* *	PUBLIC	DISCLOSURE	COPY	* *
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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Form **990**

Go to www.irs.go	gov/Form990 for instr	uctions and the late	est informa	tion.
or tax year beginning	JUL 1, 2021	and ending	JUN 30,	2022

<u>A</u>	For th	for the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022						
	Check if applicat			D Employer identific	cation number			
	Addr chan	THE MUSEUM OF FINE ARTS, HOUSTON						
	Nam Chan	ge Doing business as		74-1109655				
	Initia returi	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final	V P.O. BOX 6826		(713) 639-73	00			
	termi ated			G Gross receipts \$	243,835,021.			
	Amer	nousion, ix //205-0020		H(a) Is this a group re	eturn			
	Appli tion pend	r Name and address of principal officer. GRN1 TINTEROW		for subordinates	? Yes X No			
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
		xempt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) 0	or 527	1 '	list. See instructions			
		ite: WWW.MFAH.ORG		H(c) Group exemption				
		f organization: X Corporation Trust Association Other	L Year	of formation: 1924 N	State of legal domicile: TX			
F	art I	Summary			7			
e	1	Briefly describe the organization's mission or most significant activities: THE MUS SERVES AS A WELCOMING AND INCLUSIVE PLACE FOR ALL PEOPLE, CO		INE ARTS, HOUSTON	1			
Governance					-1-			
/ern	2	Check this box if the organization discontinued its operations or dispos			84 84			
ğ	4				83			
		Number of independent voting members of the governing body (Part VI, line 1b)			756			
ties	6	otal number of individuals employed in calendar year 2021 (Part V, line 2a)			812			
Activities &	79	· · · · · · · · · · · · · · · · · · ·	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12					
Ă	h	Net unrelated business taxable income from Form 990-T, Part I, line 11			16,229,955.			
		Prior Year			Current Year			
	8	Contributions and grants (Part VIII, line 1h)		53,033,052.	37,636,127.			
Revenue	9	Program service revenue (Part VIII, line 2g)		8,097,176.	10,068,261.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		90,958,862.	106,748,240.			
Ê	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,543,819.	94,456.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		163,632,909.	154,547,084.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		77,990.	50,940.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		٥.	0.			
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		37,825,089.	40,348,813.			
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)		42,000.	42,000.			
x pe	. b	Total fundraising expenses (Part IX, column (D), line 25)	895.					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		97,221,300.	83,116,864.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			123,558,617. 30,988,467.			
	19	Revenue less expenses. Subtract line 18 from line 12	Revenue less expenses. Subtract line 18 from line 12					
S OF			Be	ginning of Current Year	End of Year			
Assets	20	Total assets (Part X, line 16)		2,157,086,703.	2,084,635,040.			
et As	1	Total liabilities (Part X, line 26)		56,574,422.	146,633,933.			
Inet	22	Net assets or fund balances. Subtract line 21 from line 20		2,100,512,281.	1,938,001,107.			
1 Pa	art II	Signature Block						

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date				
Here	ERIC ANYAH, CHIEF FINANCIAL OFFIC	CER					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Ch	eck PTIN			
Paid	JEFFREY D. FRANK	Jethen & nuch	5/8/2023 ^{If} sel	lf-employed P00287234			
Preparer	Firm's name DELOITTE TAX LLP	0 5	Firm's El	N 🕨 86-1065772			
Use Only	Firm's address ▶ 111 MONUMENT CIRCLE, SUI	TE 4200					
	0.(317) 464-8600						
May the IRS discuss this return with the preparer shown above? See instructions							
132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

Eile e	concrete	application	for oooh	roturn
File a	separate	application	tor 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.

Type or	or Name of exempt organization or other filer, see instructions.			Taxpayer	r identification num	ber (TIN)
print	THE MUSEUM OF FINE ARTS, HOUSTON				74-1109655	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.	1		
return. See instructions		oreign addi	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
Form 99	0-T (corporation)	07				
Telephone No. ► (713) 639-7566 Fax No. ► • If the organization does not have an office or place of business in the United States, check this box ► • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► • If this is for part of the group, check this box ► If this is for the whole group, check this box • If request an automatic 6-month extension of time until MAY 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: • adlendar year or • X tax year beginningJUL 1, 2021, and endingJUN 30, 2022 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return • Change in accounting period Final return						
<u>ar</u> b lf <u>es</u> c Ba	this application is for Forms 990-PF, 990-T, 4720, or 6069 by nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069 timated tax payments made. Include any prior year overp alance due. Subtract line 3b from line 3a. Include your pa), enter any payment all ayment with	v refundable credits and owed as a credit. h this form, if required, by	3a 3b	\$	0.
	sing EFTPS (Electronic Federal Tax Payment System). See If you are going to make an electronic funds withdrawal ons.			3c 453-TE and	\$ d Form 8879-TE for	0. r payment

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

Form 8868 (Rev. 1-2022)

Form	1990 (2021) THE MUSEUM OF FINE ARTS, HOUSTON	74-1109655	Page 2
	rt III Statement of Program Service Accomplishments		5
	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 SERVES AS A WELCOMING AND INCLUSIVE		
	PLACE FOR ALL PEOPLE, CONNECTING THE COMMUNITIES OF HOUSTON WITH		
	DIVERSE HISTORIES OF ART SPANNING 5,000 YEARS AND SIX CONTINENTS.		
	THROUGH OUR PERMANENT COLLECTIONS, SPECIAL EXHIBITIONS, LEARNING AND		
2	Did the organization undertake any significant program services during the year which were not listed on the	□,	es 🗴 No
	prior Form 990 or 990-EZ?	Y	Yes 🔼 NO
-	If "Yes," describe these new services on Schedule O.	,	 T
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Y	es 🛛 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,		
	revenue, if any, for each program service reported.	•	,
4a	(Code:) (Expenses \$9,749,776. including grants of \$0.) (Revenue	<u>s</u> 3.	691,928.)
та	EDUCATION AND PUBLIC PROGRAMS	φ	<u> </u>
4b	(Code:) (Expenses \$ 87,248,714. including grants of \$) (Revenue	\$ 1,	102,381.)
	ACCESSIONS, CURATORIAL AND EXHIBIT EXPENSES		,
4c	(Code:) (Expenses \$4,798,881. including grants of \$ 50,940.) (Revenue	. 1,	964,857.)
	GLASSELL SCHOOL OF ART		
4d	Other program services (Describe on Schedule O.)		
		3,309,095.)	
4e	Total program service expenses 103,072,886.		

Form 990 (2021) THE MUSEUM OF FINE ARTS, HOUSTON
Part IV Checklist of Required Schedules

Page 3 74-1109655

			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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	L		
•	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	-		
0		8	x	
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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		x
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		х
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. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
- '	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		x
			000	

Form 990 (2021)

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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? If "Yes," complete Schedule L, Part III	27		х
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		х
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 line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	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	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O ttv Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Ра				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 331			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			

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

1c

Form	rm 990 (2021) THE MUSEUM OF FINE ARTS, HOUSTON	74-1109655		Page 5
	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)			0
			Ye	s No
2a	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	756		
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?		X	
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		Х	
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority o	ver, a		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	b If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (F	BAR).		
5a		<u>5</u> a		X
b				X
	, 0		_	
6a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organiza	tion solicit		
	any contributions that were not tax deductible as charitable contributions?		_	X
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gift			
	were not tax deductible?	6b	-	
7				
a				
b			X	
С				
	to file Form 8282?	<u>7c</u>		X
				x
e				X
t		is required? 7g		
g b				
h g	 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9		0		
a		9a		
b		96		
10				
b				
11				
а				
b				
	amounts due or received from them.)			
12a	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12:	3	
b	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	a Is the organization licensed to issue qualified health plans in more than one state?	13	3	
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	b Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	c Enter the amount of reserves on hand 13c			
14a	a Did the organization receive any payments for indoor tanning services during the tax year?		3	X
b)	_
15				
	excess parachute payment(s) during the year?		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.			_
16				X
_	If "Yes," complete Form 4720, Schedule O.			
17				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			
	If "Yes," complete Form 6069.			

Form	990 (2021) THE MUSEUM OF FINE ARTS, HOUSTON		74-11096			age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and for	a "No" ı	respon	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	8	4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	direc ⁻	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		x
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	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	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:			
а	The governing body?			8a	Х	
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	ched a	t the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	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? \dots			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	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
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			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	<u> </u>
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 ine	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			v
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı'S			
0.0.0	exempt status with respect to such arrangements?	<u></u>		16b		
	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, and	nd 990	-1 (section 501(c)(3)s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy, ar	nd finan	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 TULLTAR PERMIN $= (713) \cdot 639 - 7566$	KS and	a records			
	JULIA R. PETTY - (713) 639-7566 P.O. BOX 6826, HOUSTON, TX 77265-6826					
	1.0. Don 0020, modelon, in 1/200 0020					

Form 990 (2		74-1109655	Page 7			
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	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 Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.						

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and tile Average hours per bill call multiple week Description bill call multiple bill stary bill stary	(A)	(B)			(0	C)			(D)	(E)	(F)
hours protein betweek (list any related organizations) belows by line) consumeration by by line consumeration by line			(do		Pos	ition					
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(9) JOHN WILLARD HOLMES 35.00 X 224,514. 0. 1,514. (10) MARI CARMEN RAMIREZ 35.00 X 183,126. 0. 34,529. (11) MALCOLM DANIEL 35.00 X 183,126. 0. 34,529. (11) MALCOLM DANIEL 35.00 X 199,429. 0. 18,011. (12) MR. RICHARD D. KINDER 1.00 X X 0. 0. 0. LIFE TRUSTEE, CHAIRMAN 0.00 X X 0. 0. 0. 0. (13) MRS. ANNE S. DUNCAN 1.00 X X 0. <		L									
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(10) MARI CARMEN RAMIREZ 35.00 x 183,126. 0. 34,529. (11) MALCOLM DANIEL 35.00 x 183,126. 0. 34,529. (11) MALCOLM DANIEL 35.00 x 199,429. 0. 18,011. (12) MR. RICHARD D. KINDER 1.00 x x 0.00. 0. 0. LIFE TRUSTEE, CHAIRMAN 0.00 x x 0. 0. 0. 0. (13) MRS. ANNE S. DUNCAN 1.00 x x 0. 0. 0. 0. LIFE TRUSTEE, VICE CHAIRMAN 0.00 x x 0. 0. 0. 0. LIFE TRUSTEE, VICE CHAIRMAN 0.00 x x 0. 0. 0. 0. (14) MR. FRANK J. HEVREJS 1.00 x x 0. <td></td> <td>L</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		L									
CURATOR, LATIN AMER ART & DIR, ICAA 0.00 X 183,126. 0. 34,529. (11) MALCOLM DANIEL 35.00 X 199,429. 0. 18,011. CURATOR, DEPT OF PHOTOGRAPHY 0.00 X 199,429. 0. 18,011. (12) MR. RICHARD D. KINDER 1.00 X X 0. 0. 0. LIFE TRUSTEE, CHAIRMAN 0.00 X X 0. 0. 0. (13) MRS. ANNE S. DUNCAN 1.00 X X 0. 0. 0. LIFE TRUSTEE, VICE CHAIRMAN 0.00 X X 0. 0. 0. (14) MR. FRANK J. HEVRDEJS 1.00 X X 0. 0. 0. LIFE TRUSTEE, CHAIRMAN EMERITUS 0.00 X X 0. 0. 0. (15) MRS. CORNELIA LONG 1.00 X X 0. 0. 0. LIFE TRUSTEE, CHAIRMAN EMERITUS 0.00 X X 0. 0. 0. LIFE TRUSTEE <		0.00						Х	224,514.	0.	1,514.
(11) MALCOLM DANIEL 35.00 X 199,429. 0. 18,011. (12) MR. RICHARD D. KINDER 1.00 X X 199,429. 0. 18,011. LIFE TRUSTEE, CHAIRMAN 0.00 X X 0. 0. 0. 0. (13) MRS. ANNE S. DUNCAN 1.00 X X 0. 0. 0. 0. LIFE TRUSTEE, VICE CHAIRMAN 0.00 X X 0. 0. 0. 0. LIFE TRUSTEE, VICE CHAIRMAN 0.00 X X 0. 0. 0. 0. LIFE TRUSTEE, TREASURER 0.00 X X 0. 0. 0. 0. LIFE TRUSTEE, CHAIRMAN EMERITUS 0.00 X X 0. 0. 0. 0. LIFE TRUSTEE, CHAIRMAN EMERITUS 0.00 X X 0.		L									
CURATOR, DEPT OF PHOTOGRAPHY 0.00 x 199,429. 0. 18,011. (12) MR. RICHARD D. KINDER 1.00 x x 0. 0. 0. LIFE TRUSTEE, CHAIRMAN 0.00 x x 0. 0. 0. 0. (13) MRS. ANNE S. DUNCAN 1.00 x x 0. 0. 0. 0. LIFE TRUSTEE, VICE CHAIRMAN 0.00 x x 0. 0. 0. 0. (14) MR. FRANK J. HEVRDEJS 1.00 x x 0. 0. 0. 0. LIFE TRUSTEE, TREASURER 0.00 x x 0. 0. 0. 0. (15) MRS. CORNELIA LONG 1.00 x x 0.	· · · ·	0.00					X		183,126.	0.	34,529.
(12) MR. RICHARD D. KINDER 1.00 x x 0. 0. 0. LIFE TRUSTEE, CHAIRMAN 0.00 x x 0. 0. 0. 0. (13) MRS. ANNE S. DUNCAN 1.00 x x 0. 0. 0. 0. LIFE TRUSTEE, VICE CHAIRMAN 0.00 x x 0. 0. 0. 0. (14) MR. FRANK J. HEVRDEJS 1.00 x x 0. 0. 0. 0. LIFE TRUSTEE, TREASURER 0.000 x x 0. 0. 0. 0. (15) MRS. CORNELIA LONG 1.00 x x 0. 0. 0. 0. LIFE TRUSTEE, CHAIRMAN EMERITUS 0.00 x x 0. 0. 0. 0. (16) DR. ANNE S. CHAO 1.00 x x 0. 0. 0. 0. 0. 0. LIFE TRUSTEE 0.000 x x 0. 0. 0. 0. 0. 0. LIFE TRUSTEE 0.000 x x 0. 0.		L									
LIFE TRUSTEE, CHAIRMAN0.00XXX0.0.0.(13) MRS. ANNE S. DUNCAN1.001.00XX0.0.0.LIFE TRUSTEE, VICE CHAIRMAN0.00XX0.0.0.0.(14) MR. FRANK J. HEVRDEJS1.00XX0.0.0.LIFE TRUSTEE, TREASURER0.00XX0.0.0.(15) MRS. CORNELIA LONG1.00XX0.0.0.LIFE TRUSTEE, CHAIRMAN EMERITUS0.00XX0.0.0.(16) DR. ANNE S. CHAO1.00XX0.0.0.LIFE TRUSTEE0.00XV0.0.0.(17) MS. ANNE SCHLUMBERGER1.00X0.0.0.LIFE TRUSTEE0.00X0.0.0.0.		1					X		199,429.	0.	18,011.
(13) MRS. ANNE S. DUNCAN 1.00 x x 0. 0. 0. 0. LIFE TRUSTEE, VICE CHAIRMAN 0.00 x x 0. 0. 0. 0. 0. (14) MR. FRANK J. HEVRDEJS 1.00 x x 0. 0. 0. 0. LIFE TRUSTEE, TREASURER 0.00 x x 0. 0. 0. 0. (15) MRS. CORNELIA LONG 1.00 1.00 0. 0. 0. LIFE TRUSTEE, CHAIRMAN EMERITUS 0.000 x x 0. 0. 0. 0. (16) DR. ANNE S. CHAO 1.00 0. 0. 0. 0. 0. LIFE TRUSTEE 0.000 x 0. 0. 0. 0. 0. (17) MS. ANNE SCHLUMBERGER 1.00 0. 0. 0. 0. LIFE TRUSTEE 0.000 X 0. 0. 0. 0. 0.		L									
LIFE TRUSTEE, VICE CHAIRMAN 0.00 X X 0.	•	1	Х		Х				0.	0.	0.
(14) MR. FRANK J. HEVRDEJS 1.00 x x 0. 0. 0. LIFE TRUSTEE, TREASURER 0.00 x x 0. 0. 0. 0. (15) MRS. CORNELIA LONG 1.00 1.00 x x 0. 0. 0. 0. LIFE TRUSTEE, CHAIRMAN EMERITUS 0.000 x x 0. 0. 0. 0. (16) DR. ANNE S. CHAO 1.00 x x 0. 0. 0. 0. LIFE TRUSTEE 0.000 x x 0. 0. 0. 0. LIFE TRUSTEE 0.000 x x 0. 0. 0. 0. LIFE TRUSTEE 0.000 x x 0. 0. 0. 0. LIFE TRUSTEE 0.000 x 0. 0. 0. 0. 0.		L									
LIFE TRUSTEE, TREASURER0.00XXX0.0.0.(15) MRS. CORNELIA LONG1.001.00XX0.0.0.LIFE TRUSTEE, CHAIRMAN EMERITUS0.00XX0.0.0.0.(16) DR. ANNE S. CHAO1.001.00XX0.0.0.0.LIFE TRUSTEE0.00XV0.0.0.0.0.(17) MS. ANNE SCHLUMBERGER1.00XV0.0.0.0.LIFE TRUSTEE0.00XV0.0.0.0.	,	1	Х		Х				0.	0.	0.
(15) MRS. CORNELIA LONG 1.00 X X 0. 0. 0. LIFE TRUSTEE, CHAIRMAN EMERITUS 0.00 X X 0. 0. 0. 0. (16) DR. ANNE S. CHAO 1.00 1.00 0. 0. 0. 0. 0. 0. LIFE TRUSTEE 0.00 X V 0. 0. 0. 0. (17) MS. ANNE SCHLUMBERGER 1.00 V V 0. 0. 0. LIFE TRUSTEE 0.000 X V 0. 0. 0.		1.00									
LIFE TRUSTEE, CHAIRMAN EMERITUS 0.00 X X 0. 0. 0. (16) DR. ANNE S. CHAO 1.00 1.00 0 0. 0	LIFE TRUSTEE, TREASURER		Х		Х				0.	0.	0.
(16) DR. ANNE S. CHAO 1.00 0.00 <t< td=""><td>(15) MRS. CORNELIA LONG</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(15) MRS. CORNELIA LONG	1.00									
LIFE TRUSTEE 0.00 X 0.		0.00	Х		Х				0.	0.	0.
(17) MS. ANNE SCHLUMBERGER 1.00 x 0. </td <td>(16) DR. ANNE S. CHAO</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(16) DR. ANNE S. CHAO	1.00									
LIFE TRUSTEE 0.00 X 0. 0. 0.		0.00	х						0.	0.	0.
	(17) MS. ANNE SCHLUMBERGER	1.00									
	LIFE TRUSTEE	0.00	Х						0.	0.	0. Form 990 (2021)

Form 990 (2021) THE MUSEUM OF		,							74-110)965	5	Р	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			_ (((D)	(E)			(F)	
Name and title	Average	(do		Pos heck		l than o	ne	Reportable	Reportable		Es	stimate	əd
	hours per					s both r/trust		compensation	compensatior	ו ו	ar	nount	
	week					1711030	,	- from	from related			other	
	(list any hours for	irecto						the	organizations	I		pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS) 1099-NEC)	J		om th	
	organizations	ruste	l trus		ee	npen		1099-NEC)	1099-NEC)			anizat d relat	
	below	dual t	itiona		nploy	st cor yee	L.	10001120)				anizati	
	line)	Individual trustee or director	In stitutional trustee	Officer	ƙey employee	Highest compensated employee	Former				5		
(18) MS. ALICE C. SIMKINS	1.00	_	_	-	-								
LIFE TRUSTEE	0.00	х						0.		٥.			Ο.
(19) MRS. CLARE ATTWELL GLASSELL	1.00												
LIFE TRUSTEE	0.00	х						0.		٥.			0.
(20) MR. ISAAC ARNOLD, JR.	1.00												
LIFE TRUSTEE	0.00	х						0.		٥.			0.
(21) MRS. JEANIE KILROY WILSON	1.00												
LIFE TRUSTEE	0.00	х						0.		٥.			Ο.
(22) MR. JOE HUDSON	1.00												
LIFE TRUSTEE	0.00	х						0.		٥.			٥.
(23) MRS. LYNN WYATT	1.00												
LIFE TRUSTEE	0.00	х						0.		٥.			Ο.
(24) MRS. NANCY BROWN NEGLEY	1.00												
LIFE TRUSTEE	0.00	х						0.		٥.			٥.
(25) MR. R.W. WORTHAM III	1.00												
LIFE TRUSTEE	0.00	х						0.		٥.			0.
(26) MRS. SARA SCHOLES MORGAN	1.00												
LIFE TRUSTEE	0.00	x						0.		٥.			0.
1b Subtotal								4,380,060.		0.		556,	141.
c Total from continuation sheets to Part VI								0.		0.			٥.
d Total (add lines 1b and 1c)								4,380,060.		0.		556,	141.
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable				
compensation from the organization								-					47
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	ey e	empl	oyee	e, or	hig	hest compensated empl	oyee on	ſ			
line 1a? If "Yes," complete Schedule J for su	uch individual										3	х	
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes.	" со	mple	ete S	Sche	dule	J f	for such individual	Ū.		4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com										[5		x
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated inc	lepe	nde	nt co	ontra	actor	s tł	nat received more than \$	100,000 of comp	ensat	ion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	endir	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		nsatio	n
MCCARTHY BUILDING COMPANIES INC, 1201	L N												
CENTRAL EXPY, SUITE 400, DALLAS, TX 7	SUITE 400, DALLAS, TX 77524 GENERAL CONTRACTOR 22,540,							545.					
LECON INC													
4302 CREEKMONT DRIVE, HOUSTON, TX 770	91							GENERAL CONTRACTOR			1	,931,	359.
FAYEZ SAROFIM & CO													
P.O. BOX 973701, DALLAS, TX 75397-370)1							INVESTMENT SERVICE			1	,524,	167.
UNIVERSAL PROTECTION SERVICE LP													
P.O. BOX 828854, PHILADELPHIA, PA 193	82							SECURITY SERVICE				802,	178.
U.S. ART COMPANY INC								FINE ART MOVERS/HA	NDLING				
78 PACELLA PARK DRIVE, RANDOLPH, MA (2368							SERVICE				638,	995.
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to t			ed	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation 🕨				33	3							

SEE PART VII, SECTION A CONTINUATION SHEETS

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	·	amount of
	per week					e.		from the	(E) Reportable compensation from related organizations (W-2/1099-MISC) . <td>other compensatior</td>	other compensatior
	(list any	tor				ploye		organization	J. J	from the
	hours for	direc.				ed em		(W-2/1099-MISC)	(/	organization
	related	Individual trustee or director	Institutional trustee			Highest com pen sated em ployee				and related
	organizations	al trus	nal tr		Key employee	dwoc				organizations
	below	ividua	titutio	Officer	/ em p	hest (Former			
	line)	pul	Ins	Offi	Key	Hig	For			
(27) MR. ALFRED C. GLASSELL, III	1.00									
TRUSTEE	0.00	Х						0.	0.	(
(28) MRS. ALIYYA KOMBARGI STUDE	1.00									
TRUSTEE	0.00	Х						0.	0.	(
(29) MR. ANDRIUS KONTRIMAS	1.00									
TRUSTEE	0.00	х	 					0.	0.	(
(30) MRS. ANN BOOKOUT	1.00									
TRUSTEE	0.00	X						0.	0.	(
(31) MRS. BARBARA G. GAMSON	1.00									
TRUSTEE	0.00	X						0.	0.	(
(32) MS. BETH ROBERTSON	1.00									
TRUSTEE	0.00	Х						0.	0.	(
(33) MS. BETTIE CARTWRIGHT	1.00									
TRUSTEE	0.00	Х						0.	0.	(
(34) MR. BRAD BUCHER	1.00									
TRUSTEE	0.00	Х						0.	0.	(
(35) MS. CARLA KNOBLOCH	1.00									
TRUSTEE	0.00	X						0.	0.	(
(36) MS. CARROLL R. GOODMAN	1.00									
TRUSTEE	0.00	X						0.	0.	(
(37) MS. CECILY E. HORTON	1.00									
TRUSTEE	0.00	Х						0.	0.	(
(38) MRS. CHERIE FLORES	1.00									
TRUSTEE	0.00	Х						0.	0.	(
(39) MRS. COLLEN KOTTS	1.00									
TRUSTEE	0.00	Х						0.	0.	(
(40) MRS. COURTNEY LANIER SAROFIM	1.00									
TRUSTEE	0.00	Х						0.	0.	(
(41) MRS. CYVIA G. WOLFF	1.00									
TRUSTEE	0.00	Х						0.	0.	(
(42) MRS. ELISE ELKINS JOSEPH	1.00									
TRUSTEE	0.00	Х						0.	0.	(
(43) MRS. ELIZA ERWIN STEDMAN	1.00									
TRUSTEE	0.00	х						٥.	0.	
(44) MR. EVAN H. KATZ	1.00									
IRUSTEE	0.00	х						٥.	0.	
(45) MS. FRANCI NEELY	1.00									
TRUSTEE	0.00	Х						0.	0.	
(46) MR. FRANCISCO RIVERO	1.00									
TRUSTEE	0.00	х						0.	0.	

Part VII Section A. Officers, Directors, Ti	rustees, Key Er	nplo	yee	s, ar	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)		_	(((D)	(E)	(F)
Name and title	Average			Pos		l I		Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	-				oyee		the	organizations	compensation
	(list any	irecto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest com pen sated em ployee				organizations
	below	dual t	ution	ž	Key employee	est co	er			organizatione
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(47) MR. FRANK N. CARROLL	1.00									
TRUSTEE	0.00	х						0.	0.	C
(48) MRS. GAIL F. ADLER	1.00									
TRUSTEE	0.00	х						0.	0.	0
(49) MR. GEORGE B. KELLY	1.00									
	0.00	х						0.	0.	C
(50) MR. GREGORY E. FOURTICQ, JR.	1.00	-							_	
IRUSTEE	0.00	Х	<u> </u>					0.	0.	0
(51) MR. H JOHN RILEY, JR. TRUSTEE	1.00	x						0.	0.	C
(52) MR. HOLBROOK F. DORN	1.00	Δ						0.	0.	
IRUSTEE	0.00	x						0.	0.	(
(53) MR. JACK S. BLANTON, JR.	1.00							···	••	
IRUSTEE ,	0.00	x						0.	0.	C
(54) MR. JAMES D. WEAVER	1.00									
TRUSTEE	0.00	х						0.	0.	c
(55) MR. JAMES EDWARD MALONEY	1.00									
IRUSTEE	0.00	х						0.	0.	C
(56) MR. JAVIER RODRIGUEZ SOLER	1.00									
TRUSTEE	0.00	х						0.	0.	
(57) MR. JESSE H. JONES II	1.00									
IRUSTEE	0.00	х						0.	0.	C
(58) MS. JOAN MORGENSTERN	1.00								0	
IRUSTEE	0.00	х						0.	0.	C
(59) MRS. JOAN SCHNITZER TRUSTEE	1.00	x						0.	0.	
(60) MRS. JUDY ERLICH MARGOLIS	1.00	Δ						0.	0.	C
IRUSTEE	0.00	x						0.	0.	C
(61) MRS. JUDY SPENCE TATE	1.00							···	••	
IRUSTEE	0.00	x						0.	0.	c
(62) MRS. KIRBY COHN MCCOOL	1.00									
TRUSTEE	0.00	х						0.	0.	c
(63) MRS. LAURIE MORIAN	1.00									
IRUSTEE	0.00	х						0.	0.	C
(64) MRS. LELA W. GIBBS	1.00									
TRUSTEE	0.00	х						0.	0.	C
(65) MRS. LINNET F. DEILY	1.00									
TRUSTEE	0.00	х						0.	0.	(
(66) MRS. MACEY HODGES REASONER	1.00									
TRUSTEE	0.00	х						0.	0.	C

Form 990 THE MUSEUM O	F FINE ARTS	, н	ous	TON					74-11096	555
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, a	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	r				loyee		the organization	organizations	compensation
	(list any hours for	direct				d emp		(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	ee or	stee			nsate		(** 2/1000 10100)		and related
	organizations	trust	ial tru		oyee	om pe				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest com pensated em ployee	ner			-
	line)	Indi	Insti	Officer	Key	High	Former			
(67) MRS. MARGARET ALKEK WILLIAMS	1.00									
TRUSTEE	0.00	х						٥.	0.	٥.
(68) MRS. MARTHA KATHERINE WADE	1.00									
TRUSTEE	0.00	х						0.	0.	0.
(69) MR. MARTYN E. GOOSSEN	1.00									
TRUSTEE	0.00	х						0.	0.	0.
(70) MRS. MARY CULLEN	1.00									
TRUSTEE	0.00	х						0.	0.	0.
(71) MS. MARY LAWRENCE PORTER	1.00									
TRUSTEE	0.00	х						0.	0.	0.
(72) MS. MERINDA E. WATKINS-MARTIN	1.00									
TRUSTEE	0.00	х						0.	0.	٥.
(73) MS. NANCY POWELL MOORE	1.00									
TRUSTEE	0.00	х						0.	0.	0.
(74) MRS. NIDHIKA OBEROI MEHTA	1.00									
TRUSTEE	0.00	х						0.	0.	٥.
(75) MRS. NINA O'LEARY ZILKHA	1.00									
TRUSTEE	0.00	х						٥.	٥.	0.
(76) MRS. PHOEBE TUDOR	1.00									
TRUSTEE	0.00	х						٥.	٥.	0.
(77) MRS. POLLY BOWDEN	1.00									
TRUSTEE	0.00	х						0.	0.	٥.
(78) MRS. RANIA DANIEL	1.00									
TRUSTEE	0.00	х						0.	0.	٥.
(79) MRS. ROLANETTE LAWRENCE	1.00									
TRUSTEE	0.00	х						0.	0.	٥.
(80) MR. RONALD E. HUEBSCH	1.00									
TRUSTEE	0.00	х						٥.	٥.	٥.
(81) MRS. ROSANETTE S. CULLEN	1.00									
TRUSTEE	0.00	х						0.	0.	٥.
(82) MR. RUSTY BURNETT	1.00									
TRUSTEE	0.00	х						0.	0.	٥.
(83) DR. RUTH SIMMONS	1.00									
TRUSTEE	0.00	x						0.	0.	0.
(84) MR. SAMUEL F. GORMAN	1.00									
TRUSTEE	0.00	x						0.	0.	0.
(85) MRS. SANDRA S. GODFREY	1.00									
TRUSTEE	0.00	x						0.	0.	0.
(86) MS. SARA PASCHALL DODD	1.00									
TRUSTEE	0.00	x						0.	0.	0.
	1									
Total to Part VII, Section A, line 1c										

Form 990THE MUSEUM C	F FINE ARTS	, н	ous	TON	ſ				74-11096	555
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				itior			Reportable	Reportable	Estimated
	hours	(C	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from the	from related organizations	other
	week (list any	tor				plo ye		organization	(W-2/1099-MISC)	compensation from the
	hours for	direct				ed em		(W-2/1099-MISC)	(112/1000/11100)	organization
	related	Individual trustee or director	istee			Highest com pensated em ployee				and related
	organizations	trust	Institutional trustee		Key employee	om pe				organizations
	below	vidua	itutio	cer	empl	hest c	Former			
	line)	Indi	Inst	Officer	Key	Hig	Fon			
(87) DR. SARAH A. TROTTY	1.00									
TRUSTEE	0.00	х						0.	0.	0.
(88) MRS. SIMA LADJEVARDIAN	1.00									
TRUSTEE	0.00	Х						0.	٥.	٥.
(89) MRS. SONIA GARZA-MONARCHI	1.00									
TRUSTEE	0.00	х						0.	0.	0.
(90) MRS. SUSHILA AGRAWAL	1.00									
TRUSTEE	0.00	х						0.	0.	0.
(91) MR. THOMAS S. GLANVILLE	1.00									
TRUSTEE	0.00	х						0.	0.	0.
(92) MRS. TINA PYNE	1.00									
TRUSTEE	0.00	х						0.	0.	0.
(93) MR. WILLIAM N. MATHIS	1.00									
TRUSTEE	0.00	х						0.	٥.	0.
(94) MRS. WINDI GRIMES	1.00									
TRUSTEE	0.00	х						0.	٥.	٥.
(95) MRS. ZEINA N. FARES	1.00									
TRUSTEE	0.00	х						0.	0.	0.
		1								
		1								
		ı	I	1	ı		ı			
Total to Part VII, Section A, line 1c										
								1	1	I

	990 t VI					ARTS, HOUSTON	1		74-110965	5 Pa
			Check if Schedule O			or note to any line	e in this Part VIII			Γ
				50110		of flote to any life	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt		Revenue exclu
								function revenue	business revenue	from tax und sections 512 -
		_	Fadaustad assurations		4-1					300110113 0 12
and Other Similar Amounts			Federated campaigns							
no			Membership dues							
Am	C	С	Fundraising events		1c	3,106,803.				
ar	(d	Related organizations		1d					
il i	e	е	Government grants (contr	ibuti	ons) 1e	6,864,730.				
ŝ	ſ	f	All other contributions, gifts,	gran	s, and					
her			similar amounts not included	•	·	27,664,594.				
ō			Noncash contributions included in			13,232,589.				
pu		-			-		37,636,127.			
9 (n	Total. Add lines 1a-1f			1	57,050,127.			
						Business Code	2 624 222	2 604 000		
3	2 8		ADMISSION, TOURS, L	ECT		900099	3,691,928.	3,691,928.		
e	ŀ	~	MEMBERSHIP			900099	3,309,095.	3,309,095.		
nu	C	С	SCHOOL TUITION			611600	1,964,857.	1,964,857.		
Revenue	C	d	EXHIBITION & OTHER	INC		900099	1,102,381.	1,102,381.		
,œ		е								
			All other program service	reve	<u></u>					
			Total. Add lines 2a-2f				10,068,261.			
	3		Investment income (includ	•	,	·	25 520 026		16 220 055	0 200 0
			other similar amounts)				25,530,936.		16,229,955.	9,300,9
	4		Income from investment of	of tax	exempt bond p	proceeds 🕨 🕨				
	5		Royalties			🕨	324,046.			324,0
					(i) Real	(ii) Personal				
	6 a	а	Gross rents	6a	233,690.					
			Less: rental expenses	6b	0.					
			Rental income or (loss)	6c	233,690.					
			Net rental income or (loss)				233,690.			233,6
			•	′ <u> </u>	(i) Securities	(ii) Other	200,000.			200,0
	/ 8		Gross amount from sales of			.,				
			assets other than inventory	7a	165,921,761.	,				
	ŀ	b	Less: cost or other basis							
enue			and sales expenses		84,704,457.					
len	C	с	Gain or (loss)	7c	81,217,304					
	(d	Net gain or (loss)				81,217,304.			81,217,3
e			Gross income from fundraisi							
Ē	•		including \$ 3,2							
			contributions reported on							
						395,600.				
	_		Part IV, line 18							
			Less: direct expenses			1,338,555.	046.075			
			Net income or (loss) from		-	►	-942,955.			-942,9
	9 a		Gross income from gamin							
			Part IV, line 19		98	1				
	ł									
			Net income or (loss) from			>				
			Gross sales of inventory, I		-	F				
			and allowances			a 3,122,555.				
			Less: cost of goods sold			<u> </u>	_100.270			_100 3
	(С	Net income or (loss) from	sale	s of inventory .		-122,370.			-122,3
						Business Code				
,			OTHER INCOME			900099	463,913.			463,9
e	11 a	-					120 122	1	1	138,1
nue		-	INSURANCE SETTLEMEN	т		900099	138,132.			,1
evenue	I			т		900099	130,132.			150,1
Revenue	I	b c	INSURANCE SETTLEMEN			900099	130,132.			
Revenue		b c d					602,045.			130,1

THE MUSEUM OF FINE ARTS, HOUSTON

Page 10 74-1109655

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising expenses (B) Program service expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 50,940. 50,940. individuals. See Part IV, line 22 3 Grants and other assistance to foreign

3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,690,167.		2,218,946.	471,221.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	29,355,039.	24,549,893.	3,150,633.	1,654,513.
8	Pension plan accruals and contributions (include	, ,	, ,	, ,	, ,
Ũ	section 401(k) and 403(b) employer contributions)	1,073,965.	813,261.	177,353.	83,351.
9	Other employee benefits	5,044,929.	3,324,933.	1,434,610.	285,386.
10	Payroll taxes	2,184,713.	1,792,030.	258,266.	134,417.
11	Fees for services (nonemployees):				
	,				
	Management	403,384.	303,638.	57,483.	42,263.
		351,056.	505,050.	351,056.	42,203.
	Accounting	331,030.			
	Lobbying	42,000			42.000
	Professional fundraising services. See Part IV, line 17	42,000.		2 215 200	42,000.
f	Investment management fees	2,215,290.		2,215,290.	
g	Other. (If line 11g amount exceeds 10% of line 25,			60.6 . 600	200.045
	column (A), amount, list line 11g expenses on Sch 0.)	3,568,433.	2,549,798.	696,620.	322,015.
12	Advertising and promotion	1,653,688.	1,521,422.	56,555.	75,711.
13	Office expenses	1,348,142.	987,259.	281,036.	79,847.
14	Information technology	1,747,109.	1,452,022.	224,329.	70,758.
15	Royalties				
16	Occupancy	4,607,599.	4,441,887.	86,436.	79,276.
17	Travel	548,730.	324,081.	188,086.	36,563.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	63,412.	50,917.	9,279.	3,216.
20	Interest	949,446.		949,446.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,507,399.	17,043,803.	2,632,171.	831,425.
23	Insurance	2,986,256.	2,571,516.	410,827.	3,913.
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	31,882,806.	31,882,806.		
b	PROGRAMS & PREVIEWS	3,408,834.	3,321,894.	86,505.	435.
с	POSTAGE & SHIPPING	3,023,526.	2,951,727.	46,311.	25,488.
d	CONTRACT SERVICES	1,217,625.	661,431.	499,122.	57,072.
е	All other expenses	2,634,129.	2,477,628.	476.	156,025.
25	Total functional expenses. Add lines 1 through 24e	123,558,617.	103,072,886.	16,030,836.	4,454,895.
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				
					Form 990 (2021)

	990 (2021) THE MUSEUM OF FINE AR	TS, F	IOUSTON		74-	
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					(A) Beginning of year		
	1	Cash - non-interest-bearing			59,313,696.	1	
	2	Savings and temporary cash investments			181,958,598.	2	
	3	Pledges and grants receivable, net			34,643,986.	3	
	4	Accounts receivable, net			819,885.	4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	ontributor, or 35%				
		controlled entity or family member of any of thes	e perso	ons	631,114.	5	
	6	Loans and other receivables from other disqualifi	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		714,851.	8		
Ä	9	Prepaid expenses and deferred charges			816,436.	9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	592,882,132.			
	b	Less: accumulated depreciation	10b	164,201,507.	441,002,053.	10c	
	11	Investments - publicly traded securities		·····	1,126,263,587.	11	
	12	Investments - other securities. See Part IV, line 1			309,514,533.	12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		······ -		14	
	15	Other assets. See Part IV, line 11			1,407,964.	15	
	16	Total assets. Add lines 1 through 15 (must equa			2,157,086,703.	16	
	17	Accounts payable and accrued expenses			40,302,199.	17	
	18	Grants payable			16 050 000	18	
	19	Deferred revenue			16,272,223.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form trustee, key employee, creator or founder, substa					
abilities				<i>,</i>			
Lial	00	controlled entity or family member of any of thes	•	····· F		22	
	23 24	Secured mortgages and notes payable to unrelated		· · · · · · · · · · · · · · · · · · ·		23 24	
	24 25	Unsecured notes and loans payable to unrelated	-	Γ		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines of Schedule D	,		0.	25	
	26	Total liabilities. Add lines 17 through 25		F	56,574,422.		
	20	Organizations that follow FASB ASC 958, check	ck her		,-,,,,	26	
s			SA HEI				

2,084,635,040. Form 990 (2021)

1,938,001,107.

(B) End of year

71,374,377.

184,208,538.

26,460,175.

542,969.

577,302.

816,988.

930,324.

428,680,625.

338,376,010.

1,613,122.

31,890,268.

15,588,812.

99,154,853.

146,633,933.

598,747,859.

1,339,253,248.

712,383,403.

1,388,128,878.

2,100,512,281.

2,157,086,703.

27

28

29

30

31

32

33

2,084,635,040.

1,031,054,610.

27

28

29

30

31

32

33

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

Net Assets or Fund Balances

Form 99	00 (2021) THE MUSEUM OF FINE ARTS, HOUSTON	74-110	9655	Pa	_{ge} 12
Part 2					
	Check if Schedule O contains a response or note to any line in this Part XI				
1 To	otal revenue (must equal Part VIII, column (A), line 12)	1	154	,547,	084.
2 To	otal expenses (must equal Part IX, column (A), line 25)	2	123	,558,	617.
	evenue less expenses. Subtract line 2 from line 1	3	30	,988,	467.
4 N	et assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,100	,512,	281.
5 N	et unrealized gains (losses) on investments	5	-193	,499,	641.
	onated services and use of facilities	6			
	vestment expenses	7			
	rior period adjustments	8			
9 O	ther changes in net assets or fund balances (explain on Schedule O)	9			٥.
10 N	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	olumn (B))	10	1,938	,001,	107.
Part 2	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1 A	ccounting method used to prepare the Form 990: Cash X Accrual Other				
lf	the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a W	/ere the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
lf	"Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
se	eparate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b W	/ere the organization's financial statements audited by an independent accountant?		. 2b	х	
lf	"Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
c	pnsolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c If	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
re	view, or compilation of its financial statements and selection of an independent accountant?		2c	х	
lf	the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
A	ct and OMB Circular A-133?		. <u>3a</u>	Х	
	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit			
or				х	1

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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.

N

Nam	e of t	the organization	Ŭ					Employer	identification number		
			SEUM OF FINE AR						74-1109655		
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.			
The	organ	ization is not a private found	ation because it is: (I	or lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	on 170(b)(⁻	I)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).				
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (C									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X	An organization that norma	-	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general j	oublic described in		
_		section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust describe									
9		An agricultural research org	-			-		-	-		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or		
10		university: An organization that norma	Illy receives (1) more	than 33 1/304 of its supr	ort from o	ontribution	ne momborch	in foos and	d gross rosaints from		
10		activities related to its exem									
									-		
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
11		An organization organized a		velv to test for public sa	fetv. See	section 50)9(a)(4).				
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or										
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on										
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving										
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving		
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
		organization(s). You mus	-								
С		Type III functionally inte						lly integrate	ed with,		
	_	its supported organization		-							
d		☐ Type III non-functionally						-			
		that is not functionally int	• •		•			an attentiv	/eness		
		requirement (see instructi		•							
е		Check this box if the orga functionally integrated, or					турет, туре	п, туре п			
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0	ation.					
' a		vide the following information	•	d organization(s)							
9		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		
-											
Tota							1				

OMB No. 1545-0047

2021

Open to Public

Inspection

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	54,521,353.	68,457,253.	50,990,963.	55,591,309.	40,945,222.	270,506,100.
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	54,521,353.	68,457,253.	50,990,963.	55,591,309.	40,945,222.	270,506,100.
	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)						19,954,962.
6	Public support. Subtract line 5 from line 4.						250,551,138.
	ction B. Total Support						200,002,200.
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	54,521,353.	68,457,253.	50,990,963.	55,591,309.	40,945,222.	270,506,100.
	Gross income from interest,	,,				,,	,,,
0	,						
	dividends, payments received on						
	securities loans, rents, royalties,	23,997,140.	27,192,726.	22,924,065.	20,681,363.	26 088 672	120,883,966.
~	and income from similar sources	23,557,140.	27,152,720.	22,524,005.	20,001,505.	20,000,072.	120,003,000.
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	7 102 440	4 (50)71	1 202 000	10 504 400	602.045	26 225 420
	assets (Explain in Part VI.)	7,103,449.	4,652,371.	1,393,080.	12,584,483.	602,045.	26,335,428.
	Total support. Add lines 7 through 10						417,725,494.
	Gross receipts from related activities,	-				12	67,685,989.
13	First 5 years. If the Form 990 is for th	-					. —
0.0	organization, check this box and stop	<u>here</u>					▶∟
	ction C. Computation of Publi			. (2)			F0 00
	Public support percentage for 2021 (li		•			14	59.98 %
	Public support percentage from 2020					15	60.02 %
16a	33 1/3% support test - 2021. If the c	-		line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
k	33 1/3% support test - 2020. If the c				line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization quali		• •				▶∟
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	olicly supported or	ganization		►
k	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th	e facts-and-circum	istances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	imstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	►
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions	■ ► 🗌

Schedule A (Form 990) 2021

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	• • ···						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons Amounts included on lines 2 and 3 received						
L.	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						_
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's fi	rst second third .	fourth or fifth tax	vear as a section F	1 501(c)(3) organ	nization
	check this box and stop here	0		-			·
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (li	••		column (f))		15	%
	Public support percentage from 2020	, (),	,			16	%
-	tion D. Computation of Inves						//
	Investment income percentage for 20			ne 13. column (f))		17	02
						17	<u>%</u>
	Investment income percentage from 2 33 1/3% support tests - 2021. If the			on line 14 and line		· · · ·	lino 17 is not
195							
,	more than 33 1/3%, check this box an	-	•		•••••		►
D	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check tł	his box and see ins	structions	▶∟

1

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

THE MUSEUM OF FINE ARTS, HOUSTON

Yes

Yes No

1

2

No

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

Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported

organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain in **Part VI** have provided a supervised out the supported of the supported presented organization? (b) that operated

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Supervised	. Or controlled		y organization.	
Section C. T	pe II Supp	porting Org	anizations	

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

Section D	. All Typ	e III Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c [The organization supported a governmental entity.	Describe in Part VI how you support	ed a governmental entity (see instruction <u>s).</u>
------------	--	---	-------------------------------------	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **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.*

Yes No

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must			
Sect	on 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		
	on 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		
	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see

THE MUSEUM OF FINE ARTS, HOUSTON

instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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Page 6

	n 990) 2021 THE MUSEUM OF FI				4-1109655
	pe III Non-Functionally Integrated 5	509(a)(3) Supporting Organ	nizations (contine	ued)	
Section D - Dist					Curren
	aid to supported organizations to accomplish			1	
•	aid to perform activity that directly furthers ex	cempt purposes of supported			
	ins, in excess of income from activity			2	
	tive expenses paid to accomplish exempt pur	poses of supported organizations		4	
	aid to acquire exempt-use assets et-aside amounts (prior IRS approval required	anavida dataila in Port VI		5	
	ibutions (describe in Part VI). See instructions			6	
	al distributions. Add lines 1 through 6.	2.		7	
	ns to attentive supported organizations to white	ch the organization is responsive		+ + +	
	etails in Part VI). See instructions.	on the organization is responsive		8	
	le amount for 2021 from Section C, line 6			9	
	punt divided by line 9 amount			10	
Section E - Dist	ribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(ii Distrib Amount
1 Distributab	le amount for 2021 from Section C, line 6			_	
2 Underdistr	ibutions, if any, for years prior to 2021 (reason	I-			
	required - explain in Part VI). See instructions	3.			
	tributions carryover, if any, to 2021				
a From 2016					
b From 2017					
c From 2018					
d From 2019					
e From 2020					
e From 2020 f Total of lin	es 3a through 3e				
e From 2020 f Total of lin g Applied to	es 3a through 3e underdistributions of prior years				
e From 2020 f Total of lin g Applied to h Applied to	es 3a through 3e underdistributions of prior years 2021 distributable amount				
e From 2020 f Total of lin g Applied to h Applied to i Carryover	es 3a through 3e underdistributions of prior years 2021 distributable amount irom 2016 not applied (see instructions)				
e From 2020 f Total of lin g Applied to h Applied to i Carryover j Remainder	es 3a through 3e underdistributions of prior years 2021 distributable amount from 2016 not applied (see instructions) . Subtract lines 3g, 3h, and 3i from line 3f.				
e From 2020 f Total of lin g Applied to h Applied to i Carryover j Remainder 4 Distribution	es 3a through 3e underdistributions of prior years 2021 distributable amount irom 2016 not applied (see instructions)				
e From 2020 f Total of lin g Applied to h Applied to i Carryover j Remainder 4 Distribution line 7:	es 3a through 3e underdistributions of prior years 2021 distributable amount from 2016 not applied (see instructions) . Subtract lines 3g, 3h, and 3i from line 3f. ns for 2021 from Section D, \$				
 e From 2020 f Total of lin g Applied to h Applied to i Carryover i j Remainder 4 Distribution line 7: a Applied to 	es 3a through 3e underdistributions of prior years 2021 distributable amount from 2016 not applied (see instructions) . Subtract lines 3g, 3h, and 3i from line 3f.				

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

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Schedule A	(Form 990) 2021 THE MUSEUM OF FINE ARTS, HOUSTON	74-1109655 Pag	e 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 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; Par Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions.)	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,	

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

Department of the Treasury	
Internal Revenue Service	

Schedule B

(Form 990)

Name of the organization

	THE MUSEUM OF FINE ARTS, HOUSTON	74-1109655
Organization type (chec	k one):	
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	
, ,	on is covered by the General Rule or a Special Rule. I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$6,147,999.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,063,000.	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		\$999,973.	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
4		\$1,861,000.	Person X 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		\$1,185,450.	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
6		\$1,025,500.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Name of organization

THE MUSEUM OF FINE ARTS, HOUSTON

74-1109655

Employer identification number

123452 11-11-21

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$1,000,000.	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
		\$	Person Payroll On Payroll On Payroll On Payroll On Payrol On Payro
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for 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.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution

\$

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

THE MUSEUM OF FINE ARTS, HOUSTON

Name of organization

Part I

(a)

Employer identification number

(d)

74-1109655

(c)

noncash contributions.) Schedule B (Form 990) (2021)

(Complete Part II for

Person Payroll Noncash

123452 11-11-21

rt II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	SECURITIES		
3			
		\$\$	09/01/21
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	ART		
		\$	02/08/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	ART		
5			
		\$1,185,450.	06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	ART		
6			
		\$1,025,500.	02/08/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	ART		
7			
		\$1,000,000.	02/08/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2021) Name of organization

Employer identification number

Name of or	rganization		Employer identification number				
THE MUSE	UM OF FINE ARTS, HOUSTON		74-1109655				
Part III	1) through (e) and the following line e charitable, etc., contributions of \$1,000 o	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations r 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 g	ift				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
-	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
[
	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transforação nomo address -	(e) Transfer of g					
-	Transferee's name, address, ar	iu ∠ir' + 4	Relationship of transferor to transferee				

SC	HEDULE D	Supplementa	al Financial S	Statements		OMB No. 1545-0047
(Forr	n 990)	► Complete if the org Part IV, line 6, 7, 8, 9, 10	anization answered "	Yes" on Form 990,		2021 Open to Public
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form9		d the latest information.		Inspection
Nam	e of the organizat				Emp	loyer identification number
Pa	rt I Organiz	THE MUSEUM OF FINE ARTS, HO ations Maintaining Donor Advise		Similar Funds or Ad	coun	74-1109655 ts. Complete if the
	organizati	on answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advi	sed funds	(b) Fund	ds and other accounts
1		end of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4 5		at end of year ion inform all donors and donor advisors in v		hold in donor advised fund	40	
5	•	ion's property, subject to the organization's	•			Yes No
6		ion inform all grantees, donors, and donor a				
-	•	poses and not for the benefit of the donor o		5	-	
	•	vate benefit?			Ũ	Yes No
Pa		vation Easements. Complete if the org				
1	Purpose(s) of cor	nservation easements held by the organization	on (check all that apply	/)		
	Preservatio	on of land for public use (for example, recrea	tion or education)	Preservation of a histo	orically	important land area
		of natural habitat	L	Preservation of a cert	ified his	toric structure
-		on of open space				
2	Complete lines 2a day of the tax yea	a through 2d if the organization held a qualit	fied conservation contr	ibution in the form of a co	nservat	Held at the End of the Tax Year
•					2a	
a b					2a 2b	
c	•	ervation easements on a certified historic structure			20 2c	
d		ervation easements included in (c) acquired a			20	
		onal Register			2d	
3		ervation easements modified, transferred, rel			ization of	during the tax
	year 🕨					
4		where property subject to conservation eas				
5	Does the organization	ation have a written policy regarding the per				
_		nforcement of the conservation easements it				
6	Staff and volunte	er hours devoted to monitoring, inspecting,	handling of violations,	and enforcing conservation	on ease	ments during the year
-			line of violetiene and			
7	· ·	ises incurred in monitoring, inspecting, hanc	aling of violations, and	enforcing conservation ea	sement	s during the year
8	► \$ Does each conse	ervation easement reported on line 2(d) abov	e satisfy the requireme	ents of section $170(h)(A)(R)$	(i)	
U		h)(4)(B)(ii)?	•			Yes No
9		ibe how the organization reports conservation				
		nd include, if applicable, the text of the footr				
		counting for conservation easements.				
Pa		ations Maintaining Collections of		easures, or Other S	imilar	^r Assets.
	Complete	if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	•	n elected, as permitted under FASB ASC 95	•			
		reasures, or other similar assets held for pub			nce of p	public
	•	n Part XIII the text of the footnote to its finar				weeks of
b	-	n elected, as permitted under FASB ASC 95				
		asures, or other similar assets held for public	exhibition, education,	or research in furtherance		nic service,
	-	ving amounts relating to these items: uded on Form 990, Part VIII, line 1				\$
2	.,	n received or held works of art, historical tre				
-	-	punts required to be reported under FASB A				
а	-	d on Form 990, Part VIII, line 1	-			\$

a	Revenue included on Form 990, Part V	/III, line 1
k	Assets included in Form 990, Part X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21 Schedule D (Form 990) 2021

\$

Sche		OF FINE ARTS, 1				74-110		Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or O	ther Sim	ilar Assets	contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that ma	ake significa	ant use of its		
	collection items (check all that apply):							
а	X Public exhibition	c	Loan or exc	hange program				
b	X Scholarly research	e						
с	X Preservation for future generations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets							
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arran						line 9, or	
	reported an amount on Form 990, Pa		Ū					
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets	not includ	ed		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII							
	, I 5	i i	5		Г		Amount	
с	Beginning balance				- T-	1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fe						Yes	No
	If "Yes," explain the arrangement in Part XIII.				-			
Par		f the organization ar	nswered "Yes" on Fo	orm 990, Part IV,	line 10.			
		(a) Current year	(b) Prior year	(c) Two years ba		ree years back	(e) Four	years back
1a	Beginning of year balance	1,624,010,463.	1,294,196,223.	1,316,885,6	86.1,27	3,981,867.	1,209,	717,405.
	Contributions	2,066,988.	6,972,834.	3,418,7	47. 1	1,925,906.	6,	459,549.
	Net investment earnings, gains, and losses	-87,047,022.	386,868,283.	36,285,1	62. 9	2,263,176.	116,	040,656.
	Grants or scholarships							
	Other expenditures for facilities							
	and programs	55,569,166.	60,789,911.	58,739,3	69. 5	8,030,767.	54,	778,229.
f	Administrative expenses	5,397,406.				3,254,497.		457,514.
g	End of year balance	1,478,063,857.	1,624,010,463.					
2	Provide the estimated percentage of the curr							
а	Board designated or quasi-endowment	11.9800	%	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Permanent endowment 49.8100	%						
	Term endowment 38.2100							
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse		ation that are held a	nd administered	for the ora	anization		
	by:	Ũ			0		Γ	Yes No
	(i) Unrelated organizations						3a(i)	Х
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza						3b	
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Pa	art X, line 10	Э.		
	Description of property	(a) Cost or c	other (b) Cost	t or other	(c) Accum	ulated	(d) Book	< value
		basis (investr	• •	(other)	deprecia			
1a	Land		27	,877,015.			27,	877,015.
	Buildings			,573,962.	141,1	40,269.	391,	433,693.
	Leasehold improvements							
	Equipment		32	,431,155.	23,0	61,238.	9,	369,917.
	Other							
	. Add lines 1a through 1e. (Column (d) must e		X. column (B). line 1	0c.)		►	428,	680,625.
			,,,	•			D (Form	n 990) 2021
							•	

74-1109655 Page **3**

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	83,598.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY FUNDS	135,599,590.	END-OF-YEAR MARKET VALUE
(C) VENTURE CAPITAL FUNDS	7,609,919.	END-OF-YEAR MARKET VALUE
(D) ENERGY/NATURAL RESOURCES FUNDS	129,388,417.	END-OF-YEAR MARKET VALUE
(E) REAL ESTATE FUNDS	65,563,922.	END-OF-YEAR MARKET VALUE
(F) U.S. TREASURIES, BONDS, & BONDS		
(G) MUTUAL FUNDS	130,564.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	338,376,010.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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, lin	e 25.
1. (a) Description of liability	(b) Book value
(1) Eederal income taxes	

(1) Federal income taxes	
(2) 2.853% TAXABLE BONDS, SERIES A-DUE AUGUST 1, 2051	99,154,853.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (h) must equal Form 990, Part X, col. (B) line 25.)	99,154,853.

Iotal. (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

Sche	dule D (Form 990) 2021 THE MUSEUM OF FINE ARTS, HOUSTON			74-11	109655 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements	With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	-38,568,488.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-193,499,641.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	4,583,480.		
е	Add lines 2a through 2d			2e	-188,916,161.
3	Subtract line 2e from line 1			3	150,347,673.
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	4,199,411.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	4,199,411.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	154,547,084.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements	s With	n Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	123,942,686.
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	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	4,583,480.		
е	Add lines 2a through 2d			2e	4,583,480.
3	Subtract line 2e from line 1			3	119,359,206.
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	4,199,411.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	4,199,411.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	123,558,617.
Pa	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li	ines 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 addition	al infor	mation.		

PART III, LINE 1A:

WITH APPROXIMATELY 74,000 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

ACQUISTION OF ART OBJECTS NET OF PROCEEDS FROM THE SALE OF ART. 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 XIII Supplemental Information (continued)

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

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

	E MUSEUM OF FINE ARTS, HOUSTON					74-1109655	
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the orgar	ization answered "	'Yes" on	
Form 990, Part I							
			ds to substantiate the amount of its gra			·	
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	grants or assis	stance?	Yes N	
2 For grantmakers. Desc	ariba in Dart V th	orgonization's	procedures for monitoring the use of its	aranta and at	har aggistanga aut	aida tha	
United States.		e organization s	procedures for monitoring the use of its	s grants and ot	THE ASSISTANCE OUT	Side the	
	he following Par	t L line 3 table c	an be duplicated if additional space is n	eeded)			
(a) Region		(b) Number of (c) Number of (d) Activities conducted in the region (e) If activity lis		vity listed in (d)	(f) Total		
	offices	employees, agents, and	(by type) (such as, fundraising, pro-			expenditures	
	In the region independ		gram services, investments, grants to	investr		for and investments	
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region	
CENTRAL AMERICA AND						14 004 450	
THE CARIBBEAN			INVESTMENTS			14,904,470	
0 0 1 1 1 1						14 004 470	
3 a Subtotal	0	0				14,904,470	
b Total from continuation sheets to Part I	0	0				0	
c Totals (add lines 3a						-	
and 3b)	0	0				14,904,470	

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.

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

Name of the organization

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

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

Schedule F (Form 990) 2021

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)
			I recognized as charities by the t			L	L	1
a Enter total number of			or counsel has provided a sect			>		

74-1109655 THE MUSEUM OF FINE ARTS, HOUSTON Schedule F (Form 990) 2021 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. **(h)** Method of valuation (book, FMV, appraisal, other) (d) Amount of (e) Manner of cash disbursement (c) Number of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2021

Page 3

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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," <i>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)</i>	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? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	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) 2021

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.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivities	OMB	No. 1545-0047		
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, or if the	2	2021		
Department of the Treasury		Attach to Form 990						Open to Public		
Internal Revenue Service		o to www.irs.gov/Form990 for inst	ruction	s and	the latest informati		•	pection		
Name of the organization								cation number		
Dout L Fundraid		OF FINE ARTS, HOUSTON				74-11				
	complete this par	Complete if the organization answe t.	ered "Y	es" or	n Form 990, Part IV, I	line 17. Form 99	90-EZ file	rs are not		
1 Indicate whether th	e organization rais	ed funds through any of the followir	ng activ	rities. (Check all that apply.					
a X Mail solicita	tions	e 🗴 Solicita	ation of	non-g	overnment grants					
b X Internet and	email solicitations		ation of	gover	nment grants					
c X Phone solici	tations	g 🛛 Specia	l fundra	uising (events					
d X In-person so	licitations									
°,		or oral agreement with any individual	•	•						
, , ,	,	art VII) or entity in connection with p			0		Yes	No		
		viduals or entities (fundraisers) pursu	ant to	agreer	ments under which t	he fundraiser is	to be			
compensated at le	east \$5,000 by the	organization.								
			(iiii)	Did		(v) Amount p	aid ,	• • • • • • • • • • • • • • • • • • • •		
(i) Name and addres		(ii) Activity	(iii) fundi have c	ustody	(iv) Gross receipts	to (or retained	Dy) to	i) Amount paid (or retained by)		
or entity (fund	draiser)		or cor contrib	trol of	from activity	fundraiser listed in col.		organization		
THE LUKENS COMPANY	- 2800		Yes	No						
SHIRLINGTON ROAD,	SUITE 900,	DIRECT MAIL		х	934,424.	42,0	000.	892,424.		
				•						
Total	<u></u>	<u></u>	<u></u> .		934,424.	42,	000.	892,424.		
3 List all states in wh	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	l it is exempt fro	m registi	ration		
or licensing.	-	-				·	-			

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GALA BALL	GLASSELL BENEFIT	6	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	1,239,741.	512,593.	1,750,069.	3,502,403.
	2	Less: Contributions	1,191,741.	500,493.	1,414,569.	3,106,803.
	3	Gross income (line 1 minus line 2)	48,000.	12,100.	335,500.	395,600.
	4	Cash prizes				
(0)	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	60,294.	43,429.	299,379.	403,102.
ā	8	Entertainment	21,761.	1,008.	22,002.	44,771.
	9	Other direct expenses	172,940.	90,108.	627,634.	890,682.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		▲	1,338,555.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)		►	-942,955.

\$15,000 on Form 990-EZ, line 6a.

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

Sch	edule G (Form 990) 2021	THE MUSEUM OF FINE	E ARTS,	HOUSTON	74-110	965	5	Page 3
11	Does the organization conduct g	aming activities with nonm	embers?)	[Yes	No
12	Is the organization a grantor, ber	eficiary or trustee of a trus	t, or a m	ember of a partnership or other entity formed	_			
	to administer charitable gaming?						Yes	No
	Indicate the percentage of gamin				1		I	
						13a		%
						13b		%
14	Enter the name and address of th	he person who prepares the	e organiz	zation's gaming/special events books and recor	ds:			
	Name 🕨							
	Address 🕨							
					-			
15 a	a Does the organization have a cor	ntract with a third party from	n whom	the organization receives gaming revenue?	L		Yes	No No
ł				ization > \$ and the am	ount			
	of gaming revenue retained by th If "Yes," enter name and address							
, c		, or the third party.						
	Name ►							
	Address 🕨							
16	Gaming manager information:							
	Name 🕨							
	Gaming manager compensation	¢						
	Gaming manager compensation	Ψ	-					
	Description of services provided							
	· · · · ·							
	Director/officer	Employee		Independent contractor				
	Mandatory distributions:	v ototo lovi to make obevite	bla diatri	ibutions from the coming proceeds to				
č				ibutions from the gaming proceeds to	Г		Yes	🗌 No
ł	retain the state gaming license?			ributed to other exempt organizations or spent			100	
•	organization's own exempt activi							
Pa				is required by Part I, line 2b, columns (iii) and (v)); and Part II	II, lin	es 9, 9	9b, 10b,
				tional information. See instructions.				
SCH	EDULE G, PART I, LINE 2B,	LIST OF TEN HIGHES	r PAID	FUNDRAISERS:				
(I)	NAME OF FUNDRAISER: THE	LUKENS COMPANY						
<u>. </u>								
(I)	ADDRESS OF FUNDRAISER:							
280	0 SHIRLINGTON ROAD, SUITE	900, ARLINGTON, VA	22206	5				

Part IV	Supplemental Information (continued)

SCHEDULE I (Form 990)		Gov	irants and Oth vernments, an ete if the organization	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			► Go to www.ir	Attach to For s.gov/Form990 for		nation.		Open to Public Inspection
Name of the organizat	ion THE MUSEUM OF	FINE ARTS, HO	USTON					Employer identification number 74-1109655
Part I General II	nformation on Grants a	nd Assistance						
criteria used to a	zation maintain records t award the grants or assis	stance?	-			-	stance, and the selecti	
Part II Grants an	IV the organization's pro d Other Assistance to hat received more than S	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total numb	per of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table	•			
	per of other organizations							
LHA For Paperwork	Reduction Act Notice	, see the Instruction	ons for Form 990.					Schedule I (Form 990) 2021

Schedule I (Form 990) 2021

Page 2

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.

6 50,940.	0.	N/A	N/A
6 50,940.	0.	N/A	N/A
ine 2; Part III, columr	(b); and any other ad	dditional information.	1
	line 2; Part III, column	line 2; Part III, column (b); and any other a	line 2; Part III, column (b); and any other additional information.

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

ASSISTANCE FOR SCHOLARSHIPS AND LIVING EXPENSES. SCHOLARSHIP FUNDS ARE

DIRECTLY APPLIED TO RECIPIENTS' TUITION ACCOUNTS OR USED TO COVER DIRECT

TRAVEL EXPENSES FOR QUALIFYING PROGRAMS ON THEIR BEHALF. THE GLASSELL

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

OPPORTUNITIES FOR STUDENTS DIVERSE IN AGE, INTERESTS, EXPERIENCE LEVEL, AND

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

CHILDREN AGES FOUR THROUGH EIGHTEEN. THIS YEAR'S ENROLLMENT REACHED 5,486,

Part IV Supplemental Information

INCLUDING 186 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 ARTISTS AND 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.

SCHED	ULE J	Compensation Information	OMB	No. 15	545-004	17
(Form 9	90)	For certain Officers, Directors, Trustees, Key Employees, and Highest	2	n	21	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		.U/		_
Department o		Attach to Form 990.	-	en to Ispec	Publi	C
Internal Rever	nue Service he organizatioi	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer identifie			nber
	no organization	THE MUSEUM OF FINE ARTS, HOUSTON	74-110965		ai	
Part I	Question	s Regarding Compensation				
					Yes	No
1a Chec	ck the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form §	990,			
Part	VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel X Housing allowance or residence for persor	nal use			
	Travel for com	panions Payments for business use of personal res	idence			
	Tax indemnific	ation and gross up payments I Health or social club dues or initiation fees	;			
	Discretionary s	spending account Personal services (such as maid, chauffeur	r, chef)			
b If any	y of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
reimb	bursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b	Х	
2 Did tl	he organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
truste	ees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	х	
3 Indic	ate which, if ar	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 organizatio	n to			
estab	olish compensa	ation of the CEO/Executive Director, but explain in Part III.				
X	Compensatior	o committee Written employment contract				
	Independent of	ompensation consultant I Compensation survey or study				
	Form 990 of o	ther organizations X Approval by the board or compensation co	ommittee			
4 Durin	ng the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
orgar	nization or a re	lated organization:				
a Rece	eive a severanc	e payment or change-of-control payment?	Lí	4a		X
b Partio	cipate in or rec	eive payment from a supplemental nonqualified retirement plan?	Lí	4b	х	
c Partio	cipate in or rec	eive payment from an equity-based compensation arrangement?	Lí	4c		X
lf "Ye	es" to any of lir	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 For p	persons listed o	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ו ו			
conti	ingent on the r	evenues of:				
a The c	organization?			5a		X
		ation?		5b		X
		or 5b, describe in Part III.				
6 For p	persons listed o	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatior	ו ו			
	•	et earnings of:				
a The c	organization?		L	6a		Х
b Any r	related organiz	ation?	La	6b		Х
lf "Ye	es" on line 6a c	or 6b, describe in Part III.				
		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	х	
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
initial	l contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9 If "Ye	es" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
Regu	ulations sectior	1 53.4958-6(c)?		9		L
LHA For	Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule J (I	Form	990)	2021

Schedule J (Form 990) 2021

74-1109655

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-MIS0 compensation	C and/or 1099-NEC	(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			reported as deferred on prior Form 990
(1) GARY TINTEROW	(i)	665,371.	451,000.	77,049.	307,144.	10,880.	1,511,444.	0.
DIRECTOR	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(2) ERIC ANYAH	(i)	476,503.	136,000.	1,518.	14,500.	30,518.	659,039.	0.
CHIEF FINANCIAL OFFICER	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(3) AMY PURVIS	(i)	371,910.	211,000.	990.	14,500.	10,880.	609,280.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	Ο.	0.	0.	Ο.	0.	0.	0.
(4) DARREN A. BARTSCH	(i)	341,555.	34,500.	1,144.	14,500.	7,843.	399,542.	٥.
INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	٥.
(5) LARRY STOKES	(i)	267,202.	11,000.	3,802.	13,827.	17,895.	313,726.	0.
CHIEF HR & DIVERSITY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHRISTIAN SCHORNICH	(i)	241,926.	10,000.	34,157.	10,000.	6,027.	302,110.	٥.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	٥.
(7) ZACHARY HAINES	(i)	220,853.	6,000.	476.	11,159.	10,880.	249,368.	٥.
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	٥.
(8) JULIA R. PETTY	(i)	196,236.	11,000.	1,799.	9,962.	11,572.	230,569.	٥.
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	٥.
(9) JOHN WILLARD HOLMES	(i)	49,039.	175,000.	475.	1,514.	0.	226,028.	٥.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	٥.
(10) MARI CARMEN RAMIREZ	(i)	179,019.	1,000.	3,107.	9,761.	24,768.	217,655.	٥.
CURATOR, LATIN AMER ART & DIR, ICAA	(ii)	0.	0.	0.	0.	0.	0.	٥.
(11) MALCOLM DANIEL	(i)	193,253.	1,000.	5,176.	9,736.	8,275.	217,440.	٥.
CURATOR, DEPT OF PHOTOGRAPHY	(ii)	0.	0.	0.	0.	0.	0.	٥.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

HOUSING ALLOWANCE - RECEIVED BY THE DIRECTOR. TAXABLE HOUSING ALLOWANCE

ALONG WITH ALL OTHER COMPENSATION, WAS CONSIDERED WHEN SETTING TOTAL

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

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

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

BUSINESS PURPOSES.

PART I, LINE 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

2022. THE DEFERRED COMPENSATION LIABILITY AS OF JUNE 30, 2022 TOTALED

\$906,000.

PART I, LINE 7:

THE COMPENSATION COMMITTEE DETERMINES BONUSES BY REVIEWING PERFORMANCE OVER

Schedule J (Form 990) 2021 THE MUSEUM OF FINE ARTS, HOUSTON

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	I	-	Tra	insactior	ıs V	Vith	Interested	Pers	ons			ON	/IB No. ⁻	545-00)47
(Form 990)	►C			rganization and	swere	d "Yes	" on Form 990, Part EZ, Part V, line 38a	t IV, line		6, 27,	28a,		2	02	21
Department of the Treasury			o t o .				990 or Form 990-EZ		formation			-	pen To spect		olic
Internal Revenue Service Name of the organiz	ation	► G	0 10	www.irs.gov/ro	onnaa	U TOP II	istructions and the	latest in	formation.	Em	nlover	r identi			mber
		HE MUSEUM	I OF	FINE ARTS,	HOUST	FON						9655			
Part I Exce							ion 501(c)(4), and sec	ction 501	(c)(29) orga	nizatio	ons on	ly).			
Comple	ete if the o	organization	ansv	vered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25b	, or Forn	n 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disc	qualified p	erson	(b) F	Relationship bet person and o		•	ified (c	c) Descri	otion of trar	sactio	n				ected?
	· ·			person and o	ryaniza	allon								es	No
													_		
													-		
														+	
				•	Ũ		uualified persons duri	0 ,						I	
section 4958							ganization				► \$ ► \$				
	int of tax, i	n any, on m	ie 2, i	above, reimburg	seu by						V				
Part II Loans	s to and	l/or From	Int	erested Pers	sons.										
Comple	ete if the o	organization	ansv	vered "Yes" on I	Form 9	990-EZ	, Part V, line 38a or F	orm 990	, Part IV, lin	e 26; o	or if th	e orga	nizatio	n	
				, Part X, line 5, 6								(h) Ap	arouad		
(a) Name c interested per		(b) Relation with organiz		(c) Purpose of loan	fror	oan to or n the	(e) Original principal amount	(f) Bal	ance due) In ault?	by bo	ard or	(i) V agree	Vritten ement?
	0011	inter or game	ation	orriourr		From	principal amount			Yes	No	comm Yes	No	Yes	1
GARY TINTEROW		DIRECTOR		MORTGAGE		X	950,000.		577,302.	103	X	X	NO	X	
									•						
Total			<u></u>		<u></u>	<u></u>	> \$		577,302.						
				nefiting Inter											
· · ·		•		vered "Yes" on			,		() T			1.1			,
(a) Name of in	terested p	berson		(b) Relationship interested pers the organiz	son an		(c) Amount of assistance		(d) Type assistan) Purp assista		1
			_												
			-								-+				
			+								-+				
			+								-+				

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

Schedule L (Form 990) 2021

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (d) Description of (c) Amount of (a) Name of interested person organization's person and the organization transaction transaction revenues? Yes No CITY KITCHEN LLC FAMILY RELATIONSHIP 637,881. CATERING SE Х FAYEZ SAROFIM & CO OWNERSHIP BY SIGNIF 1,566,299. INVESTMENT Х 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 \$ 637,881. (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 & TRUSTEE (C) AMOUNT OF TRANSACTION \$ 1,566,299. (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.

2021	
Open to Public Inspection	

Employer identification number 74-1109655

Name	of	the	orgar	nization
------	----	-----	-------	----------

THE	MUSEUM	OF	FINE	ARTS.	HOUSTON
				,	

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art	Х	1,280		COST OR SELLING	PRICE		
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	x	24	2 612 393	COST OR SELLING	DDTCF		
9	Securities - Publicly traded		24	2,012,393.	COST OK SELLING	FRICE		
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 $_{\dots}$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax vear for c	ontributions	•			
	for which the organization completed Form 828						30	
	5	, ,	5				Yes	No
30a	During the year, did the organization receive by	/ contributio	n anv propertv rep	orted in Part I. lines 1 throud	ah 28. that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		х
h	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	auires the review o	of any nonstandard contribu	tions?	31	х	
	Does the organization hire or use third parties of							
JZa			-			32a	x	
h	If "Yes," describe in Part II.					32a		
	If the organization didn't report an amount in c	olumn (a) fai	a tupo of property	(for which column (a) is she	ekod			
33		01011111 (C) 101	a type of property	nor which column (a) is che	uneu,			
	describe in Part II. For Paperwork Reduction Act Notice, see	the Instance	tions for Form 000)	Cabadula N	A /E av.	n 0001	2004
LHA	I OF PAPER WORK REGULTION ACTIVOLICE, SEE	ule moulue			Schedule N		11 330)	2021

Schedule M (Form 990) 2021 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, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
THE AMOUNT IN PART I, COLUMN B, LINE 1, DESCRIBES THE NUMBER OF ITEMS
CONTRIBUTED. THE AMOUNT IN PART I, COLUMN B, LINE 9 DESCRIBES THE
NUMBER OF CONTRIBUTORS.
SCHEDULE M, LINE 32B:
THE ORGANIZATION HIRES AN OUTSIDE THIRD PARTY TO DISPOSE OF NONCASH
CONTRIBUTIONS.

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 	Open to Public Inspection
Name of the organization		Employer identification number
	THE MUSEUM OF FINE ARTS, HOUSTON	74-1109655
ORM 990, PART I, I	INE 1, DESCRIPTION OF ORGANIZATION MISSION:	
HE COMMUNITIES OF	HOUSTON WITH DIVERSE HISTORIES OF ART SPANNING 5,000	
EARS AND SIX CONTI	NENTS. THROUGH OUR PERMANENT COLLECTIONS, SPECIAL	
XHIBITIONS, LEARNI	NG AND INTERPRETATION PROGRAMS, PUBLICATIONS,	
ONSERVATION AND SC	HOLARLY RESEARCH, WE STRIVE TO INSPIRE APPRECIATION	
ND UNDERSTANDING C	OF THE BROADEST SPECTRUM OF HUMAN ACHIEVEMENT.	
ORM 990, PART III,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
INTERPRETATION PROG	RAMS, PUBLICATIONS, CONSERVATION AND SCHOLARLY	
ESEARCH, WE STRIVE	TO INSPIRE APPRECIATION AND UNDERSTANDING OF THE	
BROADEST SPECTRUM C	OF HUMAN ACHIEVEMENT.	
ORM 990, PART III,	LINE 4A, DESCRIPTION OF PROGRAM SERVICE:	
STABLISHED IN 1900	AS A MODEST EDUCATION INITIATIVE TO BRING ART TO	
IOUSTON PUBLIC SCHO	OOLS, THE MUSEUM OF FINE ARTS, HOUSTON (MFAH) REMAINS	
TEADFAST IN ITS MI	SSION TO SERVE AS A PLACE FOR ALL PEOPLE THROUGH	
XCELLENCE IN THE C	COLLECTION, EXHIBITION, PRESERVATION, CONSERVATION,	
ND INTERPRETATION	OF ART. TO THAT END, MFAH PUBLIC PROGRAMMING	
CTIVELY SEEKS TO C	CONNECT THE INSTITUTION WITH THE COMMUNITY THROUGH	
XHIBITIONS AND ACT	VIVITIES HELD ACROSS HOUSTON. EACH YEAR, VISITORS	
NGAGE WITH THE MUS	SEUM'S PERMANENT COLLECTION OF OVER 73,000	
ASTERPIECES FROM A	ROUND THE WORLD, AND WITH THE ARTISTS AND OBJECTS	
EATURED IN SPECIAL	PRESENTATIONS AND PROGRAMS. BY PROVIDING A BROAD	
ANGE OF EDUCATIONA	AL AND ARTISTIC ACTIVITIES, THE MUSEUM SEEKS TO	
APTURE THE VIBRANT	PATCHWORK OF HOUSTON'S UNIQUE CULTURE AND TO	
	RESTS AND NEEDS OF A DIVERSE POPULATION. THUS, THE	0-k-4 k-0 /F
LHA For Paperwork Re 132211 11-11-21	duction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 202 ⁻

Name of the organization	Employer identification number 74-1109655
THE MUSEUM OF FINE ARTS, HOUSTON	74-1109655
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 370,000	
SQUARE FEET OF SPACE DEDICATED TO THE DISPLAY OF ART. THE MAJORITY OF	
THE MUSEUM'S PRESENTATIONS TAKE PLACE ON ITS MAIN 14-ACRE WALKABLE	
SUSAN AND FAYEZ S. SAROFIM CAMPUS, COMPRISING THE CAROLINE WIESS LAW	
BUILDING, THE AUDREY JONES BECK BUILDING, THE NANCY AND RICH KINDER	
BUILDING FOR MODERN & CONTEMPORARY ART, 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 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	
WORKS OF ART REPRESENTING A WIDE VARIETY OF GEOGRAPHIC REGIONS AND	
HISTORIC PERIODS DARTICULAR STRENGTHS LIE IN DRE-COLUMBIAN ART	

Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
THE MUSEUM OF FINE ARTS, HOUSTON	74-1109655
RENAISSANCE AND BAROQUE PAINTING AND SCULPTURE, 19TH AND 20TH CENTURY	
ART, AFRICAN-AMERICAN ART, PHOTOGRAPHY, AND LATIN AMERICAN ART. BAYOU	
BEND HOUSES ONE OF THE FINEST ASSEMBLAGES OF EARLY AMERICAN FURNITURE,	
SILVER, CERAMICS, AND PAINTINGS OUTSIDE OF NEW ENGLAND: AND RIENZI	
SHOWCASES ONE OF THE MOST IMPORTANT COLLECTIONS OF ENGLISH PORCELAIN	
OUTSIDE OF THE UNITED KINGDOM.	
CHIEF AMONG THE MUSEUM'S CURRENT ACQUISITION, EXHIBITION, AND	
SCHOLARSHIP PRIORITIES ARE THE ARTS OF THE AMERICAS, THE ISLAMIC WORLD,	
AND ASIA. 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 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.	
BAYOU BEND COLLECTION AND GARDENS, THE MFAH HOUSE MUSEUM FOR AMERICAN	
DECORATIVE ARTS, INCLUDES 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.	
THE NEW AND EXPANDED GLASSELL SCHOOL OF ART IS HOUSED IN A 93,000	

SQUARE FOOT BUILDING ON MONTROSE BOULEVARD.

Schedule O (Form 990) 2021	Page Employer identification number
Name of the organization THE MUSEUM OF FINE ARTS, HOUSTON	
THE MFAH'S WORLD-RENOWNED CONSERVATION DEPARTMENT RESIDES IN THE 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.	
THE NANCY AND RICH KINDER BUILDING, DEVOTED TO THE MUSEUM'S	
INTERNATIONAL COLLECTIONS OF MODERN AND CONTEMPORARY ART, OPENED IN	
NOVEMBER 2020. DESIGNED BY STEVEN HOLL ARCHITECTS AS THE THIRD MFAH	
GALLERY BUILDING, IT IS THE FINAL COMPONENT IN THE EIGHT-YEAR PROJECT	
TO EXPAND AND ENHANCE THE MUSEUM'S SUSAN AND FAYEZ S. SAROFIM CAMPUS.	
THE GALLERIES WITHIN THE NEW KINDER BUILDING INCREASE OVERALL MFAH	
EXHIBITION SPACE BY NEARLY 75 PERCENT. THE BUILDING IS DEDICATED TO	
PRESENTING WORKS FROM THE MUSEUM'S INTERNATIONAL COLLECTIONS OF MODERN	
AND CONTEMPORARY ART, AND INCLUDES WORKS DRAWN FROM THE COLLECTIONS OF	
LATIN AMERICAN AND LATINO ART; PHOTOGRPAHY; PRINTS AND DRAWINGS;	
DECORATIVE ARTS, CRAFT AND DESIGN; AND MODERN AND CONTEMPORARRY ART.	
FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:	
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

Name of the organization THE MUSEUM OF FINE ARTS, HOUSTON	Employer identification number 74-1109655
	,4 1105055
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 AN	D
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:	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
MEMBERSHIP ACTIVITIES	
MEMBERSHIP ACTIVITIES EXPENSES \$ 1,275,515. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,309,095	
MEMBERSHIP ACTIVITIES EXPENSES \$ 1,275,515. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,309,095 FORM 990, PART VI, SECTION A, LINE 2:	
MEMBERSHIP ACTIVITIES EXPENSES \$ 1,275,515. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,309,095	
MEMBERSHIP ACTIVITIES EXPENSES \$ 1,275,515. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,309,095 FORM 990, PART VI, SECTION A, LINE 2: THE FOLLOWING MFAH BOARD MEMBERS SHARE A FAMILY RELATIONSHIP:	
MEMBERSHIP ACTIVITIES EXPENSES \$ 1,275,515. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,309,095 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, MARTHA KATHERINE W.	
MEMBERSHIP ACTIVITIES EXPENSES \$ 1,275,515. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,309,095 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, MARTHA KATHERINE W. AND NINA O'LEARY ZILKHA - FAMILY RELATIONSHIP	
MEMBERSHIP ACTIVITIES EXPENSES \$ 1,275,515. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,309,095 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, MARTHA KATHERINE W.	
MEMBERSHIP ACTIVITIES EXPENSES \$ 1,275,515. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,309,095 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, MARTHA KATHERINE W. AND NINA O'LEARY ZILKHA - FAMILY RELATIONSHIP	

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

FORM 990 WAS REVIEWED PRIOR TO FILING WITH THE AUDIT COMMITTEE BY THE CHIEF

Schedule O (Form 990) 2021 Name of the organization	Page 2
THE MUSEUM OF FINE ARTS, HOUSTON	74-1109655
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	
CRITERIA FOR COMPENSATION DECISIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL DOCUMENTS REQUIRED BY LAW TO BE MADE AVAILABLE TO THE PUBLIC ARE	
AVAILABLE. THE AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH THE	

MUSEUM OF FINE ARTS, HOUSTON WEBSITE.

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(Form 990)

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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.

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 ity?
				501(c)(3))		Yes	No
THE ENDOWMENT FOR THE MUSEUM OF FINE ARTS,					THE MUSEUM OF		
HOUSTON - 46-2488674, 1001 BISSONNET STREET,					FINE ARTS,		
HOUSTON, TX 77005	INACTIVE	TEXAS	501(C)(3)	12A, TYPE I	HOUSTON	x	
HOUSTON ARTS COMBINED ENDOWMENT FOUNDATION -					THE MUSEUM OF		
76-0379639, P.O. BOX 6826, HOUSTON, TX]				FINE ARTS,		
77265-6826	SUPPORTING ORGANIZATION	TEXAS	501(C)(3)	12A, TYPE I	HOUSTON		х
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	-						

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

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

74-1109655

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

(a)	(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	Disproportionate allocations?		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	(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	Sec 512(l conti ent	i) ction b)(13) rolled tity?
		country)				233613		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
	-								

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х	
	Gift, grant, or capital contribution to related organization(s)	1b		X	
С	Gift, grant, or capital contribution from related organization(s)	1c		Х	
	Loans or loan guarantees to or for related organization(s)	1d		X	
	Loans or loan guarantees by related organization(s)	1e		X	
f	Dividends from related organization(s)	1f		X	
g	Sale of assets to related organization(s)	1g		X	
	Purchase of assets from related organization(s)	1h		X	
	Exchange of assets with related organization(s)	1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	х		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X	
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X	
ο	Sharing of paid employees with related organization(s)	10		X	
р	Reimbursement paid to related organization(s) for expenses	1p	Х		
q	Reimbursement paid by related organization(s) for expenses	1q		X	
r	Other transfer of cash or property to related organization(s)	1r		X	
	Other transfer of cash or property from related organization(s)	1s		X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ART OF THE SPIRITS, INC	L	20,000.	BOOK VALUE
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
(6)			

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Schedule R (Form 990) 2021 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)	0	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) 2021

Schedule R (Form 990) 2021 THE MU Part VII Supplemental Information

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