

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

# 2012

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE MUSEUM OF FINE ARTS, HOUSTON</b>		<b>D</b> Employer identification number <b>74-1109655</b>
	Doing Business As		<b>E</b> Telephone number <b>713-639-7300</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P.O. BOX 6826		<b>G</b> Gross receipts \$ <b>310,247,002.</b>
City, town, or post office, state, and ZIP code <b>HOUSTON, TX 77265-6826</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>GARY TINTEROW</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<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		If "No," attach a list. (see instructions)	
<b>J</b> Website: <b>WWW.MFAH.ORG</b>		<b>H(c)</b> Group exemption number ▶	
<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: <b>1924</b> <b>M</b> State of legal domicile: <b>TX</b>	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MUSEUM OF FINE ARTS, HOUSTON (THE "MUSEUM") IS ORGANIZED AND IS TO BE OPERATED EXCLUSIVELY FOR</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>84</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>84</b>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>792</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1200</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-1,081,508.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>-1,081,508.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	25,769,012.	172,557,739.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,860,407.	8,178,688.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,279,633.	44,860,453.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	465,100.	141,704.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	76,374,152.	225,738,584.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	131,727.	119,060.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	29,954,068.	30,485,542.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>3,350,449.</b>	42,000.	42,000.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	52,954,608.	53,838,021.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	83,082,403.	84,484,623.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-6,708,251.	141,253,961.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	1,118,124,615.	1,315,043,286.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	15,300,783.	15,797,267.
		1,102,823,832.	1,299,246,019.

## 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			
	<b>GARY TINTEROW, DIRECTOR</b> Type or print name and title				
<b>Paid</b>	Print/Type preparer's name <b>BROOKE KITCHEN</b>	Preparer's signature <i>Brooke Kitchen</i>	Date 5/13/2014	Check if self-employed <input type="checkbox"/>	PTIN <b>P00849302</b>
	<b>Preparer Use Only</b>	Firm's name ▶ <b>DELOITTE TAX LLP</b>	Firm's EIN ▶ <b>86-1065772</b>	Phone no. <b>713-982-2000</b>	
Firm's address ▶ <b>1111 BAGBY STREET, SUITE 4500 HOUSTON, TX 77002-4196</b>					

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 to any question 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 \$ 8,718,784. including grants of \$ ) (Revenue \$ 2,475,281.) EDUCATION & PUBLIC PROGRAMS

4b (Code: ) (Expenses \$ 55,493,222. including grants of \$ 119,060.) (Revenue \$ 826,451.) ACCESSIONS, CURATORIAL & EXHIBIT EXPENSES

4c (Code: ) (Expenses \$ 3,616,107. including grants of \$ ) (Revenue \$ 1,842,212.) GLASSELL SCHOOL OF ART

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,861,304. including grants of \$ ) (Revenue \$ 3,034,744.)

4e Total program service expenses 69,689,417.

**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.		
a	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	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <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	
b	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	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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
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?		

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

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		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) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <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 to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a	300		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	792		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4a			
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
4b			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

**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 to any question in this Part VI

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> 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.		
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7a</b> 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
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</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).		
<b>16a</b> 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>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 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, physical address, and telephone number of the person who possesses the books and records of the organization: **JULIA R. PETTY - (713) 639-7566**  
**PO 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 to any question 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) DR. ANNE CHAO TRUSTEE	1.00 0.00	X						0.	0.	0.
(2) DR. FRAZIER WILSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(3) DR. LUIS T. CAMPOS TRUSTEE	1.00 0.00	X						0.	0.	0.
(4) DR. MARJORIE G. HORNING LIFE TRUSTEE, ASSISTANT SECRETARY	1.00 0.00	X		X				0.	0.	0.
(5) HON. PETER R. CONEWAY TRUSTEE	1.00 1.00	X						0.	0.	0.
(6) MR. ALFRED C. GLASSELL, III TRUSTEE	1.00 0.00	X						0.	0.	0.
(7) MR. ANDRIUS KONTRIMAS TRUSTEE	1.00 0.00	X						0.	0.	0.
(8) MR. BRAD BUCHER TRUSTEE	1.00 0.00	X						0.	0.	0.
(9) MR. CHARLES BUTT TRUSTEE	1.00 0.00	X						0.	0.	0.
(10) MR. EDWARD JOSEPH HUDSON JR. LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(11) MR. FRANK J. HEVRDEJS LIFE TRUSTEE	1.00 1.00	X						0.	0.	0.
(12) MR. FRANK N. CARROLL, JR. TRUSTEE	1.00 0.00	X						0.	0.	0.
(13) MR. H. JOHN RILEY, JR. TRUSTEE	1.00 1.00	X						0.	0.	0.
(14) MR. HOLBROOK F. DORN TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) MR. ISAAC ARNOLD, JR. LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(16) MR. JACK S. BLANTON, JR. TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) MR. JAMES D. WEAVER TRUSTEE	1.00 0.00	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. JESSE H. JONES, II TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) MR. JOSEPH D. JAMAIL LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) MR. LENOIR M. JOSEY, II TRUSTEE	1.00 0.00	X						0.	0.	0.
(21) MR. MARTYN E. GOOSSEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) MR. MICHAEL C. LINN TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) MR. RICHARD D. KINDER LIFE TRUSTEE, VICE CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(24) MR. RICHARD W. WORTHAM III LIFE TRUSTEE, TREASURER	1.00 1.00	X		X				0.	0.	0.
(25) MR. RODNEY EICHLER TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) MR. RONALD E. HUEBSCH TRUSTEE	1.00 0.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,271,005.	0.	166,064.
<b>d Total (add lines 1b and 1c)</b>								2,271,005.	0.	166,064.

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 **26**

	Yes	No
3 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	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 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	5	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
TRIBBLE & ASSOCIATES, LTD. PO BOX 890689, HOUSTON, TX 77289	GENERAL CONTRACTOR	2,290,391.
MASTERPIECE INTERNATIONAL, LTD. 39 BROADWAY SUITE 1410, NEW YORK, NY 10006	SHIPPING	1,169,943.
FAYEZ SAROFIM & CO. PO BOX 973701, DALLAS, TX 75397-3701	INVESTMENT SERVICE	988,121.
ALLIED BARTON SECURITY SERVICE PO BOX 828854, PHILADELPHIA, PA 19182	SECURITY SERVICE	640,333.
CITY KITCHEN PO BOX 262409, HOUSTON, TX 77027	CATERING	634,410.

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 **21**

SEE PART VII, SECTION A CONTINUATION SHEETS



**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) MR. SAMUEL F. GORMAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(28) MR. STEPHEN E. HAMILTON TRUSTEE	1.00 0.00	X						0.	0.	0.
(29) MR. WILLIAM J. HILL TRUSTEE	1.00 0.00	X						0.	0.	0.
(30) MR. WILLIAM N. MATHIS TRUSTEE	1.00 1.00	X						0.	0.	0.
(31) MRS. ANN BOOKOUT TRUSTEE	1.00 0.00	X						0.	0.	0.
(32) MRS. ANN G. TRAMMELL TRUSTEE	1.00 0.00	X						0.	0.	0.
(33) MRS. ANNE S. BROWN TRUSTEE	1.00 0.00	X						0.	0.	0.
(34) MRS. ANNE S. DUNCAN LIFE TRUSTEE, SECRETARY	1.00 0.00	X		X				0.	0.	0.
(35) MRS. BARBARA E. NAU TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) MRS. BARBARA GAMSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(37) MRS. BARBARA WEBBER TRUSTEE	1.00 0.00	X						0.	0.	0.
(38) MRS. CARLA KNOBLOCH TRUSTEE	1.00 0.00	X						0.	0.	0.
(39) MRS. CAROL C. BALLARD TRUSTEE	1.00 0.00	X						0.	0.	0.
(40) MRS. CHERIE FLORES TRUSTEE	1.00 0.00	X						0.	0.	0.
(41) MRS. CHONG-OK LEE MATTHEWS TRUSTEE	1.00 0.00	X						0.	0.	0.
(42) MRS. CLAYTON ERIKSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(43) MRS. CORNELIA C. LONG LIFE TRUSTEE, CHAIRMAN OF THE BOARD	1.00 0.00	X		X				0.	0.	0.
(44) MRS. COURTNEY L. SAROFIM TRUSTEE	1.00 0.00	X						0.	0.	0.
(45) MRS. CVVIA G. WOLFF TRUSTEE	1.00 0.00	X						0.	0.	0.
(46) MRS. ELISE JOSEPH TRUSTEE	1.00 0.00	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) MRS. ELIZA STEDMAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(48) MRS. FRANCI N. CRANE TRUSTEE	1.00 0.00	X						0.	0.	0.
(49) MRS. GAIL F. ADLER TRUSTEE	1.00 0.00	X						0.	0.	0.
(50) MRS. JEANIE S. KILROY LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(51) MRS. JUDY ERLICH MARGOLIS TRUSTEE	1.00 0.00	X						0.	0.	0.
(52) MRS. JUDY TATE TRUSTEE	1.00 0.00	X						0.	0.	0.
(53) MRS. KAROL BARNHART TRUSTEE	1.00 0.00	X						0.	0.	0.
(54) MRS. KIRBY COHN MCCOOL TRUSTEE	1.00 0.00	X						0.	0.	0.
(55) MRS. LAURIE MORIAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(56) MRS. LELA GIBBS TRUSTEE	1.00 0.00	X						0.	0.	0.
(57) MRS. LISA M. MEARS TRUSTEE	1.00 0.00	X						0.	0.	0.
(58) MRS. MACEY HODGES REASONER TRUSTEE	1.00 0.00	X						0.	0.	0.
(59) MRS. MARGARET A. WILLIAMS TRUSTEE	1.00 0.00	X						0.	0.	0.
(60) MRS. MARY CULLEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(61) MRS. MARY F. JOHNSTON TRUSTEE	1.00 0.00	X						0.	0.	0.
(62) MRS. MELINDA HILDEBRAND TRUSTEE	1.00 0.00	X						0.	0.	0.
(63) MRS. NANCY ABENDSHEIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(64) MRS. NANCY PETERKIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(65) MRS. NANCY POWELL MOORE TRUSTEE	1.00 0.00	X						0.	0.	0.
(66) MRS. NIDHIKA OBEROI MEHTA TRUSTEE	1.00 0.00	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			
(67) MRS. NINA O'LEARY ZILKHA TRUSTEE	1.00 0.00	X						0.	0.	0.
(68) MRS. PAMELA F. OTT TRUSTEE	1.00 0.00	X						0.	0.	0.
(69) MRS. PHOEBE TUDOR TRUSTEE	1.00 0.00	X						0.	0.	0.
(70) MRS. RANIA DANIEL TRUSTEE	1.00 0.00	X						0.	0.	0.
(71) MRS. ROSE CULLEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(72) MRS. SANDRA GODFREY TRUSTEE	1.00 0.00	X						0.	0.	0.
(73) MRS. SARA DODD-SPICKELMIER TRUSTEE	1.00 0.00	X						0.	0.	0.
(74) MRS. SARA ORTWEIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(75) MRS. SARA S. MORGAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(76) MRS. SIMA LADJEVARDIAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(77) MRS. TINA PYNE TRUSTEE	1.00 0.00	X						0.	0.	0.
(78) MRS. WINDI GRIMES TRUSTEE	1.00 1.00	X						0.	0.	0.
(79) MS. ALICE C. SIMKINS LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(80) MS. CAROLL R. GOODMAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(81) MS. CECILY E. HORTON TRUSTEE	1.00 0.00	X						0.	0.	0.
(82) MS. JOAN MORGENSTERN TRUSTEE	1.00 0.00	X						0.	0.	0.
(83) MS. MARTHA LONG TRUSTEE	1.00 0.00	X						0.	0.	0.
(84) MS. MARY LAWRENCE PORTER TRUSTEE	1.00 0.00	X						0.	0.	0.
(85) MR. GARY TINTEROW DIRECTOR	35.00 0.00			X				577,238.	0.	21,581.
(86) MS. GWENDOLYN H. GOFFE ASSOC. DIRECTOR, INVESTMENT	35.00 1.00			X				608,833.	0.	27,145.
Total to Part VII, Section A, line 1c										



**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	4,178,968.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,045,767.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	167,333,004.			
	g Noncash contributions included in lines 1a-1f: \$		41,384,056.			
	h Total. Add lines 1a-1f		172,557,739.			
	<b>Program Service Revenue</b>	2 a MEMBERSHIP	Business Code 900099	3,034,744.	3,034,744.	
b ADMISSIONS, TOURS, LECTURES		900099	2,475,281.	2,475,281.		
c SCHOOL TUITION		611600	1,842,212.	1,842,212.		
d OTHER PROGRAM SERVICES		900099	826,451.	826,451.		
e						
f All other program service revenue						
g Total. Add lines 2a-2f			8,178,688.			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		20,117,512.		-1,081,508.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		834,780.		834,780.	
	6 a Gross rents	(i) Real	241,559.			
		(ii) Personal				
		b Less: rental expenses	0.			
		c Rental income or (loss)	241,559.			
	d Net rental income or (loss)		241,559.		241,559.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	104,252,171.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	79,509,230.			
		c Gain or (loss)	24,742,941.			
	d Net gain or (loss)		24,742,941.		24,742,941.	
	8 a Gross income from fundraising events (not including \$ 4,178,968. of contributions reported on line 1c). See Part IV, line 18	a	283,935.			
		b Less: direct expenses	1,450,124.			
c Net income or (loss) from fundraising events			-1,166,189.		-1,166,189.	
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	3,088,482.				
	b Less: cost of goods sold	3,549,064.				
	c Net income or (loss) from sales of inventory		-460,582.		-460,582.	
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME	900099	692,136.			692,136.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		692,136.				
12 Total revenue. See instructions.		225,738,584.	8,178,688.	-1,081,508.	46,083,665.	

**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 to any question 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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	104,187.	104,187.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	14,873.	14,873.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,875,397.		1,875,397.	
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	22,630,520.	18,025,099.	2,791,949.	1,813,472.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	777,076.	566,542.	147,664.	62,870.
9 Other employee benefits	3,440,962.	2,614,754.	624,034.	202,174.
10 Payroll taxes	1,761,587.	1,339,473.	299,288.	122,826.
11 Fees for services (non-employees):				
a Management				
b Legal	2,563.		2,563.	
c Accounting	222,402.		222,402.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	42,000.			42,000.
f Investment management fees	1,670,947.		1,670,947.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,932,358.	2,484,575.	422,324.	25,459.
12 Advertising and promotion	1,772,408.	1,375,352.	60,182.	336,874.
13 Office expenses	1,493,947.	682,745.	788,862.	22,340.
14 Information technology	451,536.	345,164.	44,950.	61,422.
15 Royalties				
16 Occupancy	4,112,273.	3,720,449.	360,487.	31,337.
17 Travel	688,930.	532,953.	122,291.	33,686.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	49,875.	37,941.	6,129.	5,805.
20 Interest	-23,590.		-23,590.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,237,795.	4,126,269.	863,310.	248,216.
23 Insurance	1,997,445.	1,743,688.	237,192.	16,565.
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 <b>ACCESSIONS</b>	22,194,814.	22,194,814.		
b <b>PROGRAMS AND PREVIEWS</b>	3,305,805.	3,228,566.	86,542.	-9,303.
c <b>SHIPPING AND FREIGHT</b>	2,965,491.	2,818,044.	121,525.	25,922.
d <b>PRINTING AND PUBLICATIO</b>	1,074,427.	968,967.	47,716.	57,744.
e All other expenses	3,688,595.	2,764,962.	672,593.	251,040.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	84,484,623.	69,689,417.	11,444,757.	3,350,449.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing .....	4,060,592.	1	29,061,028.
	2	Savings and temporary cash investments .....	10,764,105.	2	54,545,715.
	3	Pledges and grants receivable, net .....	6,490,359.	3	103,956,280.
	4	Accounts receivable, net .....	601,457.	4	3,630,462.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....	943,110.	5	926,100.
	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 .....	1,258,291.	8	1,370,898.
	9	Prepaid expenses and deferred charges .....	432,004.	9	233,427.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 197,996,266.		
	b	Less: accumulated depreciation .....	10b 86,024,421.	10c	111,971,845.
	11	Investments - publicly traded securities .....	627,690,460.	11	726,793,676.
	12	Investments - other securities. See Part IV, line 11 .....	351,058,787.	12	280,470,963.
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
	15	Other assets. See Part IV, line 11 .....	4,051,207.	15	2,082,892.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,118,124,615.	16	1,315,043,286.	
Liabilities	17	Accounts payable and accrued expenses .....	11,661,536.	17	12,358,380.
	18	Grants payable .....		18	
	19	Deferred revenue .....	3,639,247.	19	3,438,887.
	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 .....	15,300,783.	26	15,797,267.
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 .....	192,823,415.	27	226,462,278.
	28	Temporarily restricted net assets .....	226,309,239.	28	387,630,150.
	29	Permanently restricted net assets .....	683,691,178.	29	685,153,591.
	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> .....	1,102,823,832.	33	1,299,246,019.	
34	<b>Total liabilities and net assets/fund balances</b> .....	1,118,124,615.	34	1,315,043,286.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	225,738,584.
2	Total expenses (must equal Part IX, column (A), line 25)	2	84,484,623.
3	Revenue less expenses. Subtract line 2 from line 1	3	141,253,961.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,102,823,832.
5	Net unrealized gains (losses) on investments	5	55,398,571.
6	Donated services and use of facilities	6	-230,345.
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	1,299,246,019.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <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
2b	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	
2c	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
3b	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)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**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.)
  - 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 that describes the type of supporting organization and complete lines 11e through 11h.
    - a  Type I
    - b  Type II
    - c  Type III - Functionally integrated
    - d  Type III - Non-functionally integrated
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____	11g(i)	
(ii) A family member of a person described in (i) above? _____	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____	11g(iii)	
  - h 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 or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41,186,413.	68,216,102.	78,424,123.	28,518,263.	175,592,483.	391,937,384.
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	41,186,413.	68,216,102.	78,424,123.	28,518,263.	175,592,483.	391,937,384.
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)						194,954,828.
6 Public support. Subtract line 5 from line 4.						196,982,556.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	41,186,413.	68,216,102.	78,424,123.	28,518,263.	175,592,483.	391,937,384.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,548,437.	16,195,739.	17,244,980.	18,489,390.	21,193,851.	93,672,397.
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 IV.)	278,664.	1,003,812.	4,388,054.	699,894.	692,136.	7,062,560.
11 Total support. Add lines 7 through 10						492,672,341.
12 Gross receipts from related activities, etc. (see instructions)					12	5,143,944.
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 2012 (line 6, column (f) divided by line 11, column (f))	14	39.98 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	47.21 %
16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 IV 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 - 2011. 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 IV 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.) .....						
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 2012 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17 .....	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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" to 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) Revenues included in 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 Revenues included in 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" to 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?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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	995,323,099.	1,012,962,776.	813,907,371.	756,642,104.	812,084,015.
b Contributions	1,462,414.	788,704.	45,026,888.	10,184,688.	405,606.
c Net investment earnings, gains, and losses	100,531,810.	31,839,451.	202,761,960.	97,440,410.	
d Grants or scholarships					
e Other expenditures for facilities and programs	46,851,111.	46,908,472.	45,130,319.	47,042,366.	52,809,768.
f Administrative expenses	3,441,547.	3,359,360.	3,603,124.	3,317,465.	3,037,749.
g End of year balance	1,047,024,665.	995,323,099.	1,012,962,776.	813,907,371.	756,642,104.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  12.93 %
- b Permanent endowment  65.44 %
- c Temporarily restricted endowment  21.63 %

The percentages in 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" to 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.** 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		28,362,087.		28,362,087.
b Buildings		152,077,735.	73,002,362.	79,075,373.
c Leasehold improvements				
d Equipment		17,556,444.	13,022,059.	4,534,385.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  111,971,845.

**Part VII Investments - Other Securities.** 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) EQUITY LONG/SHORT HEDGE		
(B) FUNDS	2,810,370.	END-OF-YEAR MARKET VALUE
(C) PRIVATE EQUITY FUNDS	146,197,804.	END-OF-YEAR MARKET VALUE
(D) VENTURE CAPITAL FUNDS	13,217,337.	END-OF-YEAR MARKET VALUE
(E) ENERGY NATURAL RESOURCES		
(F) FUNDS	61,134,768.	END-OF-YEAR MARKET VALUE
(G) DISTRESSED DEBT FUNDS	11,554,702.	END-OF-YEAR MARKET VALUE
(H) REAL ESTATE FUNDS	20,535,267.	END-OF-YEAR MARKET VALUE
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>280,470,963.</b>	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** 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)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. 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**

1	Total revenue, gains, and other support per audited financial statements		1	286,136,343.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	55,398,571.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	4,999,188.	
e	Add lines 2a through 2d	2e		60,397,759.
3	Subtract line 2e from line 1	3		225,738,584.
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		225,738,584.

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

1	Total expenses and losses per audited financial statements		1	89,714,156.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	230,345.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	4,999,188.	
e	Add lines 2a through 2d	2e		5,229,533.
3	Subtract line 2e from line 1	3		84,484,623.
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		84,484,623.

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, 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: SCHEDULE D, PART III, LINE 1:**

WITH APPROXIMATELY 65,806 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

Part XIII Supplemental Information (continued)

TO THE MUSEUM'S ART COLLECTION.

PART III, LINE 4: COLLECTION OF WORLD ART AND ART EDUCATION. SEE SCHEDULE O DESCRIPTION OF ORGANIZATION'S EXEMPT PURPOSE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSES AND COST OF GOODS SOLD

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSES AND COST OF GOODS SOLD

PT V LINE 4 OPERATIONS OF THE MUSEUM AND ACCESSIONS FOR ART PURCHASES

PT XII LINE 2A DONATED LEGAL SERVICES





**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

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" to 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		139,991.
CENTRAL AMERICA & THE CARIBBEAN			INVESTMENTS		63,463,664.
EAST ASIA AND THE PACIFIC			INVESTMENTS		1,953,513.
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		9,822,534.
NORTH AMERICA			INVESTMENTS		3,526,154.
<b>3 a</b> Sub-total .....	1	1			78,905,856.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c</b> Totals (add lines 3a and 3b) .....	1	1			78,905,856.



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

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	6	10,600	CHECK	4,273	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 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)* .....  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 file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2012

**Part V** Supplemental Information

Complete this part to 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.

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 ASSISTANT 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

Complete this part to 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.

PT I LINE 3 COL (E) - MANAGES FACILITY FOR RESEARCH. SEE SCHEDULE O

DESCRIPTION OF PROGRAM ACCOMPLISHMENTS FOR MORE DETAIL.

Lined area for providing program accomplishments details.

**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" to 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. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

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" to 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 RD, 9TH FL,	DIRECT MAIL CONT.		X	1,673,873.	42,000.	1,631,873.
<b>Total</b>				1,673,873.	42,000.	1,631,873.

- 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.
- 
- 
- 
- 
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**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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 (add col. (a) through col. (c))	
		GALA BALL (event type)	ONE GREAT NIGHT (event type)	7 (total number)		
Revenue	1	Gross receipts .....	1,476,902.	550,742.	2,435,259.	4,462,903.
	2	Less: Contributions .....	1,427,902.	511,042.	2,240,024.	4,178,968.
	3	Gross income (line 1 minus line 2) .....	49,000.	39,700.	195,235.	283,935.
Direct Expenses	4	Cash prizes .....				
	5	Noncash prizes .....				
	6	Rent/facility costs .....				
	7	Food and beverages .....	64,772.	87,070.	335,438.	487,280.
	8	Entertainment .....	73,736.		74,248.	147,984.
	9	Other direct expenses .....	114,134.	72,733.	627,993.	814,860.
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....				( 1,450,124 )
	11	Net income summary. Combine line 3, column (d), and line 10 .....				-1,166,189.

**Part III Gaming.** Complete if the organization answered "Yes" to 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))
Revenue	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. Combine line 1, column d, and line 7 .....			

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate 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: \_\_\_\_\_





**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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	15	27,200.	25,267.	BOOK	AIRFARE AND SHIPPING
SCHOOL SCHOLARSHIPS	192	51,720.	0.	BOOK	N/A

**Part IV** Supplemental information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PT I LINE 2 - GRANTEEES 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 YEAR'S ENROLLMENT REACHED 6,850, INCLUDING 192 STUDENTS

**Part IV** Supplemental Information

RECEIVING TUITION SCHOLARSHIPS. SOME OF THESE SCHOLARSHIPS ARE AWARDED  
IN RECOGNITION OF TALENT THROUGH PROGRAMS SUCH AS THE 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 STUDIES 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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

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 in 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 officers, directors, trustees, and 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 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 in 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) and 501(c)(4) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</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 in 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" to line 6a or 6b, describe in Part III.</p>		X
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	X	
<p><b>8</b> Were any amounts reported in 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) 2012

**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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(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 reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MR. GARY TINTEROW DIRECTOR	(i)	398,617.	120,000.	58,621.	12,500.	9,081.	598,819.
	(ii)	0.	0.	0.	0.	0.	0.
(2) MS. GWENDOLYN H. GOFFE ASSOC. DIRECTOR, INVESTMENT	(i)	443,729.	155,000.	10,104.	12,500.	14,645.	635,978.
	(ii)	0.	0.	0.	0.	0.	0.
(3) AMY PURVIS CHIEF DEVELOPMENT OFFICER	(i)	248,978.	25,000.	4,916.	12,500.	9,295.	300,689.
	(ii)	0.	0.	0.	0.	0.	0.
(4) DARREN A. BARTSCH INVESTMENT OFFICER	(i)	211,946.	0.	108.	10,625.	6,498.	229,177.
	(ii)	0.	0.	0.	0.	0.	0.
(5) EDGAR PETER BOWRON CURATOR	(i)	160,732.	0.	4,160.	8,250.	12,399.	185,541.
	(ii)	0.	0.	0.	0.	0.	0.
(6) JOHN WILLARD HOLMES CHIEF OPERATING OFFICER	(i)	263,002.	0.	792.	12,500.	20,272.	296,566.
	(ii)	0.	0.	0.	0.	0.	0.
(7) MARCHELL F. KING CONTROLLER	(i)	165,064.	0.	236.	8,657.	16,342.	190,299.
	(ii)	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

**Part III** Supplemental Information

Complete this part to 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. 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. CLUB DUES ARE PAID BY THE ORGANIZATION AND ARE USED EXCLUSIVELY FOR THE ORGANIZATION'S BUSINESS PURPOSES. THE NONTAXABLE CLUB MEMBERSHIP IS HELD BY THE DIRECTOR.

PART I, LINE 4B: THE ORGANIZATION HAS A DEFERRED COMPENSATION AGREEMENT FOR SENIOR STAFF. NO AMOUNT OF DEFERRED COMPENSATION WAS PAID FROM THE PLAN DURING THE CALENDAR YEAR ENDED WITHIN THIS FISCAL YEAR.

PART I, LINE 7: THE COMPENSATION COMMITTEE DETERMINES BONUSES BY REVIEWING PERFORMANCE OVER THE PREVIOUS YEAR AND ACCESSING ACCOMPLISHMENTS MADE TO GROW, PROTECT, PRESENT, AND PRESERVE THE ASSETS AND PROGRAMS OF THE MFAH. 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)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

► 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. ► See separate instructions.

OMB No. 1545-0047

**2012**

Open To Public  
Inspection

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

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) 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.

1	(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.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			GARY TINTEROW	DIRECTOR			MORTGAGE		X	950,000.	926,100.	
<b>Total</b> .....						► \$	926,100.					

**Part III Grants or Assistance Benefiting Interested Persons.**

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

(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



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

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.

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	854	6,020,113.	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	28	35,363,943.	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** **39**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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	

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.

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

Schedule M (Form 990) (2012)

**Part II** **Supplemental Information.** Complete this part to 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 COLUMN B OF PART I

DESCRIBES THE NUMBER OF ITEMS CONTRIBUTED DURING THE TAX YEAR.

SCHEDULE M, 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.

OMB No. 1545-0047

2012

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 \$ 1,861,304. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,034,744.

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, OVER TWO

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MILLION VISITORS ENGAGE WITH THE MUSEUM'S PERMANENT COLLECTION OF NEARLY 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 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 ARCHIVES - ONE OF THE COUNTRY'S FIRST PUBLIC ART MUSEUM RECORDS 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

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RENOWNED 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 ONE 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 RECENTLY 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



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ON THE FIELD, THE INSTITUTE FOR MUSEUM AND LIBRARY SERVICES HAS  
RECOGNIZED THE MUSEUM WITH A NATIONAL LEADERSHIP AWARD.

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 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 BOARD. THE  
COMMITTEE INCLUDES FIVE 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.

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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.





**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to 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
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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





