Form 990
Form JJU
(Rev. January 2020)
Department of the Treasury

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 y **Open to Public** . Inspection

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Go to www.irs.g	gov/F	orn	1990 for	instructions	and	the late	st info	orma	ation.
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AF	or the	e 2019 calendar year, or tax year beginning $JOL 1$, 2019 and e	ending J	JN 30, 2020				
B Check if applicable: C Name of organization number								
	Addre chang	ss e THE MUSEUM OF FINE ARTS, HOUSTON						
	Name chang	· · ·		74-1109655	i			
	Initial return		Room/suite	E Telephone numbe	er			
	Final return	P.O. BOX 6826	P.O. BOX 6826 (713) 639					
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	213,003,075.			
	Amen return			H(a) Is this a group i	return			
	Applic tion	for subordinate						
	pendi	^{a-} F Name and address of principal officer: GARY TINTEROW SAME AS C ABOVE		H(b) Are all subordinates				
ΙT	ax-ex	empt status: X 501(c)(3) 501(c) ()	or 527	If "No," attach a	a list. (see instructions)			
JV	Vebsi	te: WWW.MFAH.ORG		H(c) Group exemption	on number 🕨			
κF	orm of	organization: X Corporation Trust Association Other ►	L Year	of formation: 1924	M State of legal domicile: TX			
Pa	rt I	Summary						
	1	Briefly describe the organization's mission or most significant activities: THE MUS	SEUM OF F	INE ARTS, HOUSTO	DN			
nce		(THE "MUSEUM") IS ORGANIZED AND IS TO BE OPERATED EXCLUSIVELY						
rnal	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.			
INC	3	Number of voting members of the governing body (Part VI, line 1a)			86			
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	85			
s 8	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		823				
∕itie		Total number of volunteers (estimate if necessary)		2093				
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		-2,319,134.				
A		Net unrelated business taxable income from Form 990-T, line 39			-2,319,134.			
			Current Year					
e	8	Contributions and grants (Part VIII, line 1h)	ibutions and grants (Part VIII, line 1h)					
Revenue	9	Program service revenue (Part VIII, line 2g)		13,811,903.	9,273,929.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		108,373,684.	113,417,031.			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,699,193.	-318,214.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		191,930,276.	169,281,056.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		200,041.	//			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.				
Se		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_$		38,007,418.	· · ·			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		42,000.	42,000.			
xpe		Total fundraising expenses (Part IX, column (D), line 25) 4,653,3						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		52,760,054.	· · ·			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	91,009,513.					
	19	Revenue less expenses. Subtract line 18 from line 12	100,920,763.	58,839,251.				
s or Ices			Be	ginning of Current Year	End of Year			
Assets (Balanc	20	Total assets (Part X, line 16)		1,846,031,473.				
t As	21	Total liabilities (Part X, line 26)		52,883,467.				
Fund		Net assets or fund balances. Subtract line 21 from line 20		1,793,148,006.	1,775,793,109.			
Pa	rt 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 (btt/er than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ERIC ANYAH, CHIEF FINANCIAL OFFIC Type or print name and title	CER	Dat	4/27/2021 e							
Paid	Print/Type preparer's name JEFFREY D. FRANK	Preparer's signature	Date 04/26/2021	Check PTIN if self-employed P00287234							
Preparer	Firm's name DELOITTE TAX LLP	0 0	Firn	n's EIN 🕨 86-1065772							
Use Only	Firm's address ▶ 111 MONUMENT CIRCLE, SUI	ITE 4200									
	INDIANAPOLIS, IN 46204-5	Pho	one no.(317) 464-8600								
May the I	Aay the IRS discuss this return with the preparer shown above? (see instructions)										
932001 01-2	DOI 101-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	r Name of exempt organization or other filer, see instru	ictions.		Taxpaye	r identification i	number (TIN)	
print	THE MUSEUM OF FINE ARTS, HOUSTON					555	
File by the due date for filing your P.O. BOX 6826							
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. HOUSTON, TX 77265-6826							
Enter th	ne Return Code for the return that this application is for (fil	e a separat	te application for each return)			0 1	
Applica	ation	Return	Application			Return	
Is For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 9	90-BL	02	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above) 06 Form 8870				12			
Tele If the If this box 1 I this If this If this	request an automatic 6-month extension of time until ne organization named above. The extension is for the org	s in the Uni Group Exe <u>and atta</u> <u>MAY 1</u> anization's	Fax No. ▶ ited States, check this box	If this is fo f all memb	r the whole gro ers the extension npt organization 	on is for.	
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.	
b lf	this application is for Forms 990-PF, 990-T, 4720, or 6069), enter any	refundable credits and				
e	stimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.	
c B	alance due. Subtract line 3b from line 3a. Include your pa	ayment with	h this form, if required, by				
u	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.	
Cautio instruct	n: If you are going to make an electronic funds withdrawal ions.	(direct deb	bit) with this Form 8868, see Form 8	453-EO an	id Form 8879-E	O for payment	

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

Form 8868 (Rev. 1-2020)

Form	1990 (2019) THE MUSEUM OF FINE ARTS, HOUSTON	74-1109655	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: THE MUSEUM OF FINE ARTS, HOUSTON (THE "MUSEUM") IS ORGANIZED AND IS TO		
	BE OPERATED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, LITERARY, AND		
	EDUCATIONAL PURPOSES, INCLUDING THE OPERATION AND MAINTENANCE OF ONE		
	OR MORE MUSEUM FACILITIES AND, IN CONNECTION THEREWITH, THE OPERATION		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?		Yes 🛛 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? \dots		Yes 🛛 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 m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expense	es, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$9,465,614. including grants of \$) (Revenue	÷\$2	<u>,582,996.</u>)
	EDUCATION AND PUBLIC PROGRAMS		
4b	(Code:) (Expenses \$ 79,209,041. including grants of \$ 41,021.) (Revenue	<u> </u>	636,511.)
	ACCESSIONS, CURATORIAL AND EXHIBIT EXPENSES		,
4c	(Code:) (Expenses \$5,010,091. including grants of \$136,870.) (Revenue	\$ <u> </u>	<u>,971,769.</u>)
	GLASSELL SCHOOL OF ART		
4d	Other program services (Describe on Schedule O.)		
10	(Expenses \$ 1,309,266. including grants of \$) (Revenue \$	4,082,653.)	
4e	Total program service expenses 94,994,012.		
			000

Form 990 (2019) THE MUSEUM OF FINE ARTS, HOUSTON
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	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?			77
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		x	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	A	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D		11b	x	
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00-	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		A
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
		<u> </u>		

Form 990 (2019)

Pa	rt IV Checklist of Required Schedules (continued)			uge			
			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
	Schedule J	23	х				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
	Schedule K. If "No," go to line 25a	24a		х			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
	any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and						
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete						
	Schedule L, Part I	25b		х			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	х				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>						
28							
	instructions, for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If						
	"Yes," complete Schedule L, Part IV	28a		x			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х			
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If						
	"Yes," complete Schedule L, Part IV	28c	х				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	contributions? If "Yes," complete Schedule M	30	х				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete						
	Schedule N, Part II	32		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	33		x			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and						
	Part V, line 1	34	х				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х				
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity						
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?						
	If "Yes," complete Schedule R, Part V, line 2	36		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						
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>					
	· · · · · · · · · · · · · · · · · · ·	38	х				
Pa	Note: All Form 990 filers are required to complete Schedule O ttv Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V			\square			
	· · ·		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 472						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1					

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2019) THE MUSEUM OF FINE ARTS, HOUSTON 74-110965	5	Р	age 5			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			<u> </u>			
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 823						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х				
	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)?	4a	х				
b	If "Yes," enter the name of the foreign country FRANCE						
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		x			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
va		6a		x			
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	00					
, N		6b					
7	Organizations that may receive deductible contributions under section 170(c).						
'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?	7a	х				
		7b	х	<u> </u>			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		<u> </u>			
C	to file Form 8282?	7c		x			
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		x			
g							
-							
8							
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.	8					
a		9a					
b		9b		<u> </u>			
10	Section 501(c)(7) organizations. Enter:	30					
	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	Section 501(c)(12) organizations. Enter:						
 а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
, D	amounts due or received from them.) 11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12u					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
		13a					
u	Note: See the instructions for additional information the organization must report on Schedule O.	Tou					
h	Enter the amount of reserves the organization is required to maintain by the states in which the						
5	organization is licensed to issue qualified health plans						
с	Enter the amount of reserves on hand						
14a		14a		x			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>			
15	excess parachute payment(s) during the year?	15	х				
	If "Yes," see instructions and file Form 4720, Schedule N.	15					
16	le the experimentian an advectional institution subject to the excition 4000 subject to very set investment in serve 0	16		x			
10	If "Yes," complete Form 4720, Schedule O.						
				L			

Form **990** (2019)

	990 (2019) THE MUSEUM OF FINE ARTS, HOUSTON		74-110965		Р	_{age} 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	86			
	If there are material differences in voting rights among members of the governing body, or if the governing			1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	85			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		ny other	1		
2				2	х	
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			<u> </u>		
3				3		x
			filod2	4		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•		_		v
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
<u></u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<u></u>		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," d	escribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	th a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion 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 (1024 or 1024-A, if applicable), 990, ar	nd 990	T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d financ	cial	
	statements available to the public during the tax year.		• •			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	I records			
	JULIA R. PETTY - (713) 639-7566					
	P.O. BOX 6826, HOUSTON, TX 77265-6826					

Form 990 (2		74-1109655	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	npensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending wi	th 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.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do			ition	l than c	ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	l trustee		ee	npens		(W-2/1099-MISC)		organization and related
	below	dual ti	itiona		nploy	st cor yee	-			organizations
	line)	ndividual trustee or director	In stitutio nal t	Officer	Key employee	Highest compensated employee	Former			e.gamzanene
(1) GARY TINTEROW	35.00		_		-					
DIRECTOR	0.00	1		х				1,097,244.	0.	172,073.
(2) ERIC ANYAH	35.00									
CHIEF FINANCIAL OFFICER	0.00			х				544,659.	0.	44,468.
(3) JOHN WILLARD HOLMES	35.00									
CHIEF OPERATING OFFICER	0.00			х				430,885.	0.	31,569.
(4) AMY PURVIS	35.00									
CHIEF DEVELOPMENT OFFICER	0.00			Х				435,856.	0.	24,880.
(5) DARREN A. BARTSCH	35.00									
INVESTMENT OFFICER	0.00					X		356,422.	0.	21,843.
(6) ZACHARY HAINES	35.00									
CHIEF TECHNOLOGY OFFICER	0.00					X		220,883.	0.	21,873.
(7) JULIA R. PETTY	35.00									
CONTROLLER	0.00					X		201,884.	0.	21,324.
(8) MALCOLM DANIEL	35.00									
CURATOR, DEPT OF PHOTOGRAPHY	0.00					X		194,563.	0.	18,806.
(9) MARY HAUS	35.00									
HEAD, MARKETING & COMMUNICATION	0.00					X		190,892.	0.	20,381.
(10) MR. RICHARD D. KINDER	1.00									
LIFE TRUSTEE, CHAIRMAN	0.00	Х		Х				0.	0.	0.
(11) MRS. ANNE S. DUNCAN	1.00									
LIFE TRUSTEE, VICE CHAIRMAN	0.00	Х		х				0.	0.	0.
(12) MR. FRANK J. HEVRDEJS	1.00									
LIFE TRUSTEE, TREASURER	0.00	Х		х				0.	0.	0.
(13) MRS. CORNELIA LONG	1.00									
LIFE TRUSTEE, CHRMN EMERITUS	0.00	Х		Х				0.	0.	0.
(14) DR. MARJORIE G. HORNING	1.00									
LIFE TRUSTEE (TO 6/11/20)	0.00	Х						0.	0.	0.
(15) MR. ISAAC ARNOLD, JR.	1.00									
LIFE TRUSTEE	0.00	Х						0.	0.	0.
(16) MR. JOE HUDSON	1.00									
LIFE TRUSTEE	0.00	Х						0.	0.	0.
(17) MR. R. W. WORTHAM III	1.00									
LIFE TRUSTEE	0.00	Х						0.	0.	0.

Form 990 (2019) THE MUSEUM OF	FINE ARTS	, н	ous	TON					74-11	.0965	5	P	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			_ (0				(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		l than c	ne	Reportable	Reportable			timate	
	hours per					s both r/trust		compensation	compensatio		ar	nount	of
	week						,	- from	from related			other	
	(list any hours for	irecto						the	organization			pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	sc)		om th	
	organizations	rustee	trustee		ee	n pe n		(00-2/1099-00130)				anizat d relat	
	below	dual t	itiona		nploy	st cor yee	L.					anizati	
	line)	ndividual trustee or director	Institutional 1	Officer	ƙey employee	Highest compensated employee	Former				org	an neach	0110
(18) MRS. CLARE ATTWELL GLASSELL	1.00	_			Ť								-
LIFE TRUSTEE	0.00	х						0.		٥.			Ο.
(19) MRS. JEANIE KILROY WILSON	1.00												
LIFE TRUSTEE	0.00	х						0.		٥.			Ο.
(20) MRS. LYNN WYATT	1.00												
LIFE TRUSTEE	0.00	х						0.		0.			0.
(21) MRS. NANCY BROWN NEGLEY	1.00							- •					
LIFE TRUSTEE	0.00	x						0.		0.			Ο.
(22) MRS. SARA SCHOLES MORGAN	1.00	21						••					<u> </u>
LIFE TRUSTEE	0.00	х						0.		0.			0.
		^						0.		<u> </u>			0.
(23) MS. ALICE C. SIMKINS LIFE TRUSTEE	1.00	x						0.		0.			0
	0.00	л						0.		<u> </u>			0.
(24) MS. ANNE SCHLUMBERGER	1.00												•
LIFE TRUSTEE	0.00	х						0.		0.			٥.
(25) DR. ANNE S. CHAO	1.00												•
TRUSTEE	0.00	х						0.		0.			0.
(26) DR. RUTH SIMMONS	1.00												•
TRUSTEE (TO 6/30/20)	0.00	Х						0.		0.			0.
1b Subtotal								3,673,288.		0.		377,	217.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								3,673,288.		٥.		377,	217.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	3			
compensation from the organization													44
										1		Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	key e	empl	oyee	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for su	uch individual										3		X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from the	ne organization				
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	for such individual			4	Х	
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	late	ed organization or individ	lual for services				
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or sı	ich į	bers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	mpensated ind	lepe	nder	nt co	ontra	actor	s tł	nat received more than \$	100,000 of comp	oensat	ion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wit	hin	the organization's tax y	ear.				
(A)								(B)			(0)	
Name and business	address							Description of s	ervices	C	ompe	nsatio	n
MCCARTHY BUILDING COMPANIES INC, 1201	L N												
CENTRAL EXPY, SUITE 400, DALLAS, TX 7	77524							GENERAL CONTRACTOR			71	,173,	184.
STEVEN HOLL ARCHITECTS PC, 450 WEST 3	31ST												
STREET, 11TH FLOOR, NEW YORK, NY 1000	01							DESIGN ARCHITECT			1	,542,	168.
JOHNSON CONTROLS													
P.O. BOX 730068, DALLAS, TX 75373-006	58							BUILDING EFFICIENC	Y MANAGEMENT		1	,297	484.
FAYEZ SAROFIM & CO													
P.O. BOX 973701, DALLAS, TX 75397-370	01							INVESTMENT SERVICE			1	,233,	496.
UNIVERSAL PROTECTION SERVICE LP													
P.O. BOX 828854, PHILADELPHIA, PA 191	82							SECURITY SERVICE				841,	919.
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to	thos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation 🕨				37	7							

SEE PART VII, SECTION A CONTINUATION SHEETS

pensated Employe	, ,	(F)
(D) Reportable	(E) Bapartabla	(F) Estimated
compensation	Reportable compensation	amount of
from	from related	other
the	organizations	compensation
organization	(W-2/1099-MISC)	from the
V-2/1099-MISC)	(organization
,		and related
		organizations
٥.	0.	0
0.	0.	0
0.	0.	0
_	_	_
0.	0.	0
Ο.	0.	0
υ.	0.	
Ο.	0.	0
	••	
Ο.	0.	0
Ο.	0.	0
0.	0.	0
0.	0.	C
0.	0.	0
0.	0.	C
0.	0.	C
0.	0.	0
Ο.	0.	C
0.	0.	
Ο.	0.	C
	••	
Ο.	0.	C
Ο.	0.	(
Ο.	0.	C
0.	0.	0
	0.	0. 0.

Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	or				loyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	(list any hours for	direct				d em p		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	related	ee or	stee			nsate		(112/1000 11100)		and related
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				organizations
	below	vidua	itutio	cer	Key employee	hest c	Former			
	line)	Indi	Inst	Officer	Key	Higl	Forr			
(47) MR. MICHAEL C. LINN	1.00									
IRUSTEE	0.00	Х						0.	0.	C
(48) MR. PETER R. CONEWAY	1.00									
TRUSTEE	0.00	Х						0.	0.	C
(49) MR. RONALD E. HUEBSCH	1.00									
TRUSTEE (FROM 7/1/19)	0.00	х						0.	0.	(
(50) MR. RUSTY BURNETT	1.00									
TRUSTEE	0.00	X						0.	0.	0
(51) MR. SAMUEL F. GORMAN	1.00									
TRUSTEE (TO 6/30/20)	0.00	Х						0.	0.	0
(52) MR. WILLIAM N. MATHIS	1.00									
	0.00	Х						0.	0.	(
(53) MRS. ANN BOOKOUT	1.00									
IRUSTEE (TO 6/30/20)	0.00	Х						0.	0.	(
(54) MRS. BARBARA G. GAMSON	1.00								0	
IRUSTEE	0.00	х						0.	0.	C
(55) MRS. CHERIE FLORES	1.00								0	
IRUSTEE (TO 6/30/20) (56) NBG COLLERN KOTTO	0.00	X						0.	0.	(
(56) MRS. COLLEEN KOTTS	1.00	x						0.	0.	
IRUSTEE (TO 6/30/20) (57) MRS. COURTNEY LANIER SAROFIM	0.00	^	-					· · ·	υ.	0
(57) MRS. COURTNEY LANIER SAROFIM	0.00	x						0.	0.	(
(58) MRS. CYVIA G. WOLFF	1.00	^	-					· · ·	υ.	(
IRUSTEE	0.00	х						0.	0.	(
(59) MRS. ELISE ELKINS JOSEPH	1.00	^	-					· · ·	υ.	
IRUSTEE	0.00	х						0.	0.	(
(60) MRS. ELIZA ERWIN STEDMAN	1.00							·.	••	
IRUSTEE (TO 6/30/20)	0.00	x						0.	0.	(
(61) MRS. GAIL ADLER	1.00							`` .	••	
IRUSTEE	0.00	x						0.	0.	C
(62) MRS. JEREANN H. CHANEY	1.00								- •	
IRUSTEE	0.00	x						0.	0.	C
(63) MRS. JOAN SCHNITZER	1.00								••	
TRUSTEE (FROM 7/1/19)	0.00	x						0.	0.	C
(64) MRS. JUDY ERLICH MARGOLIS	1.00								·	
TRUSTEE (TO 6/30/20)	0.00	x						0.	0.	C
(65) MRS. JUDY SPENCE TATE	1.00								·	
TRUSTEE	0.00	x						0.	0.	C
(66) MRS. KIRBY COHN MCCOOL	1.00								·	
TRUSTEE (TO 6/30/20)	0.00	x						0.	0.	C

Part VII Section A. Officers, Directors, Tru	F FINE ARTS	'nnla			nd H	liab	oot (Componented Employe	100 (555
(A)	(B)		yee	<u>s, a</u> ((iigne	851 1	(D)	(E)	(F)
Name and title	Average				ition			(D) Reportable	(L) Reportable	(F) Estimated
Name and the	hours	(c			that		lv)	compensation	compensation	amount of
	per	(.,,	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				m plo		organization	(W-2/1099-MISC)	from the
	hours for	or dir	a			ited e		(W-2/1099-MISC)		organization
	related	Istee	truste		e	pensa				and related
	organizations	al tru	onal		plo ye	com				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(67) NDG LANDTE MODIAN	line)	=	=	5	ž	Ξ	Ĕ			
(67) MRS. LAURIE MORIAN TRUSTEE (FROM 7/1/19)	1.00	х						0.	0.	0
(68) MRS. LELA W. GIBBS	1.00							••	•.	0
IRUSTEE	0.00	x						0.	0.	0
(69) MRS. MACEY HODGES REASONER	1.00									
TRUSTEE	0.00	х						0.	0.	0
(70) MRS. MARGARET ALKEK WILLIAMS	1.00									
TRUSTEE (FROM 7/1/19)	0.00	х						0.	0.	0
(71) MRS. MARY CULLEN	1.00									
TRUSTEE	0.00	Х						0.	0.	0
(72) MRS. NANCY O'CONNOR ABENDSHEIN	1.00									
	0.00	Х						0.	0.	C
(73) MRS. NIDHIKA OBEROI MEHTA	1.00								0	
IRUSTEE (74) MRS. NINA O'LEARY ZILKHA	0.00	X						0.	0.	0
(74) MRS. NINA O LEARY ZILKHA TRUSTEE (FROM 7/1/19)	0.00	x						0.	0.	0
(75) MRS. PAMELA F. OTT	1.00				-			••		
rrustee	0.00	x						0.	0.	C
(76) MRS. PHOEBE TUDOR	1.00									
TRUSTEE	0.00	х						0.	0.	۵
(77) MRS. RANIA DANIEL	1.00									
TRUSTEE	0.00	х						0.	0.	0
(78) MRS. ROSANETTE S. CULLEN	1.00									
IRUSTEE (FROM 7/1/19)	0.00	Х						0.	0.	0
(79) MRS. SANDRA S. GODFREY	1.00									
TRUSTEE	0.00	Х						0.	0.	0
(80) MRS. SARA PASCHALL DODD	1.00								_	
	0.00	х						0.	0.	0
(81) MRS. SIMA LADJEVARDIAN TRUSTEE	1.00							0	0.	
(82) MRS. SONIA GARZA-MONARCHI	0.00	Х	-			-		0.	0.	0
IRUSTEE (TO 6/30/20)	0.00	x						0.	0.	C
(83) MRS. SUSANNE PRITCHARD	1.00							••	••	
TRUSTEE	0.00	x						0.	0.	C
(84) MRS. TINA PYNE	1.00									
TRUSTEE (FROM 7/1/19)	0.00	х						0.	0.	0
(85) MRS. W. TEMPLE WEBBER, JR.	1.00									
TRUSTEE (TO 6/30/20)	0.00	х						0.	0.	C
(86) MRS. WINDI GRIMES	1.00									
TRUSTEE (FROM 7/1/19)	0.00	Х	1	I	I I		l I	0.	0.	0

Form 990 THE MUSEUM OF	FINE ARTS	, н	ous	TON	ſ				74-11096	555
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd H	ligh	est (Compensated Employe	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(cl	heck	all '	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				loyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	al trus		yee	mpen				organizations
	below	Individual trustee or director	Institutional trustee	5	Key employee	stco	er			- gain_actione
	line)	Indivi	Instit	Officer	Key e	Highest com pensated em ployee	Former			
(87) MS. ANN G. TRAMMELL	1.00									
TRUSTEE (TO 6/30/20)	0.00	х						٥.	٥.	٥.
(88) MS. BOBBIE NAU	1.00									
TRUSTEE	0.00	х						0.	0.	0.
(89) MS. CARLA KNOBLOCH	1.00									
TRUSTEE	0.00	х						٥.	0.	0.
(90) MS. CARROLL R. GOODMAN	1.00									
TRUSTEE (FROM 7/1/19)	0.00	х						٥.	٥.	0.
(91) MS. CECILY E. HORTON	1.00									
TRUSTEE	0.00	х						٥.	٥.	0.
(92) MS. FRANCI NEELY	1.00									
TRUSTEE (TO 6/30/20)	0.00	х						٥.	٥.	0.
(93) MS. JOAN MORGENSTERN	1.00									
TRUSTEE	0.00	х						٥.	٥.	0.
(94) MS. MARY LAWRENCE PORTER	1.00									
TRUSTEE (TO 6/30/20)	0.00	х						0.	0.	0.
(95) MS. NANCY POWELL MOORE	1.00									
TRUSTEE	0.00	х						0.	0.	0.
		<u> </u>								
	I				<u> </u>					
Total to Part VII, Section A, line 1c										
TOTAL TO FAIL VII, OCCIUITA, III PTO								1	1	1

		Check if Schedule O c					(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclud from tax unde sections 512 - 5
ş	1 a	Federated campaigns		1a						
n	b	Membership dues		1b						
Ĕ.	с	Fundraising events		1c		3,415,736.				
and Other Similar Amounts	d	Related organizations		1d						
E	е	Government grants (contri	ibuti	ons) 1e		935,424.				
s	f	All other contributions, gifts,	grant	s, and						
the		similar amounts not included	abov	re 1f		42,557,150.				
0 P	g	Noncash contributions included in	lines 1	a-1f 1g \$		11,460,083.				
an	h	Total. Add lines 1a-1f				>	46,908,310.			
						Business Code				
	2 a	MEMBERSHIP				900099	4,082,653.			
Φ	b		ECT			900099	2,582,996.			
nue	с	SCHOOL TUITION				611600	1,971,769.	1,971,769.		
eve	d	OTHER PROGRAM SERVI	CES			900099	636,511.	636,511.		
Revenue	е									
	f	All other program service	reve	nue						
	g	Total. Add lines 2a-2f				►	9,273,929.			
	3	Investment income (incluc								
		other similar amounts)				🕨 📘	22,547,483.		-2,319,134.	24,866,6
	4	Income from investment of		•	•	roceeds 🕨 📘				
	5	Royalties	. <u></u>				168,410.			168,4
				(i) Real		(ii) Personal				
		Gross rents	6a	208,1						
	b	Less: rental expenses	6b		0.					
	С	Rental income or (loss)	6c	208,1	72.					
		Net rental income or (loss)					208,172.			208,1
	7 a	Gross amount from sales of		(i) Securiti		(ii) Other				
		assets other than inventory	7a	29,731,0	48.					
	b	Less: cost or other basis								
2		and sales expenses	7b	38,861,5	00.					
		Gain or (loss)								
-		Net gain or (loss)			·····	····· ►	90,869,548.			90,869,5
	8 a	Gross income from fundraisin								
)		including \$3,4								
		contributions reported on		-						
		Part IV, line 18			<u>8a</u>	401,800.				
		Less: direct expenses			8b		0.04 0.1.0			0.24.0
		Net income or (loss) from		•	ts Г	····· ►	-824,812.			-824,8
	9 a	Gross income from gamin	-							
		Part IV, line 19			<u>9a</u>					
		Less: direct expenses			9b					
		Net income or (loss) from	0	0		▶				
	10 a	Gross sales of inventory, l				2 370 942				
		and allowances			10a					
		Less: cost of goods sold			10b		-1,263,064.			-1 263 0
+	С	Net income or (loss) from	sales	s of inventor	у		-1,203,004.			-1,263,0
		OTHER INCOME				Business Code 900099	1 202 000			1 202 0
Revenue						300033	1,393,080.			1,393,0
ven	b									
Be	C				_	├				
1		All other revenue				L	1 303 000			
	е	Total. Add lines 11a-11d				🕨 🛛	1,393,080.			

Form 990 (2019) THE MUSEUM Part VIII Statement of Revenue THE MUSEUM OF FINE ARTS, HOUSTON

Form 990 (2019) THE MUSEUM OF FINE ARTS, HOUSTON
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 reapones or note to any line in this Dart IV

	Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX	(C)	(D)
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	159,685.	159,685.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	18,206.	18,206.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	0 605 554			450.005
	trustees, and key employees	2,605,571.		2,154,746.	450,825
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	20 061 221	22 610 700	2 801 622	1 640 008
7	Other salaries and wages	28,061,331.	23,610,700.	2,801,623.	1,649,008
8	Pension plan accruals and contributions (include	1,032,616.	783,585.	170,094.	78 037
•	section 401(k) and 403(b) employer contributions)	4,462,779.	3,118,527.	1,071,846.	78,937 272,406
9 10	Other employee benefits	2,107,176.	1,720,744.	250,318.	136,114
10	Payroll taxes	2,107,170.	1,720,744.	230,310.	150,114
11	Fees for services (nonemployees):				
a b	Management	147,859.	67,497.	80,362.	
c	Legal	336,895.		336,895.	
d	Accounting				
e	Lobbying	42,000.			42,000
f	Investment management fees	1,591,748.		1,591,748.	/
g	Other. (If line 11g amount exceeds 10% of line 25,	, , .			
3	column (A) amount, list line 11g expenses on Sch O.)	12,076,760.	11,298,617.	556,244.	221,899
12	Advertising and promotion	1,542,366.	1,358,963.	25,168.	158,235
13	Office expenses	1,297,146.	925,827.	284,898.	86,421
14	Information technology	1,216,040.	863,753.	258,895.	93,392
15	Royalties				
16	Occupancy	4,100,951.	4,309,213.	-261,582.	53,320
17	Travel	1,122,923.	457,961.	135,925.	529,037
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	70,450.	43,131.	17,880.	9,439
20	Interest	431,197.	11,618.	418,364.	1,215
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,879,428.	9,263,903.	1,051,663.	563,862
23	Insurance	2,004,543.	1,766,473.	233,038.	5,032
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	COLLECTIONS ACCESSIONS	27,343,454.	27,343,454.		
b	PROGRAMS & PREVIEWS	1,987,683.	1,963,859.	19,914.	3,910
с	POSTAGE & SHIPPING	1,985,361.	1,906,934.	56,841.	21,586
d	CONTRACT SERVICES	1,266,967.	878,778.	329,316.	58,873
е	All other expenses	2,550,670.	3,122,584.	-789,733.	217,819
25	Total functional expenses. Add lines 1 through 24e	110,441,805.	94,994,012.	10,794,463.	4,653,330
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (2010

33

	1 990 (2 r t X	2019) THE MUSEUM OF FINE AN Balance Sheet	RTS, H	IOUSTON		74-	1109655 Page 11
		Check if Schedule O contains a response or not	e to an	/ line in this Part X			
			<u> </u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			90,834,352.	1	65,939,289.
	2	Savings and temporary cash investments		·····	97,493,933.	2	151,788,527.
	3	Pledges and grants receivable, net			73,551,153.	3	56,224,025.
	4	Accounts receivable, net			502,192.	4	302,168.
	5	Loans and other receivables from any current or			,		
	ľ	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the			734,557.	5	683,520.
	6	Loans and other receivables from other disquali			,	5	,
		under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
Assets					705,444.	8	835,858.
Ass	8 9	Inventories for sale or use			1,016,775.	9	589,232.
		Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other		·····	1,010,770.	9	
	10a		100	550,592,820.			
	"	basis. Complete Part VI of Schedule D Less: accumulated depreciation		132,622,591.	376,439,159.	10-	417,970,229.
				, ,	910,734,275.	10c	863,638,822.
	11	Investments - publicly traded securities			291,981,743.	11	266,895,006.
	12	Investments - other securities. See Part IV, line 1			201,001,743.	12	200,000,000.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			2,037,890.	14	1,689,544.
	15	Other assets. See Part IV, line 11			1,846,031,473.	15	1,826,556,220.
	16	Total assets. Add lines 1 through 15 (must equ		· · · · · · · · · · · · · · · · · · ·	36,660,238.	16	34,530,512.
	17	Accounts payable and accrued expenses			50,000,250.	17	54,550,512.
	18	Grants payable			16,223,229.	18	16,232,599.
	19	Deferred revenue			10,223,223.	19	10,232,355.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or form trustee, key employee, creator or founder, subst					
bilit						00	
Liabilities	00	controlled entity or family member of any of the				22	
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated				23 24	
	24 25					24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines					
			,			25	
	26	of Schedule D			52,883,467.	25 26	50,763,111.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			51,000,10,.	20	
ş		and complete lines 27, 28, 32, and 33.					
ъс	27				533,697,263.	27	533,840,855.
ala	28				1,259,450,743.	28	1,241,952,254.
Net Assets or Fund Balances	20	Net assets with donor restrictions Organizations that do not follow FASB ASC 9		ock here	_,,,,,	20	_,,232,234,
- L		-	50, CHE				
o	20	and complete lines 29 through 33.				29	
ets	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ec				29 30	
SS	30	Retained earnings, endowment, accumulated in				30	
et≱	31 32				1,793,148,006.	32	1,775,793,109.
Ž	22	Total net assets or fund balances		·····	1 846 031 473	32 32	1 826 556 220

Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 1,775,793,109. 1,793,148,006. 32 1,846,031,473. 1,826,556,220. 33 Form 990 (2019)

Form	1990 (2019) THE MUSEUM OF FINE ARTS, HOUSTON	74-110	9655	Pa	_{ae} 12
	rt XI Reconciliation of Net Assets				4
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	169	,281,	056.
2	Total expenses (must equal Part IX, column (A), line 25)	2	110	,441,	805.
3	Revenue less expenses. Subtract line 2 from line 1	3	58	,839,	251.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,793	,148,	006.
5	Net unrealized gains (losses) on investments	5	-76	,194,	148.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,775	,793,	109.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	000	Ĺ

Form **990** (2019)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public

Inspection

Nar	ne of t	the organization	CEUN OF ETNE AL						74 1100655
D	art I	Reason for Public (SEUM OF FINE AF			:			74-1109655
							e instruction	6.	
	organ	ization is not a private found							
1		A church, convention of chu					1)(A)(i).		
2		A school described in section							
3		A hospital or a cooperative							
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from tl	ne general j	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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college							
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or
		university:							
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from o	contributio	ns, members	nip fees, an	nd gross receipts from
		activities related to its exem	npt functions - subje	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
a		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
		organization. You must c	complete Part IV, Se	ections A and B.					
k)	Type II. A supporting org	anization supervised	l or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	/ing
		control or management o	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
c		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	ly integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
c	I 🗌	Type III non-functionally	integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	l an attentiv	veness
	_	requirement (see instructi	,	. ,	,				
e		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated supporti	ng organiz	ation.			
f		er the number of supported o	•						
ç		vide the following information i) Name of supported	about the supporte	ed organization(s).	(iv) Is the orga	anization listed	(v) Amount o	fmonoton	(vi) Amount of other
	,	organization		(described on lines 1-10	in your governi	ing document?	support (see in	-	support (see instructions)
				above (see instructions))	Yes	No			
Tot	al								

Schedule A (Form 990 or 990-EZ) 2019 THE MUSEUM OF FINE ARTS, HOUSTON

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	56,921,996.	49,487,896.	54,521,353.	68,457,253.	50,990,963.	280,379,461.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	56,921,996.	49,487,896.	54,521,353.	68,457,253.	50,990,963.	280,379,461.
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)						26,071,514.
6	Public support. Subtract line 5 from line 4.						254,307,947.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	56,921,996.	49,487,896.	54,521,353.	68,457,253.	50,990,963.	280,379,461.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	23,026,666.	22,330,653.	23,997,140.	27,192,726.	22,924,065.	119,471,250.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	813,517.	1,044,983.	7,103,449.	4,652,371.	1,393,080.	15,007,400.
11	Total support. Add lines 7 through 10						414,858,111.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	70,354,907.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
_	organization, check this box and stor						
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I		•	(, , ,		14	61.30 %
15	Public support percentage from 2018					15	66.48 %
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				
k	33 1/3% support test - 2018. If the c	•					
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶∟
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac				-	-	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶∟
k	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization qu	ualifies as a public	ly supported orgar	nization	▶□
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s ►

Schedule A (Form 990 or 990-EZ) 2019

74-1109655

Schedule A (Form 990 or 990-EZ) 2019 THE MUSEUM OF FINE ARTS, HOUSTON Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sei	Stion A. Fublic Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1			1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			al facuation of COL 1	<u> </u>		
14	First five years. If the Form 990 is for	0			2		
50	check this box and stop here ction C. Computation of Publi	c Support Por					
	•						
	Public support percentage for 2019 (I					15	<u>%</u>
	Public support percentage from 2018					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2019. If the						ne 17 is not
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3	
	line 18 is not more than 33 1/3%, che			-		-	on
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	

74

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NU
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000			Vaa	Na
4	Did the exercitation provide to each of its supported exercitations, but the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	-		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
<u></u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	-		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	Sobodulo A (Form C	00 00		2010

Schedule A (Form 990 or 990-EZ) 2019

Pa	I v I ype III Non-Functionally integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	lov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 THE MUSEUM OF FINE ARTS, HOUSTON

	t V Type III Non-Functionally Integrated 509		nizations (continued)	Fage 7
Sect	ion D - Distributions		(oontindod)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	-		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
с	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 THE MUSEUM OF FINE ARTS, HOUSTON	74-1109655	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a (See instructions.)	Part V, Section B, line 1e; P	n C,

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

THE MUSEUM OF FINE ARTS, HOUSTON

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

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o <i>n</i> (
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions.

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

THE MUSEUM OF FINE ARTS, HOUSTON

74-1109655

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$12,800,000.	PersonXPayrollImage: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$7,257,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$2,000,000.	Person X Payroll Image: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$1,400,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$1,376,975.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

74-1109655

THE MUSEUM OF FINE ARTS, HOUSTON

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

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	SECURITIES		
1			
		\$ 4,275,257.	09/16/19
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
	ART		
4			
		\$1,400,000.	06/30/20
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)			
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		—	
		<u> </u>	
		\$	

Page **4**

Name of o	rganization		Employer identification number					
THE MUSE	UM OF FINE ARTS, HOUSTON		74-1109655					
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a)	through (e) and the following line er naritable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.) \$					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gi						
	Transferee's name, address, and		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, address, and	(e) Transfer of gi d ZIP + 4	pift Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, address, and	(e) Transfer of gi	pift Relationship of transferor to transferee					
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	gift (d) Description of how gift is held					
-	(e) Transfer of gift							
-	Transferee's name, address, and		Relationship of transferor to transferee					

		Supplement	al Einanoial Statomonto		OMB No. 1545-0047
	HEDULE D n 990)	Complete if the org	al Financial Statements anization answered "Yes" on Form 990,		2019
Denert	ment of the Treesum.), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
	ment of the Treasury I Revenue Service		90 for instructions and the latest information.		Inspection
Nam	e of the organizat			Emple	oyer identification number 74-1109655
Pa	rt I Organiz	THE MUSEUM OF FINE ARTS, HO ations Maintaining Donor Advise	d Funds or Other Similar Funds or Ad	count	
		on answered "Yes" on Form 990, Part IV, lin			
	0.9424.10			(b) Fund	s and other accounts
1	Total number at e	nd of year		()	
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5			writing that the assets held in donor advised fun	ds	
-	-		exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used o		
	•		r donor advisor, or for any other purpose confer		
	impermissible priv			•	Yes No
Pa	rt II Conserv	vation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV	, line 7.	
1		servation easements held by the organization			
	Preservation	n of land for public use (for example, recrea	tion or education)	orically in	nportant land area
	Protection of	of natural habitat	Preservation of a cert	ified histe	oric structure
	Preservatio	n of open space			
2	Complete lines 2a	a through 2d if the organization held a qualit	fied conservation contribution in the form of a co	nservatio	on easement on the last
	day of the tax yea	ır.		H	leld at the End of the Tax Year
а	Total number of c	onservation easements		2a	
b	Total acreage rest	tricted by conservation easements		2b	
с	Number of conser	rvation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conser	rvation easements included in (c) acquired a	after 7/25/06, and not on a historic structure		
	listed in the Natio	nal Register		2d	
3	Number of conser	rvation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	ization d	uring the tax
	year 🕨				
4		where property subject to conservation eas			
5	6	ation have a written policy regarding the per	0 , 1 , 0		
	,	forcement of the conservation easements it			
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easem	ents during the year
_	►	<u> </u>			
7		ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	sements	during the year
•	►\$			(1)	
8			e satisfy the requirements of section 170(h)(4)(B)		
9			on easements in its revenue and expense statem		Yes No
9					has tha
		counting for conservation easements.	note to the organization's financial statements th	at descri	
Pa			Art, Historical Treasures, or Other S	Similar	Assets.
		if the organization answered "Yes" on Form			
1 a			8, not to report in its revenue statement and bal	ance she	et works
	-		blic exhibition, education, or research in furtheral		
		· · · · · ·	ncial statements that describes these items.	, pe	
b			8, to report in its revenue statement and balance	e sheet w	vorks of
2	-		exhibition, education, or research in furtherance		
		ring amounts relating to these items:	,, <u></u>		
				▶ \$	
				▶ \$	
2	If the organization		asures, or other similar assets for financial gain,	provide	

the following amounts required to be reported under FASB ASC 958 relating to these items:
 a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19 Schedule D (Form 990) 2019

▶ \$

▶ \$

<u>Sche</u>		OF FINE ARTS, H						74-110		Page	e 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	r Other	Similar	Assets	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that	make sig	nificant u	se of its		,	
	collection items (check all that apply):										
а	d X Public exhibition d X Loan or exchange program										
b	e Other										
с	c X Preservation for future generations										
4											
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma							X	Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			5			,	,	,		
1 a	Is the organization an agent, trustee, custodi	an or other intermed	liarv for	contribution	s or other ass	sets not ir	ncluded				
	on Form 990, Part X?		•						Yes		No
h	If "Yes," explain the arrangement in Part XIII							∟		•	••
			nowing (Amount		
<u>د</u>	Beginning balance						1c		7 1110 4110		
	Additions during the year										
	Distributions during the year										
	Ending balance						16 1f				
	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.									Η.	••
Par											
		(a) Current year		Prior year	(c) Two year		d) Three ye	ears hack	(e) Four	vears ha	ck
19	Beginning of year balance	1,316,885,686.									
	Contributions	3,418,747.						9,216.		, 977,58	
	Net investment earnings, gains, and losses	36,285,162.		,263,176.		-		5,902.		707,24	
	Grants or scholarships			,200,270.		,			,	,	
	Other expenditures for facilities										
е		58,739,369.	58	030 767	54 778	2 2 2 9	53,22	2 913	53	494,77	14
	and programs	3,654,003.						6,166.		921,28	
	Administrative expenses	1,294,196,223.				-					
-	End of year balance						,205,71	., 105.	-,,	101,50	•••
2	Provide the estimated percentage of the curr	10.21		y, column (a))) heid as.						
	Board designated or quasi-endowment Permanent endowment 56.21		_%								
		%									
с											
0-	The percentages on lines 2a, 2b, and 2c sho	•			a di a dina ta ta ta ta		·				
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are neid ar	nd administer	red for the	e organiza	tion	Г		
	by:										<u>lo</u> X
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Par	t VI Land, Buildings, and Equipm		wment	runds.							
Fai						D 1 V 1					
	Complete if the organization answere		,	ŕ		, ,		.			
	Description of property	(a) Cost or o		• •	or other		cumulated	d	(d) Book	value	
		basis (investr	nent)		(other)	dep	reciation			000.01	-
	Land				,877,015.					877,01	
	Buildings			497	,813,048.	11	L3,515,7	01.	384,	297,28	1.
	Leasehold improvements			-	000		0 10 -				
	Equipment			24	<u>,902,757.</u>	1	L9,106,8	30.	5,	795,92	7.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X. colun</u>	nn (B), line 1	0c.)	<u></u>				970,22	
							5	Schedule	D (Form	990) 20)19

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value				
(1) Financial derivatives						
(2) Closely held equity interests						
(3) Other						
(A) MULTI-STRATEGY HEDGE FUNDS	1,366,982.	END-OF-YEAR MARKET VALUE				
(B) PRIVATE EQUITY FUNDS	103,730,331.	END-OF-YEAR MARKET VALUE				
(C) VENTURE CAPITAL FUNDS	10,449,296.	END-OF-YEAR MARKET VALUE				
(D) ENERGY/NATURAL RESOURCES FUNDS	81,312,364.	END-OF-YEAR MARKET VALUE				
(E) DISTRESSED DEBT FUNDS	4,558.	END-OF-YEAR MARKET VALUE				
(F) REAL ESTATE FUNDS	52,703,650.	END-OF-YEAR MARKET VALUE				
(G) U.S. TREASURIES, BONDS & BOND MUTUAL						
(H) FUNDS	17,327,825.	END-OF-YEAR MARKET VALUE				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	266,895,006.					

Part VIII Investments - Program Related.

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

 (a) Description of investment
 (b) Book value
 (c) Method of valuation: Cost or end-of-year market value

 (1)
 (2)
 (3)
 (4)
 (4)

 (5)
 (6)
 (7)
 (8)
 (9)

 (7)
 (8)
 (9)
 (9)
 (1)

 Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)
 (b) line 13.)
 (b) line 13.)

Part IX Other Assets.

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

	Complete if the organization answered thes on Form 990, Part IV, line Tru. See Form 990, Part X, line TS.	
	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part	X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

(9)

Sche	dule D (Form 990) 2019 THE MUSEUM OF FINE ARTS, HOUSTON			74-1109	655 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	94,586,491.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-76,194,151.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	4,860,519.		
	Add lines 2a through 2d			2e	-71,333,632.
3	Subtract line 2e from line 1			3	165,920,123.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,360,933.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	3,360,933.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	169,281,056.		
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total expenses and losses per audited financial statements			1	111,941,391.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2 b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	4,860,519.		
е	Add lines 2a through 2d			2e	4,860,519.
3	Subtract line 2e from line 1			3	107,080,872.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,360,933.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	3,360,933.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	110,441,805.
Pa	t XIII Supplemental Information.				

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

PART III, LINE 1A:

WITH APPROXIMATELY 71,000 WORKS, THE MUSEUM'S PERMANENT COLLECTION OF

WORLD ART SPANS 6,000 YEARS AND SIX CONTINENTS. THE MUSEUM ACQUIRES ITS

ART COLLECTION THROUGH PURCHASES OR BY GIFTS. THE COST OF ALL ART OBJECTS

PURCHASED, TOGETHER WITH THE VALUE OF ART OBJECTS OBTAINED BY GIFT (FOR

WHICH THE MUSEUM RECEIVES A REASONABLE ESTIMATE), IS REPORTED AS A PART OF

COLLECTION EXPENSE. IN ACCORDANCE WITH POLICIES FOLLOWED BY MANY ART

MUSEUMS, NO VALUE HAS BEEN ASSIGNED IN THE STATEMENT OF FINANCIAL POSITION

TO THE MUSEUM'S ART COLLECTION.

PART III, LINE 4:

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

Part XIII Supplemental Information (continued)

ORGANIZATION'S EXEMPT PURPOSE.

PART V, LINE 4:

OPERATIONS OF THE MUSEUM AND ACCESSIONS FOR ART PURCHASES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

FUNDRAISING DIRECT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD

FUNDRAISING DIRECT EXPENSES

Name of the organization					Employer ident	ification number
THE MUSEUM OF FINE ART	S HOUSTON				74-1109655	
		ctivities Out	side the United States. Comple	te if the orgar		'Yes" on
 Form 990, Part IV				5		
_	-		ds to substantiate the amount of its grar		· · · · · · · · · · · · · · · · · · ·	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the g	rants or assis	stance?	Yes No
2 For grantmakers. Desc	vriba in Dart V th	orgonization's	procedures for monitoring the use of its	aranta and at	har againtanan aut	aida tha
2 For grantmakers. Desc United States.	IDE III Fait V the	e organization s	procedures for monitoring the use of its	grants and or	THE ASSISTANCE OUT	side the
	he following Part	I, line 3 table ca	an be duplicated if additional space is ne	eded.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If acti	vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	-	gram service,	expenditures for and
	in the region	contractors	gram services, investments, grants to recipients located in the region)		e specific type (s) in the region	investments
		in the region				in the region
EUROPE (INCLUDING						
ICELAND & GREENLAND)	1	1	PROGRAM SERVICES			177,235.
CENTRAL AMERICA AND						
THE CARIBBEAN			INVESTMENTS			23,504,536.
3 a Subtotal	1	1				23,681,771.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a		ļ				Ů.
and 3b)	1	1				23,681,771.

Statement of Activities Outside the United States

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

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

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

Schedule F (Form 990) 2019

OMB No. 1545-0047

Open to Public Inspection

g

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

74-1109655

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
			ecognized as charities by the f							
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter										

THE MUSEUM OF FINE ARTS, HOUSTON

74-1109655

	Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.												
(a) Type of grant or assistance	additional space is needed (b) Region	d. (c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)						
	EUROPE (INCLUDING ICELAND &												
LIVING EXPENSES	GREENLAND)	10	13,650.	СНЕСК	4,556.	TRAVEL	воок						

Schedule F (Form 990) 2019

Page 3

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

Schedule F (Form 990) 2019

74-1109655 Page 5

Part V Supplemental Information

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

PART I, LINE 2:

IN 2007, THE MUSEUM OF FINE ARTS, HOUSTON BEGAN A PROJECT CONCEIVED BY

NANCY BROWN NEGLEY AND FUNDED BY THE BROWN FOUNDATION INC., OF HOUSTON TO

CREATE AN INTERNATIONAL RESIDENCY PROGRAM FOR TALENTED MIDCAREER

SCHOLARS, ARTISTS, AND OTHERS ACTIVE IN THE HUMANITIES. THE BROWN

FOUNDATION FELLOWS ARE INVITED TO SPEND ONE TO THREE MONTHS ON THEIR

SPECIAL PROJECTS AT THE DORA MAAR HOUSE, A BEAUTIFUL, EIGHTEENTH CENTURY

COUNTRY HOME IN THE SOUTH OF FRANCE THAT WAS PREVIOUSLY OWNED BY DORA

MAAR, ARTIST PHOTOGRAPHER, AND PABLO PICASSO'S MUSE.

THE WORK CARRIED OUT BY GWEN STRAUSS, ON-SITE DIRECTOR OF THE BROWN

FOUNDATION FELLOWS PROGRAM, IS CRITICAL. SHE INITIATES CONTACT WITH THE

FELLOWS BEFORE THEY ARRIVE, MEETS THEM AT THEIR PLANES OR TRAINS, AND

ENSURES THAT THEY HAVE THE INFORMATION, EQUIPMENT, AND CONTACTS THEY NEED

FOR PRODUCTIVE RESIDENCIES. THE MUSEUM OF FINE ARTS, HOUSTON STAFF

MEMBER, DIRECTOR OF THE DORA MAAR HOUSE, VISITS AND MONITORS THE PROGRAMS

THREE TO SIX TIMES A YEAR.

ALL SCHOLARSHIP FUNDS ARE USED TO PAY FOR THE FELLOWS' LIVING EXPENSES

DURING THEIR STAY AT DORA MAAR. GRANT RECIPIENTS RECEIVE CASH

REIMBURSEMENT FOR QUALIFYING EXPENSES. EACH PERSON WHO RECEIVES A

FELLOWSHIP AGREES TO DO SOMETHING FOR THE VILLAGE OF MENERBES TO THANK

ITS RESIDENTS FOR THEIR HOSPITALITY.

THE DORA MAAR HOUSE IS ORGANIZED UNDER THE LAWS OF FRANCE WITH THE

APPROPRIATE BY-LAWS AND ARTICLES OF INCORPORATION WHICH ARE REGISTERED

WITH THE FRENCH GOVERNMENT.

74-1109655 Page **5**

Part V Supplemental Information

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

PART I, LINE 3:

MANAGES FACILITY FOR RESEARCH. SEE SCHEDULE O DESCRIPTION OF PROGRAM

ACCOMPLISHMENTS FOR MORE DETAIL.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ties	OMB No. 1545-0047				
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				or 19,	or if the	2019				
Department of the Treasury nternal Revenue Service	► Go	► Attach to Form 990 to www.irs.gov/Form990 for instr				on.		Open to Public Inspection				
Name of the organization	1						Employer ide	ntification number				
		OF FINE ARTS, HOUSTON					74-110965					
	ing Activities. complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not				
	°	ed funds through any of the followir	•									
a X Mail solicitat				-	overnment grants							
	email solicitations											
c X Phone solicitations g X Special fundraising events d X In-person solicitations												
			linglug	ling of	ficero directore truc	+	0.4					
•		or oral agreement with any individual art VII) or entity in connection with p	•	•		iees,	X Yes	Νο				
		viduals or entities (fundraisers) pursu			•	he fur						
compensated at le	0	()1										
(i) Name and address or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts to (c		Amount paid r retained by) iundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization				
THE LUKENS COMPANY	- 2800		Yes	No								
SHIRLINGTON ROAD,	SUITE 900,	DIRECT MAIL		х	1,059,390.		42,000.	1,017,390.				
			_									
			1									
Total					1,059,390.		42,000.	1,017,390.				
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from re	gistration				

Schedule G (Form 990 or 990-EZ) 2019 THE MUSEUM OF FINE ARTS, HOUSTON

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
		GALA BALL	ONE GREAT NIGHT	9	(add col. (a) through				
Ð		(event type)	(event type)	(total number)	col. (c))				
Jevenue	Gross receipts	1,364,800.	321,433.	2,131,303.	3,817,536				
2	Less: Contributions	1,304,400.	285,833.	1,825,503.	3,415,736				
3	Gross income (line 1 minus line 2)	60,400.	35,600.	305,800.	401,800				
4	Cash prizes								
<u>5</u>	Noncash prizes								
6 bense	Rent/facility costs								
Direct Expenses 2 9	Food and beverages	67,757.	86,331.	246,630.	400,718				
ة 8	Entertainment	116,929.	1,080.	14,050.	132,059				
9	Other direct expenses	183,928.	60,403.	449,504.	693,835				
10	1,226,612								
11 Net income summary. Subtract line 10 from line 3, column (d)									
Part	III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than					
	\$15,000 011 F0111 990-EZ, III e 0a.		(In) Dull tobo/instant		(d) Total camina (ada				

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
lirect E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming ac No," explain:				Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
, L						

Sch	edule G (Form 990 or 990-EZ) 2019 THE MUSEUM OF FINE ARTS, HOUSTON 74-	110965	5	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
á	a The organization's facility	13a		%
	a An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
I	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \blacktriangleright \$			
0	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
I	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 💲			
Pa	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lin	ies 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SCI	IEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(I)	NAME OF FUNDRAISER: THE LUKENS COMPANY			
(I)	ADDRESS OF FUNDRAISER:			
280	0 SHIRLINGTON ROAD, SUITE 900, ARLINGTON, VA 22206			

- altere oupplemental	(continued)		

Complete If the organization answered "Yes" on Form 900, Part IV, line 21 or 22. Addition form 900, Part IV, line 21 or 22. Addition form 900, Part IV, line 21 or 22. Copen to Public inspection Task MDERM or FINE ARES, BORTON Task MDERM or FINE ARES, BORTON Task MDERM or Barts and Address of organization spherodures for montioning the use of grant bands and barts. To be the organization and the grants or assistance? Description fain trade-data and spherodures for montioning the use of grant bands and barts. To be the organization and the grants or assistance? Description fain trade-data and spherodures for monitoring the use of grant bands and barts. To be the organization and the grants or assistance? Description fain trade-data and Spherodures for monitoring the use of grant bands and barts. To be the organization and barts and Address of organization and bornestic Organizations and Domestic Grant and Address of organization answered Yes' on Form 900, Part IV, line 21, tor any respective flam control on the fain Stoce Part II can be duplicated if additional spherodures is needed: Description of the rescitance to Domestic Organization and Domestic Grant and Stoce Shoce Sh	SCHEDULE I (Form 990)		Go	irants and Oth vernments, an	d Individua	s in the Uni	ted States		омв №. 1545-0047 2019
THE MUSEUM OP FINE ARTE, ROUGTON 74-1109555 Part I Connect Information on Grants and Assistance Image: Connect Information Connect Information Connects Information Connect Information Connects Informatio Connects Information Connects Information Conn			P		Attach to For	m 990.			-
Desche organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection or teria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. PartII Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than 55,000, Part I kan be divelicated if additional space is needed. 1(a) Name and address of organization (b) EIN (c) IPC section (f) Amount of cash grant (g) Amount of cash grant	Name of the organization		FINE ARTS, HO	USTON					
Contrain used to avand the grants or assistance? Contrain used to avand the grants and Sprocedures for monitoring the use of grant funds in the United States. PartIII Grants and Other Assistance to Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that roceived more than \$5,000. Part II can be duplicated if additional space is needed. 1(a) Name and address of organization or government (b) EIN (c) IRC section (c) (Anount of roc.cash assistance (f) Mathod of valuation (bock, PM, appraisa) (h) Purpose of grant or assistance (h) Purpose of grant (h) Purpose of grant (h) Purpose of grant (h) P	Part I General In	formation on Grants a	nd Assistance						
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. PartIII Grants and Other Assistance to Domestic Organizations and Domestic Organizations and Domestic Organizations and Domestic Organization asswered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of organization (b) EIN (c) IRC section (c) Amount of	-			-			-		
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of cash grant (f) Method of non-cash grant assistance (g) Description of non-cash grant other or assistance (h) Purpose of grant or assistance 1 (a) Name and address of organization or government (b) EIN (c) IRC section (g) Amount of cash grant (g) Description of non-cash grant other or assistance (h) Purpose of grant or assistance 1 (a) Name and address of organization (b) EIN (c) IRC section (g) Amount of cash grant other or assistance (g) Description of or assistance (h) Purpose of grant or assistance 1 (a) Name and address of organization (b) EIN (c) IRC section (g) Amount of cash grant or assistance (h) Purpose of grant or assistance (h) Purpose of grant or assistance 1 (a) Name and address of organization sited in the line 1 table (c) IRC section (g) Amount of cash grant or assistance (h) Purpose of grant or assistance 1 (a) IRC section for the organizations listed in the line 1 table (c) IRC section (c) IRC section (c) IRC section (c) IRC section 2 Enter total number of cher organizations listed in the line 1 table (c) IRC section (c) IRC section (c) IRC section (c) IRC section 2 Enter	2 Describe in Part	IV the organization's pro	ocedures for monite	oring the use of grant	funds in the United	l States.			
1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (g) Description of valuation (book, ssistance (g) Description of							anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
I (p) raine allo addess of organization or government (p) EN (p) robustion (fl applicable) (p) robustion cash grant (p) robustion noncash assistance (p) robustion (p) robus							(f) Method of	T	1
Enter total number of other organizations listed in the line 1 table			(b) EIN			non-cash	valuation (book, FMV, appraisal,		
Enter total number of other organizations listed in the line 1 table									
	2 Enter total numb	er of section 501(c)(3) a	nd government org	panizations listed in the	e line 1 table				
		U							• 0. Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

74-1109655

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
LIVING EXPENSES	9	13,750.	9,065.	воок	AIRFARE AND SHIPPING
SCHOOL SCHOLARSHIPS	426	136,870.	0.	N/A	N/A
Part IV Supplemental Information. Provide the information req	uirod in Part L lin	o 2: Port III, column	(b): and any other a	ditional information	
	ulleu III Fart I, III		(b), and any other ad		
ART I, LINE 2:					
RANTEES MUST MAKE A PRESENTATION OF WORK IN ORDER	TO RECEIVE F	INANCIAL			
SSISTANCE FOR SCHOLARSHIPS AND LIVING EXPENSES. S	CHOLARSHIP FU	NDS ARE			
TRACTIC ADDITED TO RECEIPTING' THETTON ACCOUNTS OF					
IRECTLY APPLIED TO RECIPIENTS' TUITION ACCOUNTS O	R USED TO COV	ER DIRECT			
RAVEL EXPENSES FOR QUALIFYING PROGRAMS ON THEIR B	EHALF. THE GL	ASSELL			
CHOOL OF ART OFFERS A VARIETY OF CLASSES, WORKSHO	PS, AND EDUCA	TIONAL			
PPORTUNITIES FOR STUDENTS DIVERSE IN AGE, INTERES	NG EXPERTENC	E LEVEL AND			

NEED. THE JUNIOR SCHOOL OFFERS YEAR-ROUND ART CLASSES AND WORKSHOPS FOR

CHILDREN AGES FOUR THROUGH EIGHTEEN. THIS YEAR'S ENROLLMENT REACHED 5,856,

Part IV Supplemental Information

INCLUDING 426 STUDENTS RECEIVING TUITION SCHOLARSHIPS. SOME OF THESE

SCHOLARSHIPS ARE AWARDED IN RECOGNITION OF TALENT THROUGH PROGRAMS SUCH AS

SKETCHING COMPETITION; OTHERS ARE BASED ON NEED, THUS ENSURING ACCESS TO

ART EDUCATION FOR YOUNG PEOPLE THROUGHOUT THE COMMUNITY. THE STUDIO SCHOOL

OF THE GLASSELL SCHOOL OF ART OFFERS COURSES IN ART HISTORY AND STUDIO ART

TO ADULTS. THE CORE ARTIST-IN-RESIDENCE PROGRAM AND THE CORE CRITICAL

PROGRAM INCLUDE EIGHT ARTISTS AND THREE CRITICAL WRITERS. EACH IS A

NINE-MONTH POSTGRADUATE PROGRAM RENEWABLE FOR A SECOND TERM UPON SUCCESSFUL

COMPLETION OF THE FIRST YEAR. THE CORE ARTISTS MOUNT AN EXHIBITION OF THEIR

WORK IN THE LAURA LEE BLANTON GALLERY, WHICH IS ACCOMPANIED BY A CATALOGUE

THAT DOCUMENTS THE ARTISTS' PRODUCTION OVER THE COURSE OF THE YEAR AND

INCLUDES ESSAYS CONTRIBUTED BY THE CRITICAL STUDIES RESIDENTS.

sc	HEDULE J	Compensation Information	OMB I	OMB No. 1545-0047			
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	2	019	<u>ר</u>		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			-		
	tment of the Treasury al Revenue Service	► Attach to Form 990.		n to Pub spectior			
-	ne of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer identific	-			
	ie er une erganization	THE MUSEUM OF FINE ARTS, HOUSTON	74-1109655				
Pa	rt I Question	s Regarding Compensation					
				Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.	,				
	First-class or c	harter travel X Housing allowance or residence for perso	naluse				
	Travel for com	panions Payments for business use of personal re-	sidence				
	Tax indemnific	ation and gross-up payments X Health or social club dues or initiation fee	s				
	Discretionary s	spending account Personal services (such as maid, chauffeu	ır, chef)				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain	1	b X			
2							
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2 X	<u> </u>		
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation	X Compensation committee Written employment contract					
		compensation consultant					
	Form 990 of o	ther organizations	ommittee				
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re				x		
		e payment or change-of-control payment?		a b ^X	<u> </u>		
		ceive payment from, a supplemental nonqualified retirement plan?			x		
С		ceive payment from, an equity-based compensation arrangement?	4	c	-		
	If Yes to any of in	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501/c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5			'n				
5	contingent on the r	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio					
я	-		5	a	x		
		ation?		ib	x		
~		or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	in l				
-	contingent on the n						
а	-		6	a	x		
		ation?		ib	x		
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	,				
	-	nes 5 and 6? If "Yes," describe in Part III		7 X			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
				3	X		
9	If "Yes" on line 8, d						
		1 53.4958-6(c)?		9			
LHA		eduction Act Notice, see the Instructions for Form 990.	Schedule J (F	orm 990) 2019		

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(b)(i) ⁻ (D)	reported as deferred on prior Form 990	
(1) GARY TINTEROW	(i)	620,195.	400,000.	77,049.	161,193.	10,880.	1,269,317.	0.	
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ERIC ANYAH	(i)	443,141.	100,000.	1,518.	14,000.	30,468.	589,127.	0.	
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) JOHN WILLARD HOLMES	(i)	349,277.	75,000.	6,608.	14,000.	17,569.	462,454.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	٥.	0.	0.	0.	0.	
(4) AMY PURVIS	(i)	350,196.	85,000.	660.	14,000.	10,880.	460,736.	0.	
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) DARREN A. BARTSCH	(i)	328,824.	26,500.	1,098.	14,000.	7,843.	378,265.	0.	
INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) ZACHARY HAINES	(i)	216,091.	4,327.	465.	10,923.	10,950.	242,756.	0.	
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) JULIA R. PETTY	(i)	192,082.	8,862.	940.	9,752.	11,572.	223,208.	0.	
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) MALCOLM DANIEL	(i)	188,163.	3,775.	2,625.	9,531.	9,275.	213,369.	0.	
CURATOR, DEPT OF PHOTOGRAPHY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) MARY HAUS	(i)	185,439.	3,753.	1,700.	9,476.	10,905.	211,273.	0.	
HEAD, MARKETING & COMMUNICATION	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

74-1109655

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

PART I, LINE 1A:

HOUSING ALLOWANCE - RECEIVED BY THE DIRECTOR. TAXABLE HOUSING ALLOWANCE

ALONG WITH ALL OTHER COMPENSATION, WAS CONSIDERED WHEN SETTING TOTAL

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

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

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

BUSINESS PURPOSES.

PART I, LINE 4B:

THE MUSEUM MAINTAINS A DEFERRED COMPENSATION AGREEMENT WITH THE DIRECTOR OF

THE MUSEUM. THE DEFERRAL TERM OF THE AGREEMENT IS THROUGH JANUARY 2027,

WITH TEN 12 MONTH DEFERRAL PERIODS ACCRUING ON A STRAIGHT-LINE BASIS ON

EACH ANNIVERSARY OF THE AGREEMENT. NO DEFERRED COMPENSATION WAS PAID IN

2020. THE DEFERRED COMPENSATION LIABILITY AS OF JUNE 30, 2020 TOTALED

\$481,000.

PART I, LINE 7:

THE COMPENSATION COMMITTEE DETERMINES BONUSES BY REVIEWING PERFORMANCE OVER

Part III Supplemental Information

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

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

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

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

COMPENSATION PACKAGE, INCLUDING BONUSES, ARE REVIEWED USING THE METHODS

INDICATED IN SCHEDULE J, LINE 3.

74-1109655

SCHEDULE L (Form 990 or 990-EZ)			rganization and 28b, or 28c, o	swere or For	d "Yes m 990	Intereste " on Form 990, F EZ, Part V, line 3 990 or Form 990	Part IV 38a or	/, line 25a, 25b, 20	6, 27,	28a,		ИВ No. 1 20 pen Te	19)
Internal Revenue Service	▶ 9	io to v	www.irs.gov/Fo	orm99	0 for ii	nstructions and t	he lat	est information.			In	spect	ion	
Name of the organization									Em	ployer	ident	ificatio	on nu	nber
			FINE ARTS,							4-110				
Part I Excess I	Benefit Trans	actio	ONS (section 50	01(c)(3	3), sect	on 501(c)(4), and	sectio	on 501(c)(29) orgar	nizatio	ons on	y).			
Complete i	f the organization						25b, o	r Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disgual	ified person	(b) F	Relationship bety person and or			ified	(c) [Description of tran	sactio	n				cted?
			person and or	yaniza	allon								es	No
												-		
												-		
2 Enter the amount o	f tax incurred by	the o	rganization man	agers	or disc	ualified persons of	durina	the year under						
1050	,		0	U			0			▶ \$				
3 Enter the amount o										S				
	, , , , , , , , , , , , , , , , , , ,	,	,	,										
Part II Loans to	o and/or Fron	n Inte	erested Pers	sons.	•									
Complete i	f the organizatior	n ansv	vered "Yes" on I	Form 9	990-EZ	Part V, line 38a d	or For	m 990, Part IV, line	e 26; d	or if th	e orga	nizatio	n	
reported ar	n amount on Forr	n 990	, Part X, line 5, 6											
(a) Name of	(b) Relatio				oan to or m the	(e) Original		(f) Balance due		In	(h) Approved by board or		() WIILLOIT	
interested person	with organi	zation	of loan		ization?	principal amour	nt		defa	ult?	comm		agree	ment?
				То	From				Yes	No	Yes	No	Yes	No
GARY TINTEROW	DIRECTOR	2	MORTGAGE	X		950,000.		683,520.		Х	Х		Х	
						`		683,520.						
Total Part III Grants o	or Assistance	Ben	efiting Inter	ester	d Per	>	\$	003,520.						
			-											
(a) Name of intere	f the organization					(c) Amount	of	(d) Type	of		10) Purp		:
(a) Name of intere	sted person	'	(b) Relationship interested pers			assistance		assistan				assista		
			the organiza		i di									
		+												
		+												
		+						1						
		+						1						
		+												
		+												
		+												

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

Schedule L (Form 990 or 990-EZ) 2019

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CITY KITCHEN LLC	FAMILY RELATIONSHIP	577,343.	CATERING SE		Х
FAYEZ SAROFIM & CO	OWNERSHIP BY SIGNIF	1,228,986.	INVESTMENT		x

Part V Supplemental Information.

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

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

(A) NAME OF PERSON: CITY KITCHEN LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY RELATIONSHIP WITH KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 577,343.

(D) DESCRIPTION OF TRANSACTION: CATERING SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: FAYEZ SAROFIM & CO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNERSHIP BY SIGNIFICANT CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 1,228,986.

(D) DESCRIPTION OF TRANSACTION: INVESTMENT MANAGER

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

2019 **Open to Public** Inspection

Employer identification number 74-1109655

Name of the	organization
-------------	--------------

THE	MUSEUM	OF	FINE	ARTS	HOUSTON

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
		x	658		COST OR SELLING	DDTCF		
1	Art - Works of art	Δ	050	4,051,500,	COSI OK SELLING	FRICE		
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	Х	30	6,828,583.	COST OR SELLING	PRICE		
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								
19 00	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	ation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	3, Part IV, [Donee Acknowledg	gement 29			23	
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be u	sed for			
	exempt purposes for the entire holding period?					30a		х
b	If "Yes," describe the arrangement in Part II.							
31					31	х		
	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
<u>u</u>	contributions?					32a	x	
h	If "Yes," describe in Part II.					02u		
33	If the organization didn't report an amount in co	olumn (o) for	a type of property	(for which column (a) is abo	cked			
00	describe in Part II.		a type of property	a is the could a is the	onou,			
LHA		he Instruct	tions for Form 000	<u>ו</u>	Schedule N	/Earn	000	2010
	i of a upor work neadouon Act Nouce, see t			7 1				- U I J

Schedule M (Form 990) 2019 THE MUSEUM OF FINE ARTS, HOUSTON	74-1109655 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a con this part for any additional information.	3, and whether the organization
SCHEDULE M, PART I, COLUMN (B):	
THE AMOUNT IN PART I, COLUMN B, LINE 1 DESCRIBES THE NUMBER OF ITEMS	
CONTRIBUTED. THE AMOUNT IN PART I, COLUMN B, LINE 9 DESCRIBES THE	
NUMBER OF CONTRIBUTORS.	
SCHEDULE M, LINE 32B:	
THE ORGANIZATION HIRES AN OUTSIDE THIRD PARTY TO DISPOSE OF NONCASH	
CONTRIBUTIONS.	

SCHEDULE O	Supplemental Information to Form 990 or 990)-EZ	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete to provide information for responses to specific questions on		2019
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.		Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		Inspection
Name of the organization	THE MUSEUM OF FINE ARTS, HOUSTON		identification number
FORM 990, PART I, L	INE 1, DESCRIPTION OF ORGANIZATION MISSION:		
CHARITABLE, SCIENTI	FIC, LITERARY, AND EDUCATIONAL PURPOSES, INCLUDING		
THE OPERATION AND M.	AINTENANCE OF ONE OR MORE MUSEUM FACILITIES AND, IN		
CONNECTION THEREWIT	H, THE OPERATION AND MAINTENANCE OF AN ARTS SCHOOL		
AND THE CONDUCT OF	SUCH OTHER CHARITABLE, SCIENTIFIC, LITERARY, AND		
EDUCATIONAL ACTIVIT	IES 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, SCIENTI	FIC, 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 4A, DESCRIPTION OF PROGRAM SERVICE:		
ESTABLISHED IN 1900	AS A MODEST EDUCATION INITIATIVE TO BRING ART TO		
HOUSTON PUBLIC SCHO	OLS, THE MUSEUM OF FINE ARTS, HOUSTON (MFAH) REMAINS		
STEADFAST IN ITS MI	SSION TO SERVE AS A PLACE FOR ALL PEOPLE THROUGH		
EXCELLENCE IN THE C	OLLECTION, EXHIBITION, PRESERVATION, CONSERVATION,		
AND INTERPRETATION	OF ART. TO THAT END, MFAH PUBLIC PROGRAMMING		
ACTIVELY SEEKS TO C	ONNECT THE INSTITUTION WITH THE COMMUNITY THROUGH		
EXHIBITIONS AND ACT	IVITIES HELD ACROSS HOUSTON. EACH YEAR, VISITORS		
ENGAGE WITH THE MUS	EUM'S PERMANENT COLLECTION OF OVER 71,000		
MASTERPIECES FROM A	ROUND THE WORLD, AND WITH THE ARTISTS AND OBJECTS		
FEATURED IN SPECIAL	PRESENTATIONS AND PROGRAMS. BY PROVIDING A BROAD		
RANGE OF EDUCATIONA	L AND ARTISTIC ACTIVITIES, THE MUSEUM SEEKS TO		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization THE MUSEUM OF FINE ARTS, HOUSTON	Employer identification number 74-1109655
	/
CAPTURE THE VIBRANT PATCHWORK OF HOUSTON'S UNIQUE CULTURE AND TO	
RESPOND TO THE INTERESTS AND NEEDS OF A DIVERSE POPULATION. THUS, THE	
VISION OF INCLUSION AND ACCESSIBILITY ON WHICH THE MFAH WAS FOUNDED	
ENDURES ON THROUGH ITS INNOVATIVE PROGRAMS, WHICH ENGAGE THE ENTIRE	
COMMUNITY IN THE ARTS AND IN CELEBRATION OF THE DIVERSE FORMS OF	
CREATIVITY THAT INTRIGUE, INSPIRE, AND EXCITE US ALL.	
FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:	
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 NANCY AND RICH KINDER BUILDING, THE GLASSELL SCHOOL OF	
ART, 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 SARAH CAMPBELL BLAFFER	
FOUNDATION CENTER FOR CONSERVATION OPENED IN AUGUST 2018 AND HOUSES A	
STATE OF THE ART CONSERVATION FACILITY. NEARBY ARE TWO REMARKABLE HOUSE	
MUSEUMS - BAYOU BEND, GIVEN TO THE MUSEUM BY TEXAS PHILANTHROPIST IMA	
HOGG, AND RIENZI, THE FORMER HOME OF ART PATRONS CARROLL AND HARRIS	
MASTERSON, III - PROVIDING EXQUISITE SETTINGS FOR VISITORS TO	
EXPERIENCE THE MUSEUM'S RENOWNED AMERICAN AND EUROPEAN DECORATIVE ARTS	
COLLECTIONS IN CONTEXT.	

OVER THE YEARS, THE MFAH HAS BEEN PRIVILEGED TO ACQUIRE OUTSTANDING

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization THE MUSEUM OF FINE ARTS, HOUSTON	Employer identification number 74-1109655
WORKS OF ART REPRESENTING A WIDE VARIETY OF GEOGRAPHIC REGIONS AND	
HISTORIC PERIODS. PARTICULAR STRENGTHS LIE IN PRE-COLUMBIAN ART,	
RENAISSANCE AND BAROQUE PAINTING AND SCULPTURE, 19TH AND 20TH CENTURY	
ART, AFRICAN-AMERICAN ART, PHOTOGRAPHY, AND LATIN AMERICAN ART. BAYOU	
BEND HOUSES ON OF THE FINEST ASSEMBLAGES OF EARLY AMERICAN FURNITURE,	
SILVER, CERAMICS, AND PAINTINGS OUTSIDE OF NEW ENGLAND: AND RIENZI	
SHOWCASES ONE OF THE MOST IMPORTANT COLLECTIONS OF ENGLISH PORCELAIN	
OUTSIDE OF THE UNITED KINGDOM.	
CHIEF AMONG THE MUSEUM'S CURRENT ACQUISITION, EXHIBITION, AND	
SCHOLARSHIP PRIORITIES ARE THE ARTS OF THE AMERICAS, THE ISLAMIC WORLD,	
AND ASIA. IN 2001, THE MFAH ESTABLISHED THE INTERNATIONAL CENTER FOR	
THE ARTS OF THE AMERICAS, A RESEARCH INSTITUTION DESIGNED TO ADDRESS	
THE WIDESPREAD LAG IN SCHOLARSHIP AND COLLECTION OF LATIN AMERICAN AND	
LATINO ART. THE MUSEUM HAS ESTABLISHED A NEW DEPARTMENT OF ISLAMIC ART,	
WHICH IS DEVOTED TO BUILDING A RENOWNED PERMANENT COLLECTION,	
ORGANIZING INNOVATIVE EXHIBITIONS OF ISLAMIC ART, AND HOSTING	
STIMULATING EDUCATIONAL AND INTERPRETIVE PROGRAMS. AT THE SAME TIME,	
THE MUSEUM IS ALSO DEEPENING ITS COMMITMENT TO ASIAN ART, ACTIVELY	
SEEKING TO INCREASE ITS RELEVANT HOLDINGS AND PROMOTE CULTURAL	
UNDERSTANDING, BEGINNING WITH THE DECEMBER 2007 OPENING OF THE NEWLY	
RENOVATED ARTS OF KOREA GALLERY, FOLLOWED BY THE ESTABLISHMENT OF THE	
INDONESIAN GOLD GALLERY AND THE MAY 2009 OPENING OF THE NIDHIKA AND	
PERSHANT MEHTA ARTS OF INDIA GALLERY. THIS WORK TO EXPLORE THE RICH	
TRADITIONS OF EACH COUNTRY BY JUXTAPOSING ANCIENT AND CONTEMPORARY	
WORKS CONTINUED WITH THE ESTABLISHMENT OF DEDICATED GALLERIES FOR THE	
ART OF CHINA AND JAPAN IN 2010.	

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization THE MUSEUM OF FINE ARTS, HOUSTON	Employer identification number 74-1109655
,	
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.	
IN MAY 2018, THE NEW AND EXPANDED GLASSELL SCHOOL OF ART OPENED TO	
GREAT CRITICAL AND PUBLIC ACCLAIM IN ITS NEW HOME: A 93,000 SQUARE FOOT	
BUILDING ON MONTROSE BOULEVARD.	
IN AUGUST 2018, THE MFAH'S WORLD-RENOWNED CONSERVATION DEPARTMENT MOVED	
INTO THE NEWLY COMPLETED SARAH CAMPBELL BLAFFER FOUNDATION CENTER FOR	
CONSERVATION. SITUATED ABOVE THE WEST SIDE OF THE MUSEUM'S VISITOR'S	
CENTER AND FANNIN PARKING GARAGE, THE STATE OF THE ART FACILITY UNITES	
THE MUSEUM'S CONSERVATION TEAM UNDER ONE ROOF AND IN CLOSE PROXIMITY TO	
THE MUSEUM FOR THE FIRST TIME.	
CONSTRUCTION CONTINUES ON THE NANCY AND RICH KINDER BUILDING FOR MODERN	
AND CONTEMPORARY ART, A 164,000 SQUARE FOOT BUILDING FOR TWENTIETH AND	
TWENTY-FIRST CENTURY ART, ALONG WITH AN ARRAY OF VISITOR AMENITIES,	
UNDERGROUND PARKING, AND PUBLIC GREEN SPACES. THE CAMPUS REDEVELOPMENT	
PROJECT WILL BE COMPLETE WITH THE PUBLIC OPENING OF THE KINDER BUILDING	
IN NOVEMBER 2020.	

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

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization THE MUSEUM OF FINE ARTS, HOUSTON	Employer identification number 74-1109655
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	
ON THE FIELD, THE INSTITUTE FOR MUSEUM AND LIBRARY SERVICES HAS	
RECOGNIZED THE MUSEUM WITH A NATIONAL LEADERSHIP AWARD.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
MEMBERSHIP ACTIVITIES	
EXPENSES \$ 1,309,266. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,082,653.	
FORM 990, PART VI, SECTION A, LINE 2:	
THE FOLLOWING MFAH BOARD MEMBERS SHARE A FAMILY RELATIONSHIP:	

CORNELIA C. LONG, MARY CULLEN, ROSANETTE S. CULLEN AND NINA O'LEARY ZILKHA

- FAMILY RELATIONSHIP

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization THE MUSEUM OF FINE ARTS, HOUSTON	Employer identification number 74-1109655
NANCY BROWN NEGLEY, NANCY O'CONNOR ABENDSHEIN, WILLIAM N. MATHIS AND	
HOLBROOK F. DORN - FAMILY RELATIONSHIP	
CLARE ATWELL GLASSELL AND ALFRED C. GLASSELL III - FAMILY RELATIONSHIP	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 WAS REVIEWED PRIOR TO FILING WITH THE AUDIT COMMITTEE BY THE CHIEF	
FINANCIAL OFFICER AND CONTROLLER. A PAID INDEPENDENT ACCOUNTING FIRM	
REVIEWED FORM 990. THE FORM 990 WAS DISTRIBUTED TO ALL MEMBERS OF THE BOARD	
OF TRUSTEES PRIOR TO FILING. THE CFO, CONTROLLER, AND DIRECTOR WERE	
AVAILABLE TO ALL MEMBERS OF THE AUDIT COMMITTEE AND BOARD 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 COMMITTEE, INCLUDES FOUR VOTING TRUSTEE MEMBERS AND	
ONE COMMITTEE CONSULTANT. COMPARATIVE DATA FOR SIMILAR POSITIONS IN UNITED	
STATES MUSEUMS ARE REVIEWED ALONG WITH A MINIMUM OF A FOUR TO FIVE YEAR	
COMPENSATION HISTORY. ADDITIONALLY, THE COMMITTEE ESTABLISHES SPECIFIC	

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization		Page Employer identification number
THE MUSEUM OF FINE ARTS, HOUSTON		74-1109655
CRITERIA FOR COMPENSATION DECISIONS.		
FORM 990, PART VI, SECTION C, LINE 19:		
ALL DOCUMENTS REQUIRED BY LAW TO BE MADE AVAILABLE TO THE F	UBLIC ARE	
AVAILABLE. THE AUDITED FINANCIAL STATEMENTS ARE MADE AVAILA	BLE THROUGH THE	
MUSEUM OF FINE ARTS, HOUSTON WEBSITE.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
PROFESSIONAL FEES:		
PROGRAM SERVICE EXPENSES	10,384,029.	
MANAGEMENT AND GENERAL EXPENSES	536,805.	
FUNDRAISING EXPENSES	43,439.	
TOTAL EXPENSES	10,964,273.	
SECURITY SERVICES:		
PROGRAM SERVICE EXPENSES	797,031.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	23,963.	
TOTAL EXPENSES		
CATERING SERVICES:		
PROGRAM SERVICE EXPENSES	117,557.	
MANAGEMENT AND GENERAL EXPENSES		
FUNDRAISING EXPENSES		
TOTAL EXPENSES		
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A		

SCHEDULE	F
(5	

(Form 990)

Related Organizations and Unrelated Partnerships

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

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

2019

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

74-1109655

Department of the Treasury Internal Revenue Service Name of the organization

THE MUSEUM OF FINE ARTS, HOUSTON

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
THE ENDOWMENT FOR THE MUSEUM OF FINE ARTS,					THE MUSEUM OF		
HOUSTON - 46-2488674, 1001 BISSONNET STREET,				LINE 12,	FINE ARTS,		
HOUSTON, TX 77005	INACTIVE	TEXAS	501(C)(3)	TYPE I	HOUSTON	х	
HOUSTON ARTS COMBINED ENDOWMENT FOUNDATION -					THE MUSEUM OF		
76-0379639, P.O. BOX 6826, HOUSTON, TX]			LINE 12,	FINE ARTS,		
77265-6826	SUPPORTING ORGANIZATION	TEXAS	501(C)(3)	TYPE I	HOUSTON		x
	-						
	-						

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

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

	1 5	, 										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gener mana partn	al or Percentaç ^{ging} ownershi	ige ìip
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	10	
												—

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(conti ent	(i) ction (b)(13) rolled tity?
								Yes	No
ART OF THE SPIRITS, INC - 76-0032714	-		THE MUSEUM OF						
1001 BISSONNET STREET	_		FINE ARTS,						
HOUSTON, TX 77005	BEVERAGE SERVICE	TX	HOUSTON	C CORP					х
MUSEUM OF FINE ARTS, HOUSTON IN			THE MUSEUM OF						
FRANCE_MAISON DORA MAAR, RUE DE PORTAIL			FINE ARTS,						
NEUF, MENERES, 84560, FRANCE	EDUCATION	FRANCE	HOUSTON	TRUST			100%	Х	
									<u> </u>
	-								
	-								

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			2
b Gift, grant, or capital contribution to related organization(s)			2
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			-
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1 h		
i Exchange of assets with related organization(s)	<u>1i</u>		
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)	1k		
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)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)			+
Reimbursement paid to related organization(s) for expenses		x	
Reimbursement paid by related organization(s) for expenses			
Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ART OF THE SPIRITS, INC	L	174,210.	BOOK VALUE
(2) MUSEUM OF FINE ARTS, HOUSTON IN FRANCE_MAISON DORA MAAR	Р	218,256.	BOOK VALUE
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2019 THE MUSEUM OF FINE ARTS, HOUSTON

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

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

(a)	(b)	(c)	(d)	6	"	(f)	(g)	6	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501 (org	all	Share of	Share of		opor-	Code V-UBI	General o	
of entity	i initiary doubley	(state or foreign	(related, unrelated,	501(c)(3)	total	end-of-year	tion alloca	ropor- nate tions?	amount in box 20	managin	ownership
,		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes		income			No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		- ·
		-		165	NO			163		(************	165 140	
												ļ
			1	1				1	1	1		1

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 THE MU Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.