

Form **990**

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE MUSEUM OF FINE ARTS, HOUSTON		D Employer identification number 74-1109655
	Doing business as		E Telephone number (713) 639-7300
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 77265-6826		G Gross receipts \$ 243,835,021.
F Name and address of principal officer: GARY TINTEROW SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.MFAH.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1924
			M State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MUSEUM OF FINE ARTS, HOUSTON SERVES AS A WELCOMING AND INCLUSIVE PLACE FOR ALL PEOPLE, CONNECTING		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	84
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	83
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	756
	6 Total number of volunteers (estimate if necessary)	6	812
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	16,229,955.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	53,033,052.	37,636,127.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,097,176.	10,068,261.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	90,958,862.	106,748,240.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,543,819.	94,456.
		163,632,909.	154,547,084.
Expenses	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)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	37,825,089.	40,348,813.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	42,000.	42,000.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,454,895.		
	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)	135,166,379.	123,558,617.	
19 Revenue less expenses. Subtract line 18 from line 12	28,466,530.	30,988,467.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,157,086,703.	2,084,635,040.
	22 Net assets or fund balances. Subtract line 21 from line 20	56,574,422.	146,633,933.
	2,100,512,281.	1,938,001,107.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	ERIC ANYAH, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JEFFREY D. FRANK	Preparer's signature <i>Jeffrey D Frank</i>	Date 5/8/2023	Check if self-employed <input type="checkbox"/>	PTIN P00287234
	Firm's name ▶ DELOITTE TAX LLP	Firm's EIN ▶ 86-1065772	Phone no. (317) 464-8600		
	Firm's address ▶ 111 MONUMENT CIRCLE, SUITE 4200 INDIANAPOLIS, IN 46204-5108				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. THE MUSEUM OF FINE ARTS, HOUSTON	Taxpayer identification number (TIN) 74-1109655
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 6826	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HOUSTON, TX 77265-6826	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

JULIA R. PETTY

- The books are in the care of ▶ P.O. BOX 6826 - HOUSTON, TX 77265-6826

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 it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I 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:

- ▶ calendar year _____ or
- ▶ tax year beginning JUL 1, 2021, and ending JUN 30, 2022.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MUSEUM OF FINE ARTS, HOUSTON 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 prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 9,749,776. including grants of \$ 0.) (Revenue \$ 3,691,928.) EDUCATION AND PUBLIC PROGRAMS

4b (Code:) (Expenses \$ 87,248,714. including grants of \$ 0.) (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.) (Expenses \$ 1,275,515. including grants of \$ 0.) (Revenue \$ 3,309,095.)

4e Total program service expenses 103,072,886.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 84; 1b Enter the number of voting members included... 83; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JULIA R. PETTY - (713) 639-7566
P.O. BOX 6826, HOUSTON, TX 77265-6826

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GARY TINTEROW DIRECTOR	35.00 0.00			X				1,193,420.	0.	318,024.
(2) ERIC ANYAH CHIEF FINANCIAL OFFICER	35.00 0.00			X				614,021.	0.	45,018.
(3) AMY PURVIS CHIEF DEVELOPMENT OFFICER	35.00 0.00			X				583,900.	0.	25,380.
(4) DARREN A. BARTSCH INVESTMENT OFFICER	35.00 0.00					X		377,199.	0.	22,343.
(5) LARRY STOKES CHIEF HR & DIVERSITY OFFICER	35.00 0.00			X				282,004.	0.	31,722.
(6) CHRISTIAN SCHORNICH CHIEF OPERATING OFFICER	35.00 0.00			X				286,083.	0.	16,027.
(7) ZACHARY HAINES CHIEF TECHNOLOGY OFFICER	35.00 0.00					X		227,329.	0.	22,039.
(8) JULIA R. PETTY CONTROLLER	35.00 0.00					X		209,035.	0.	21,534.
(9) JOHN WILLARD HOLMES FORMER CHIEF OPERATING OFFICER	35.00 0.00						X	224,514.	0.	1,514.
(10) MARI CARMEN RAMIREZ CURATOR, LATIN AMER ART & DIR, ICAA	35.00 0.00					X		183,126.	0.	34,529.
(11) MALCOLM DANIEL CURATOR, DEPT OF PHOTOGRAPHY	35.00 0.00					X		199,429.	0.	18,011.
(12) MR. RICHARD D. KINDER LIFE TRUSTEE, CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(13) MRS. ANNE S. DUNCAN LIFE TRUSTEE, VICE CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(14) MR. FRANK J. HEVRDEJS LIFE TRUSTEE, TREASURER	1.00 0.00	X		X				0.	0.	0.
(15) MRS. CORNELIA LONG LIFE TRUSTEE, CHAIRMAN EMERITUS	1.00 0.00	X		X				0.	0.	0.
(16) DR. ANNE S. CHAO LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) MS. ANNE SCHLUMBERGER LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MS. ALICE C. SIMKINS LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) MRS. CLARE ATTWELL GLASSELL LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) MR. ISAAC ARNOLD, JR. LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(21) MRS. JEANIE KILROY WILSON LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) MR. JOE HUDSON LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) MRS. LYNN WYATT LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(24) MRS. NANCY BROWN NEGLEY LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) MR. R.W. WORTHAM III LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) MRS. SARA SCHOLLES MORGAN LIFE TRUSTEE	1.00 0.00	X						0.	0.	0.
1b Subtotal								4,380,060.	0.	556,141.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,380,060.	0.	556,141.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 47

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MCCARTHY BUILDING COMPANIES INC, 1201 N CENTRAL EXPY, SUITE 400, DALLAS, TX 77524	GENERAL CONTRACTOR	22,540,545.
LECON INC 4302 CREEKMONT DRIVE, HOUSTON, TX 77091	GENERAL CONTRACTOR	1,931,359.
FAYEZ SAROFIM & CO P.O. BOX 973701, DALLAS, TX 75397-3701	INVESTMENT SERVICE	1,524,167.
UNIVERSAL PROTECTION SERVICE LP P.O. BOX 828854, PHILADELPHIA, PA 19182	SECURITY SERVICE	802,178.
U.S. ART COMPANY INC 78 PACELLA PARK DRIVE, RANDOLPH, MA 02368	FINE ART MOVERS/HANDLING SERVICE	638,995.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 33

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MR. ALFRED C. GLASSELL, III TRUSTEE	1.00 0.00	X						0.	0.	0.
(28) MRS. ALIYYA KOMBARGI STUDE TRUSTEE	1.00 0.00	X						0.	0.	0.
(29) MR. ANDRIUS KONTRIMAS TRUSTEE	1.00 0.00	X						0.	0.	0.
(30) MRS. ANN BOOKOUT TRUSTEE	1.00 0.00	X						0.	0.	0.
(31) MRS. BARBARA G. GAMSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(32) MS. BETH ROBERTSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(33) MS. BETTIE CARTWRIGHT TRUSTEE	1.00 0.00	X						0.	0.	0.
(34) MR. BRAD BUCHER TRUSTEE	1.00 0.00	X						0.	0.	0.
(35) MS. CARLA KNOBLOCH TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) MS. CARROLL R. GOODMAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(37) MS. CECILY E. HORTON TRUSTEE	1.00 0.00	X						0.	0.	0.
(38) MRS. CHERIE FLORES TRUSTEE	1.00 0.00	X						0.	0.	0.
(39) MRS. COLLEN KOTTS TRUSTEE	1.00 0.00	X						0.	0.	0.
(40) MRS. COURTNEY LANIER SAROFIM TRUSTEE	1.00 0.00	X						0.	0.	0.
(41) MRS. CYVIA G. WOLFF TRUSTEE	1.00 0.00	X						0.	0.	0.
(42) MRS. ELISE ELKINS JOSEPH TRUSTEE	1.00 0.00	X						0.	0.	0.
(43) MRS. ELIZA ERWIN STEDMAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(44) MR. EVAN H. KATZ TRUSTEE	1.00 0.00	X						0.	0.	0.
(45) MS. FRANCI NEELY TRUSTEE	1.00 0.00	X						0.	0.	0.
(46) MR. FRANCISCO RIVERO TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII		Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>								
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MR. FRANK N. CARROLL TRUSTEE	1.00 0.00	X						0.	0.	0.
(48) MRS. GAIL F. ADLER TRUSTEE	1.00 0.00	X						0.	0.	0.
(49) MR. GEORGE B. KELLY TRUSTEE	1.00 0.00	X						0.	0.	0.
(50) MR. GREGORY E. FOURTICQ, JR. TRUSTEE	1.00 0.00	X						0.	0.	0.
(51) MR. H JOHN RILEY, JR. TRUSTEE	1.00 0.00	X						0.	0.	0.
(52) MR. HOLBROOK F. DORN TRUSTEE	1.00 0.00	X						0.	0.	0.
(53) MR. JACK S. BLANTON, JR. TRUSTEE	1.00 0.00	X						0.	0.	0.
(54) MR. JAMES D. WEAVER TRUSTEE	1.00 0.00	X						0.	0.	0.
(55) MR. JAMES EDWARD MALONEY TRUSTEE	1.00 0.00	X						0.	0.	0.
(56) MR. JAVIER RODRIGUEZ SOLER TRUSTEE	1.00 0.00	X						0.	0.	0.
(57) MR. JESSE H. JONES II TRUSTEE	1.00 0.00	X						0.	0.	0.
(58) MS. JOAN MORGENSTERN TRUSTEE	1.00 0.00	X						0.	0.	0.
(59) MRS. JOAN SCHNITZER TRUSTEE	1.00 0.00	X						0.	0.	0.
(60) MRS. JUDY ERLICH MARGOLIS TRUSTEE	1.00 0.00	X						0.	0.	0.
(61) MRS. JUDY SPENCE TATE TRUSTEE	1.00 0.00	X						0.	0.	0.
(62) MRS. KIRBY COHN MCCOOL TRUSTEE	1.00 0.00	X						0.	0.	0.
(63) MRS. LAURIE MORIAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(64) MRS. LELA W. GIBBS TRUSTEE	1.00 0.00	X						0.	0.	0.
(65) MRS. LINNET F. DEILY TRUSTEE	1.00 0.00	X						0.	0.	0.
(66) MRS. MACEY HODGES REASONER TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII		Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>								
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) MRS. MARGARET ALKEK WILLIAMS TRUSTEE	1.00 0.00	X						0.	0.	0.
(68) MRS. MARTHA KATHERINE WADE TRUSTEE	1.00 0.00	X						0.	0.	0.
(69) MR. MARTYN E. GOOSSEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(70) MRS. MARY CULLEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(71) MS. MARY LAWRENCE PORTER TRUSTEE	1.00 0.00	X						0.	0.	0.
(72) MS. MERINDA E. WATKINS-MARTIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(73) MS. NANCY POWELL MOORE TRUSTEE	1.00 0.00	X						0.	0.	0.
(74) MRS. NIDHIKA OBEROI MEHTA TRUSTEE	1.00 0.00	X						0.	0.	0.
(75) MRS. NINA O'LEARY ZILKHA TRUSTEE	1.00 0.00	X						0.	0.	0.
(76) MRS. PHOEBE TUDOR TRUSTEE	1.00 0.00	X						0.	0.	0.
(77) MRS. POLLY BOWDEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(78) MRS. RANIA DANIEL TRUSTEE	1.00 0.00	X						0.	0.	0.
(79) MRS. ROLANETTE LAWRENCE TRUSTEE	1.00 0.00	X						0.	0.	0.
(80) MR. RONALD E. HUEBSCH TRUSTEE	1.00 0.00	X						0.	0.	0.
(81) MRS. ROSANETTE S. CULLEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(82) MR. RUSTY BURNETT TRUSTEE	1.00 0.00	X						0.	0.	0.
(83) DR. RUTH SIMMONS TRUSTEE	1.00 0.00	X						0.	0.	0.
(84) MR. SAMUEL F. GORMAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(85) MRS. SANDRA S. GODFREY TRUSTEE	1.00 0.00	X						0.	0.	0.
(86) MS. SARA PASCHALL DODD TRUSTEE	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	3,106,803.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	6,864,730.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	27,664,594.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 13,232,589.					
	h Total. Add lines 1a-1f			37,636,127.				
Program Service Revenue	2 a <u>ADMISSION, TOURS, LECT</u>	Business Code	900099	3,691,928.	3,691,928.			
	b <u>MEMBERSHIP</u>		900099	3,309,095.	3,309,095.			
	c <u>SCHOOL TUITION</u>		611600	1,964,857.	1,964,857.			
	d <u>EXHIBITION & OTHER INC</u>		900099	1,102,381.	1,102,381.			
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f			10,068,261.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			25,530,936.		16,229,955.	9,300,981.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties			324,046.			324,046.	
	6 a Gross rents	6a	(i) Real	233,690.				
			(ii) Personal					
	b Less: rental expenses	6b		0.				
	c Rental income or (loss)	6c		233,690.				
	d Net rental income or (loss)			233,690.			233,690.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	65,921,761.				
			(ii) Other					
	b Less: cost or other basis and sales expenses	7b		84,704,457.				
c Gain or (loss)	7c		81,217,304.					
d Net gain or (loss)			81,217,304.			81,217,304.		
8 a Gross income from fundraising events (not including \$ 3,106,803. of contributions reported on line 1c). See Part IV, line 18	8a		395,600.					
b Less: direct expenses	8b		1,338,555.					
c Net income or (loss) from fundraising events			-942,955.			-942,955.		
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a		3,122,555.					
b Less: cost of goods sold	10b		3,244,925.					
c Net income or (loss) from sales of inventory			-122,370.			-122,370.		
Miscellaneous Revenue	11 a <u>OTHER INCOME</u>	Business Code	900099	463,913.		463,913.		
	b <u>INSURANCE SETTLEMENT</u>		900099	138,132.		138,132.		
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d			602,045.				
12 Total revenue. See instructions			154,547,084.	10,068,261.	16,229,955.	90,612,741.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	50,940.	50,940.		
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 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):				
a Management				
b Legal	403,384.	303,638.	57,483.	42,263.
c Accounting	351,056.		351,056.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	42,000.			42,000.
f Investment management fees	2,215,290.		2,215,290.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	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 O.)				
a COLLECTIONS ACCESSIONS	31,882,806.	31,882,806.		
b PROGRAMS & PREVIEWS	3,408,834.	3,321,894.	86,505.	435.
c POSTAGE & SHIPPING	3,023,526.	2,951,727.	46,311.	25,488.
d CONTRACT SERVICES	1,217,625.	661,431.	499,122.	57,072.
e 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	59,313,696.	1	71,374,377.
	2 Savings and temporary cash investments	181,958,598.	2	184,208,538.
	3 Pledges and grants receivable, net	34,643,986.	3	26,460,175.
	4 Accounts receivable, net	819,885.	4	542,969.
	5 Loans and other receivables from 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	631,114.	5	577,302.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	714,851.	8	816,988.
	9 Prepaid expenses and deferred charges	816,436.	9	930,324.
	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.		
	11 Investments - publicly traded securities	441,002,053.	10c	428,680,625.
	12 Investments - other securities. See Part IV, line 11	1,126,263,587.	11	1,031,054,610.
	13 Investments - program-related. See Part IV, line 11	309,514,533.	12	338,376,010.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	1,407,964.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,157,086,703.	15	1,613,122.	
		16	2,084,635,040.	
Liabilities	17 Accounts payable and accrued expenses	40,302,199.	17	31,890,268.
	18 Grants payable		18	
	19 Deferred revenue	16,272,223.	19	15,588,812.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	99,154,853.
	26 Total liabilities. Add lines 17 through 25	56,574,422.	26	146,633,933.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	712,383,403.	27	598,747,859.
	28 Net assets with donor restrictions	1,388,128,878.	28	1,339,253,248.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,100,512,281.	32	1,938,001,107.
33 Total liabilities and net assets/fund balances	2,157,086,703.	33	2,084,635,040.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	154,547,084.
2	Total expenses (must equal Part IX, column (A), line 25)	2	123,558,617.
3	Revenue less expenses. Subtract line 2 from line 1	3	30,988,467.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,100,512,281.
5	Net unrealized gains (losses) on investments	5	-193,499,641.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,938,001,107.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	54,521,353.	68,457,253.	50,990,963.	55,591,309.	40,945,222.	270,506,100.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						19,954,962.
6 Public support. Subtract line 5 from line 4.						250,551,138.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	54,521,353.	68,457,253.	50,990,963.	55,591,309.	40,945,222.	270,506,100.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	23,997,140.	27,192,726.	22,924,065.	20,681,363.	26,088,672.	120,883,966.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,103,449.	4,652,371.	1,393,080.	12,584,483.	602,045.	26,335,428.
11 Total support. Add lines 7 through 10						417,725,494.
12 Gross receipts from related activities, etc. (see instructions)					12	67,685,989.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	59.98 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	60.02 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . 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 B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE MUSEUM OF FINE ARTS, HOUSTON

Employer identification number

74-1109655

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 ▶ \$ _____

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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 6,147,999.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,063,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 999,973.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,861,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,185,450.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,025,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
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	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	SECURITIES _____ _____ _____	\$ 999,973.	09/01/21
4	ART _____ _____ _____	\$ 1,750,000.	02/08/22
5	ART _____ _____ _____	\$ 1,185,450.	06/30/22
6	ART _____ _____ _____	\$ 1,025,500.	02/08/22
7	ART _____ _____ _____	\$ 1,000,000.	02/08/22
	_____ _____ _____	\$ _____	_____

Name of organization THE MUSEUM OF FINE ARTS, HOUSTON	Employer identification number 74-1109655
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a-1b: Reporting requirements for art collections. 2: Reporting requirements for art collections held for financial gain.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,624,010,463.	1,294,196,223.	1,316,885,686.	1,273,981,867.	1,209,717,405.
b Contributions	2,066,988.	6,972,834.	3,418,747.	11,925,906.	6,459,549.
c Net investment earnings, gains, and losses	-87,047,022.	386,868,283.	36,285,162.	92,263,176.	116,040,656.
d Grants or scholarships					
e Other expenditures for facilities and programs	55,569,166.	60,789,911.	58,739,369.	58,030,767.	54,778,229.
f Administrative expenses	5,397,406.	3,236,966.	3,654,003.	3,254,497.	3,457,514.
g End of year balance	1,478,063,857.	1,624,010,463.	1,294,196,223.	1,316,885,685.	1,273,981,867.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 11.9800 %
 - b Permanent endowment 49.8100 %
 - c Term endowment 38.2100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		27,877,015.		27,877,015.
b Buildings		532,573,962.	141,140,269.	391,433,693.
c Leasehold improvements				
d Equipment		32,431,155.	23,061,238.	9,369,917.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				428,680,625.

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, line 25.

1. (a) Description of liability	(b) Book value
(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 (b) must equal Form 990, Part X, col. (B) line 25.) ▶	99,154,853.

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 ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	-38,568,488.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-193,499,641.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	4,583,480.	
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,199,411.	
b	Other (Describe in Part XIII.)	4b		
c	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.

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

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

1	Total expenses and losses per audited financial statements		1	123,942,686.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	4,583,480.	
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,199,411.	
b	Other (Describe in Part XIII.)	4b		
c	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.

Part XIII Supplemental Information.

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

PART III, LINE 1A:

WITH APPROXIMATELY 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

ACQUISITION 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 III, LINE 4:

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

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 (add col. (a) through col. (c))
		GALA BALL (event type)	GLASSELL BENEFIT (event type)	6 (total number)	
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.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	60,294.	43,429.	299,379.	403,102.
	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 line 3, column (d)				-942,955.	

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

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

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

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

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: THE LUKENS COMPANY

(I) ADDRESS OF FUNDRAISER:

2800 SHIRLINGTON ROAD, SUITE 900, ARLINGTON, VA 22206

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOOL SCHOLARSHIPS	186	50,940.	0.	N/A	N/A

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

PART I, LINE 2:

GRANTEES MUST MAKE A PRESENTATION OF WORK IN ORDER TO RECEIVE FINANCIAL ASSISTANCE FOR SCHOLARSHIPS AND LIVING EXPENSES. SCHOLARSHIP FUNDS ARE DIRECTLY APPLIED TO RECIPIENTS' TUITION ACCOUNTS OR USED TO COVER DIRECT TRAVEL EXPENSES FOR QUALIFYING PROGRAMS ON THEIR BEHALF. THE GLASSELL SCHOOL OF ART OFFERS A VARIETY OF CLASSES, WORKSHOPS, AND EDUCATIONAL OPPORTUNITIES FOR STUDENTS DIVERSE IN AGE, INTERESTS, EXPERIENCE LEVEL, AND NEED. THE JUNIOR SCHOOL OFFERS YEAR-ROUND ART CLASSES AND WORKSHOPS FOR CHILDREN AGES FOUR THROUGH EIGHTEEN. THIS 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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE MUSEUM OF FINE ARTS, HOUSTON

Employer identification number
74-1109655

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2021

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.

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

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.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2021

Open To Public Inspection

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

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
GARY TINTEROW	DIRECTOR	MORTGAGE		X	950,000.	577,302.		X	X		X	
Total						▶ \$	577,302.					

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CITY KITCHEN LLC	FAMILY RELATIONSHIP	637,881.	CATERING SE		X
FAYEZ SAROFIM & CO	OWNERSHIP BY SIGNIF	1,566,299.	INVESTMENT		X

Part V Supplemental Information.

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

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

(A) NAME OF PERSON: CITY KITCHEN LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY RELATIONSHIP WITH KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1,280	10,620,196.	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				
9 Securities - Publicly traded	X	24	2,612,393.	COST OR SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 30

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

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

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31**

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2021

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)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

THE MUSEUM OF FINE ARTS, HOUSTON

Employer identification number

74-1109655

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

THE COMMUNITIES OF HOUSTON WITH DIVERSE HISTORIES OF ART SPANNING 5,000
YEARS AND SIX CONTINENTS. THROUGH OUR PERMANENT COLLECTIONS, SPECIAL
EXHIBITIONS, LEARNING AND INTERPRETATION PROGRAMS, PUBLICATIONS,
CONSERVATION AND SCHOLARLY RESEARCH, WE STRIVE TO INSPIRE APPRECIATION
AND UNDERSTANDING OF THE BROADEST SPECTRUM OF HUMAN ACHIEVEMENT.

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

INTERPRETATION PROGRAMS, PUBLICATIONS, CONSERVATION AND SCHOLARLY
RESEARCH, WE STRIVE TO INSPIRE APPRECIATION AND UNDERSTANDING OF THE
BROADEST SPECTRUM OF HUMAN ACHIEVEMENT.

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

ESTABLISHED IN 1900 AS A MODEST EDUCATION INITIATIVE TO BRING ART TO
HOUSTON PUBLIC SCHOOLS, THE MUSEUM OF FINE ARTS, HOUSTON (MFAH) REMAINS
STEADFAST IN ITS MISSION TO SERVE AS A PLACE FOR ALL PEOPLE THROUGH
EXCELLENCE IN THE COLLECTION, EXHIBITION, PRESERVATION, CONSERVATION,
AND INTERPRETATION OF ART. TO THAT END, MFAH PUBLIC PROGRAMMING
ACTIVELY SEEKS TO CONNECT THE INSTITUTION WITH THE COMMUNITY THROUGH
EXHIBITIONS AND ACTIVITIES HELD ACROSS HOUSTON. EACH YEAR, VISITORS
ENGAGE WITH THE MUSEUM'S PERMANENT COLLECTION OF OVER 73,000
MASTERPIECES FROM AROUND THE WORLD, AND WITH THE ARTISTS AND OBJECTS
FEATURED IN SPECIAL PRESENTATIONS AND PROGRAMS. BY PROVIDING A BROAD
RANGE OF EDUCATIONAL AND ARTISTIC ACTIVITIES, THE MUSEUM SEEKS TO
CAPTURE THE VIBRANT PATCHWORK OF HOUSTON'S UNIQUE CULTURE AND TO

RESPOND TO THE INTERESTS AND NEEDS OF A DIVERSE POPULATION. THUS, THE

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

Schedule O (Form 990) 2021

Name of the organization THE MUSEUM OF FINE ARTS, HOUSTON	Employer identification number 74-1109655
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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 GLASELL 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. PARTICULAR STRENGTHS LIE IN PRE-COLUMBIAN ART,

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

Name of the organization THE MUSEUM OF FINE ARTS, HOUSTON	Employer identification number 74-1109655
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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; PHOTOGRAPHY; PRINTS AND DRAWINGS; DECORATIVE ARTS, CRAFT AND DESIGN; AND MODERN AND CONTEMPORARY 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
--	--

SCIENTIFIC RESEARCH AIMED AT ADVANCING CURRENT TECHNIQUES FOR ART

CONSERVATION. WITH GENEROUS SUPPORT FROM THE ANDREW W. MELLON

FOUNDATION, THE MUSEUM HAS ESTABLISHED A RESEARCH SCIENCE PROGRAM

DEDICATED TO THOROUGH INVESTIGATION AND ANALYSIS OF WORKS OF ART. IN A

RELATED EFFORT, THE MUSEUM DEVELOPED AN ART CONSERVATION DATABASE

(ACD), A WEB-BASED DATABASE THAT WILL PROVIDE A SYSTEM FOR EASILY

ACCESSING CONSERVATION RECORDS, INFORMING ALL COLLECTION PROCEDURES AND

POLICIES, AND SERVING AS A NATIONAL MODEL FOR CONSERVATION DATA

MANAGEMENT AND COLLECTION CARE. IN ACKNOWLEDGMENT OF THE ACD'S IMPACT

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

RECOGNIZED THE MUSEUM WITH A NATIONAL LEADERSHIP AWARD.

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

MEMBERSHIP ACTIVITIES

EXPENSES \$ 1,275,515. 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 WADE,

AND NINA O'LEARY ZILKHA - FAMILY RELATIONSHIP

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

RELATIONSHIP

CLARE ATWELL GLASSELL AND ALFRED C. GLASSELL III - FAMILY RELATIONSHIP

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

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

Name of the organization THE MUSEUM OF FINE ARTS, HOUSTON	Employer identification number 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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

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

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

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

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

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

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

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j	X	
1k		X
1l	X	
1m		X
1n		X
1o		X
1p	X	
1q		X
1r		X
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)				
(3)				
(4)				
(5)				
(6)				

