 76-0032714 1001 BISSONNET ST. HOUSTON, TX 77005 HOUSTON, TX 77005	BEVERAGE SERVICE	TX	THE MUSEUM OF FINE ARTS, HOUSTON	C CORP					X
MUSEUM OF FINE ARTS, HOUSTON IN FRANCE MAISON DORA MAAR, RUE DE PORTAIL NEUF MENERBES, FRANCE 84560	EDUCATION	FRANCE	THE MUSEUM OF FINE ARTS, HOUSTON	TRUST			100%	X	

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s)		<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



