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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization  
THE MUSEUM OF FINE ARTS HOUSTON

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
PO BOX 6826

City or town, state or province, country, and ZIP or foreign postal code  
HOUSTON, TX 772656826

F Name and address of principal officer:  
GARY TINTEROW  
PO BOX 6826  
HOUSTON, TX 772656826

D Employer identification number  
74-1109655

E Telephone number  
(713) 639-7300

G Gross receipts \$ 213,003,075

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.MFAH.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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 (THE "MUSEUM") IS ORGANIZED AND IS TO BE OPERATED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, LITERARY, AND EDUCATIONAL PURPOSES, INCLUDING THE OPERATION AND MAINTENANCE OF ONE OR MORE MUSEUM FACILITIES AND, IN CONNECTION THEREWITH, THE OPERATION AND MAINTENANCE OF AN ARTS SCHOOL AND THE CONDUCT OF SUCH OTHER CHARITABLE, SCIENTIFIC, LITERARY, AND EDUCATIONAL ACTIVITIES AS ARE CUSTOMARILY CARRIED ON BY A MUSEUM AND WHICH ARE APPROVED BY THE BOARD OF TRUSTEES.

2 Check this box ☐ 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	86
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	85
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	823
6 Total number of volunteers (estimate if necessary)	6	2,093
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-2,319,134
b Net unrelated business taxable income from Form 990-T, line 39	7b	-2,319,134

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	65,045,496	46,908,310
9 Program service revenue (Part VIII, line 2g)	13,811,903	9,273,929
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )	108,373,684	113,417,031
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,699,193	-318,214
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	191,930,276	169,281,056

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3 )	200,041	177,891
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)	38,007,418	38,269,473
16a Professional fundraising fees (Part IX, column (A), line 11e)	42,000	42,000
b Total fundraising expenses (Part IX, column (D), line 25) ▶4,653,330		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	52,760,054	71,952,441
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	91,009,513	110,441,805
19 Revenue less expenses. Subtract line 18 from line 12	100,920,763	58,839,251

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,846,031,473	1,826,556,220
21 Total liabilities (Part X, line 26)	52,883,467	50,763,111
22 Net assets or fund balances. Subtract line 21 from line 20	1,793,148,006	1,775,793,109

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

2021-04-29  
Date

ERIC ANYAH CHIEF FINANCIAL OFFICER  
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00287234
Firm's name ▶ DELOITTE TAX LLP	Firm's EIN ▶ 86-1065772			
Firm's address ▶ 111 MONUMENT CIRCLE SUITE 4200 INDIANAPOLIS, IN 462045108	Phone no. (317) 464-8600			

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

THE MUSEUM OF FINE ARTS, HOUSTON (THE "MUSEUM") IS ORGANIZED AND IS TO BE OPERATED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, LITERARY, AND EDUCATIONAL PURPOSES, INCLUDING THE OPERATION AND MAINTENANCE OF ONE OR MORE MUSEUM FACILITIES AND, IN CONNECTION THEREWITH, THE OPERATION AND MAINTENANCE OF AN ARTS SCHOOL AND THE CONDUCT OF SUCH OTHER CHARITABLE, SCIENTIFIC, LITERARY, AND EDUCATIONAL ACTIVITIES AS ARE CUSTOMARILY CARRIED ON BY A MUSEUM AND WHICH ARE APPROVED BY THE BOARD OF TRUSTEES.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as 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.

<b>4a</b>	(Code: )	(Expenses \$	9,465,614	including grants of \$	) (Revenue \$	2,582,996 )
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See Additional Data

<b>4b</b>	(Code: )	(Expenses \$	79,209,041	including grants of \$	41,021 )	(Revenue \$	636,511 )
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See Additional Data

<b>4c</b>	(Code: )	(Expenses \$	5,010,091	including grants of \$	136,870 )	(Revenue \$	1,971,769 )
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See Additional Data

(Code: )	(Expenses \$	1,309,266	including grants of \$	) (Revenue \$	4,082,653 )
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

















MEMBERSHIP ACTIVITIES

**4d** Other program services (Describe in Schedule O.)

(Expenses \$	1,309,266	including grants of \$	) (Revenue \$	4,082,653 )
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**4e Total program service expenses** 94,994,012

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b>	No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b> Yes	
<b>9</b> 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? If "Yes," complete Schedule D, Part IV 	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	<b>10</b> Yes	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	<b>11b</b> Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b>	No
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b> Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	<b>12b</b>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b> Yes	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	<b>14b</b> Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	<b>16</b> Yes	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b> Yes	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	<b>18</b> Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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? If "Yes," complete Schedule I, Parts I and II 	<b>21</b>	No

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

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

**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 ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	472
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> 823			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes		
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	Yes		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	Yes		
<b>b</b> If "Yes," enter the name of the foreign country: ►FR See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>		No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	Yes		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	Yes		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 720, Schedule N.	<b>15</b>	Yes		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>		No	

**Part VI**

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	86	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	85	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 JULIA R PETTY PO BOX 6826 HOUSTON, TX 772656826 (713) 639-7566

## 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

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

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

[illegible]

**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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								3,673,288	0	377,217

**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 ► 44

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

**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	71,173,184
STEVEN HOLL ARCHITECTS PC 450 WEST 31ST STREET 11TH FLOOR NEW YORK, NY 10001	DESIGN ARCHITECT	1,542,168
JOHNSON CONTROLS PO BOX 730068 DALLAS, TX 753730068	BUILDING EFFICIENCY MANAGEMENT	1,297,484
FAYEZ SAROFIM & CO PO BOX 973701 DALLAS, TX 753973701	INVESTMENT SERVICE	1,233,496
UNIVERSAL PROTECTION SERVICE LP PO BOX 828854 PHILADELPHIA, PA 19182	SECURITY SERVICE	841,919

**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 ► 37



## Part VIII

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	1a	Federated campaigns . . .	1a					
	b	Membership dues . . .	1b					
	c	Fundraising events . . .	1c	3,415,736				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	935,424				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	42,557,150				
	g	Noncash contributions included in lines 1a - 1f:\$	1g	11,460,083				
	h Total. Add lines 1a-1f . . . . . ▶			46,908,310				
Program Service Revenue	2a MEMBERSHIP		Business Code					
			900099	4,082,653	4,082,653			
	b ADMISSION, TOURS, LECT		900099	2,582,996	2,582,996			
	c SCHOOL TUITION		611600	1,971,769	1,971,769			
	d OTHER PROGRAM SERVICES		900099	636,511	636,511			
	e							
	f All other program service revenue.							
	9 Total. Add lines 2a-2f. . . . . ▶			9,273,929				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			22,547,483		-2,319,134	24,866,617	
	4 Income from investment of tax-exempt bond proceeds ▶							
	5 Royalties . . . . . ▶			168,410			168,410	
	6a	(i) Real	(ii) Personal	208,172			208,172	
			208,172					
		b Less: rental expenses	6b					0
			c Rental income or (loss)					6c
	d Net rental income or (loss) . . . . . ▶			208,172			208,172	
	7a	(i) Securities	(ii) Other	90,869,548			90,869,548	
			129,731,048					
		b Less: cost or other basis and sales expenses	7b					38,861,500
			c Gain or (loss)					7c
	d Net gain or (loss) . . . . . ▶			90,869,548			90,869,548	
	8a Gross income from fundraising events (not including \$ 3,415,736 of contributions reported on line 1c). See Part IV, line 18 . . . . .		8a	401,800	-824,812		-824,812	
	b Less: direct expenses . . . . .		8b	1,226,612				
	c Net income or (loss) from fundraising events . . . ▶							
	9a Gross income from gaming activities. See Part IV, line 19 . . . . .		9a					
	b Less: direct expenses . . . . .		9b					
	c Net income or (loss) from gaming activities . . . ▶							
	10aGross sales of inventory, less returns and allowances . . .		10a	2,370,843	-1,263,064		-1,263,064	
	b Less: cost of goods sold . . .		10b	3,633,907				
	c Net income or (loss) from sales of inventory . . . ▶							
	Miscellaneous Revenue			Business Code				
11aOTHER INCOME			900099	1,393,080		1,393,080		
b								
c								
d All other revenue . . . . .								
e Total. Add lines 11a-11d . . . . . ▶			1,393,080					
12 Total revenue. See instructions . . . . . ▶			169,281,056	9,273,929	-2,319,134	115,417,951		

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

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		90,834,352	<b>1</b>	65,939,289	
	<b>2</b>	Savings and temporary cash investments . . . . .		97,493,933	<b>2</b>	151,788,527	
	<b>3</b>	Pledges and grants receivable, net . . . . .		73,551,153	<b>3</b>	56,224,025	
	<b>4</b>	Accounts receivable, net . . . . .		502,192	<b>4</b>	302,168	
	<b>5</b>	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 . . . . .		734,557	<b>5</b>	683,520	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>		
	<b>8</b>	Inventories for sale or use . . . . .		705,444	<b>8</b>	835,858	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		1,016,775	<b>9</b>	589,232	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	550,592,820			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	132,622,591	376,439,159	<b>10c</b>	417,970,229
	<b>11</b>	Investments—publicly traded securities . . . . .		910,734,275	<b>11</b>	863,638,822	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		291,981,743	<b>12</b>	266,895,006	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .			<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		2,037,890	<b>15</b>	1,689,544	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . .		1,846,031,473	<b>16</b>	1,826,556,220		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		36,660,238	<b>17</b>	34,530,512	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .		16,223,229	<b>19</b>	16,232,599	
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>		
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>		
	<b>22</b>	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 . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . .			<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . .			<b>24</b>		
	<b>25</b>	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			<b>25</b>		
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		52,883,467	<b>26</b>	50,763,111	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>						
	<b>27</b>	Net assets without donor restrictions . . . . .		533,697,263	<b>27</b>	533,840,855	
	<b>28</b>	Net assets with donor restrictions . . . . .		1,259,450,743	<b>28</b>	1,241,952,254	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>						
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>		
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>		
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>		
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		1,793,148,006	<b>32</b>	1,775,793,109	
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		1,846,031,473	<b>33</b>	1,826,556,220		

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	169,281,056
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	110,441,805
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	58,839,251
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,793,148,006
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-76,194,148
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,775,793,109

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b> 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?		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 74-1109655  
**Name:** THE MUSEUM OF FINE ARTS HOUSTON

Form 990 (2019)

**Form 990, Part III, Line 4a:**  
EDUCATION AND PUBLIC PROGRAMS

**Form 990, Part III, Line 4b:**

ACCESSIONS, CURATORIAL AND EXHIBIT EXPENSES

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**Form 990, Part III, Line 4c:**

GLASSELL SCHOOL OF ART

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GARY TINTEROW ..... DIRECTOR	35.00 ..... 0.00			X				1,097,244	0	172,073
ERIC ANYAH ..... CHIEF FINANCIAL OFFICER	35.00 ..... 0.00			X				544,659	0	44,468
JOHN WILLARD HOLMES ..... CHIEF OPERATING OFFICER	35.00 ..... 0.00			X				430,885	0	31,569
AMY PURVIS ..... CHIEF DEVELOPMENT OFFICER	35.00 ..... 0.00			X				435,856	0	24,880
DARREN A BARTSCH ..... INVESTMENT OFFICER	35.00 ..... 0.00					X		356,422	0	21,843
ZACHARY HAINES ..... CHIEF TECHNOLOGY OFFICER	35.00 ..... 0.00					X		220,883	0	21,873
JULIA R PETTY ..... CONTROLLER	35.00 ..... 0.00					X		201,884	0	21,324
MALCOLM DANIEL ..... CURATOR, DEPT OF PHOTOGRAPHY	35.00 ..... 0.00					X		194,563	0	18,806
MARY HAUS ..... HEAD, MARKETING & COMMUNICATION	35.00 ..... 0.00					X		190,892	0	20,381
MR RICHARD D KINDER ..... LIFE TRUSTEE, CHAIRMAN	1.00 ..... 0.00	X		X				0	0	0







**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR BRAD BUCHER ..... TRUSTEE (TO 6/30/20)	1.00 ..... 0.00	X						0	0	0
MR CHARLES BUTT ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MR DOUGLAS L LAWING ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MR EVAN H KATZ ..... TRUSTEE (TO 6/30/20)	1.00 ..... 0.00	X						0	0	0
MR FRANCISCO RIVERO ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MR FRANK N CARROLL ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MR GEORGE B KELLY ..... TRUSTEE (TO 6/30/20)	1.00 ..... 0.00	X						0	0	0
MR GREGORY E FOURTICQ JR ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MR H JOHN RILEY JR ..... TRUSTEE (TO 6/30/20)	1.00 ..... 0.00	X						0	0	0
MR HOLBROOK F DORN ..... TRUSTEE (FROM 7/1/19)	1.00 ..... 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR JACK S BLANTON JR ..... TRUSTEE (FROM 7/1/19)	1.00 ..... 0.00	X						0	0	0
MR JAMES D WEAVER ..... TRUSTEE (FROM 7/1/19)	1.00 ..... 0.00	X						0	0	0
MR JAVIER RODRIGUEZ SOLER ..... TRUSTEE (FROM 7/1/19)	1.00 ..... 0.00	X						0	0	0
MR JESSE H JONES II ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MR LENOIR M JOSEY II ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MR MARTYN E GOOSSEN ..... TRUSTEE (TO 6/30/20)	1.00 ..... 0.00	X						0	0	0
MR MICHAEL C LINN ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MR PETER R CONEWAY ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MR RONALD E HUEBSCH ..... TRUSTEE (FROM 7/1/19)	1.00 ..... 0.00	X						0	0	0
MR RUSTY BURNETT ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR SAMUEL F GORMAN ..... TRUSTEE (TO 6/30/20)	1.00 ..... 0.00	X						0	0	0
MR WILLIAM N MATHIS ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MRS ANN BOOKOUT ..... TRUSTEE (TO 6/30/20)	1.00 ..... 0.00	X						0	0	0
MRS BARBARA G GAMSON ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MRS CHERIE FLORES ..... TRUSTEE (TO 6/30/20)	1.00 ..... 0.00	X						0	0	0
MRS COLLEEN KOTTS ..... TRUSTEE (TO 6/30/20)	1.00 ..... 0.00	X						0	0	0
MRS COURTNEY LANIER SAROFIM ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MRS CYVIA G WOLFF ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MRS ELISE ELKINS JOSEPH ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MRS ELIZA ERWIN STEDMAN ..... TRUSTEE (TO 6/30/20)	1.00 ..... 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MRS GAIL ADLER ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MRS JEREANN H CHANEY ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MRS JOAN SCHNITZER ..... TRUSTEE (FROM 7/1/19)	1.00 ..... 0.00	X						0	0	0
MRS JUDY ERLICH MARGOLIS ..... TRUSTEE (TO 6/30/20)	1.00 ..... 0.00	X						0	0	0
MRS JUDY SPENCE TATE ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MRS KIRBY COHN MCCOOL ..... TRUSTEE (TO 6/30/20)	1.00 ..... 0.00	X						0	0	0
MRS LAURIE MORIAN ..... TRUSTEE (FROM 7/1/19)	1.00 ..... 0.00	X						0	0	0
MRS LELA W GIBBS ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MRS MACEY HODGES REASONER ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MRS MARGARET ALKEK WILLIAMS ..... TRUSTEE (FROM 7/1/19)	1.00 ..... 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MRS MARY CULLEN ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MRS NANCY O'CONNOR ABENDSHEIN ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MRS NIDHIKA OBEROI MEHTA ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MRS NINA O'LEARY ZILKHA ..... TRUSTEE (FROM 7/1/19)	1.00 ..... 0.00	X						0	0	0
MRS PAMELA F OTT ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MRS PHOEBE TUDOR ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MRS RANIA DANIEL ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MRS ROSANETTE S CULLEN ..... TRUSTEE (FROM 7/1/19)	1.00 ..... 0.00	X						0	0	0
MRS SANDRA S GODFREY ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MRS SARA PASCHALL DODD ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0





**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MS CECILY E HORTON ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MS FRANCI NEELY ..... TRUSTEE (TO 6/30/20)	1.00 ..... 0.00	X						0	0	0
MS JOAN MORGENSTERN ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MS MARY LAWRENCE PORTER ..... TRUSTEE (TO 6/30/20)	1.00 ..... 0.00	X						0	0	0
MS NANCY POWELL MOORE ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0

SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
THE MUSEUM OF FINE ARTS HOUSTON

Employer identification number  
74-1109655

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	56,921,996	49,487,896	54,521,353	68,457,253	50,990,963	280,379,461
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	<b>Total.</b> Add lines 1 through 3	56,921,996	49,487,896	54,521,353	68,457,253	50,990,963	280,379,461
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						26,210,014
6	<b>Public support.</b> Subtract line 5 from line 4.						254,169,447

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	56,921,996	49,487,896	54,521,353	68,457,253	50,990,963	280,379,461
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	23,026,666	22,330,653	23,997,140	27,192,726	22,924,065	119,471,250
9	Net income from unrelated business activities, whether or not the business is regularly carried on . . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	813,517	1,044,983	7,103,449	4,652,371	1,393,080	15,007,400
11	<b>Total support.</b> Add lines 7 through 10						414,858,111
12	Gross receipts from related activities, etc. (see instructions) . . . . .					12	70,354,907
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b> 61.270 %
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b> 66.480 %
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>	
<b>b</b>	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>	
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> 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>b</b>	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> 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>18</b>	<b>Private foundation.</b> 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**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> 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 <b>stop here.</b> . . . . . ► <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>2</b>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>		
<b>3b</b>		
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>4a</b>		
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>		
<b>c</b> 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 <b>Part VI</b> 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>		
<b>4c</b>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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>5a</b>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> 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 <b>Part VI</b>.</i>		
<b>6</b>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
<b>7</b>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b>		
<b>9a</b> 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 <b>Part VI</b>.</i>		
<b>9a</b>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9b</b>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9c</b>		
<b>10a</b> 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>10a</b>		
<b>b</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>		
<b>10b</b>		

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
<b>1</b> 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)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in <b>Part VI</b>.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.</i>		

Part V

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

1		<input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> 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):	1	
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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	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)		

Part V

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

Section D - Distributions			Current Year
1			Amounts paid to supported organizations to accomplish exempt purposes
2			Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity
3			Administrative expenses paid to accomplish exempt purposes of supported organizations
4			Amounts paid to acquire exempt-use assets
5			Qualified set-aside amounts (prior IRS approval required)
6			Other distributions (describe in Part VI). See instructions
7			Total annual distributions. Add lines 1 through 6.
8			Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions
9			Distributable amount for 2019 from Section C, line 6
10			Line 8 amount divided by Line 9 amount

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1			Distributable amount for 2019 from Section C, line 6
2			Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.
3			Excess distributions carryover, if any, to 2019:
a			From 2014. . . . .
b			From 2015. . . . .
c			From 2016. . . . .
d			From 2017. . . . .
e			From 2018. . . . .
f			Total of lines 3a through e
g			Applied to underdistributions of prior years
h			Applied to 2019 distributable amount
i			Carryover from 2014 not applied (see instructions)
j			Remainder. Subtract lines 3g, 3h, and 3i from 3f.
4			Distributions for 2019 from Section D, line 7:
			\$
a			Applied to underdistributions of prior years
b			Applied to 2019 distributable amount
c			Remainder. Subtract lines 4a and 4b from 4.
5			Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.
6			Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
7			Excess distributions carryover to 2020. Add lines 3j and 4c.
8			Breakdown of line 7:
a			Excess from 2015. . . . .
b			Excess from 2016. . . . .
c			Excess from 2017. . . . .
d			Excess from 2018. . . . .
e			Excess from 2019. . . . .



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 74-1109655

**Name:** THE MUSEUM OF FINE ARTS HOUSTON

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

**Facts And Circumstances Test**

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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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
THE MUSEUM OF FINE ARTS HOUSTON

Employer identification number  
74-1109655

Part I

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .

☐ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

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

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

(ii) Assets included in Form 990, Part X . . . . . ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☒ Public exhibition

b

☒ Scholarly research

c

☒ Preservation for future generations

d

☒ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☒ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 in 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	1,316,885,686	1,273,981,867	1,209,717,405	1,112,181,366	1,149,912,605
b Contributions	3,418,747	11,925,906	6,459,549	2,499,216	7,977,580
c Net investment earnings, gains, and losses	36,285,162	92,263,176	116,040,656	151,315,902	10,707,241
d Grants or scholarships					
e Other expenditures for facilities and programs	58,739,369	58,030,767	54,778,229	53,222,913	53,494,774
f Administrative expenses	3,654,003	3,254,497	3,457,514	3,056,166	2,921,286
g End of year balance	1,294,196,223	1,316,885,685	1,273,981,867	1,209,717,405	1,112,181,366

2

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

a

Board designated or quasi-endowment

10.210 %

b

Permanent endowment

56.210 %

c

Temporarily restricted endowment

33.580 %

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:

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

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		497,813,048	113,515,761	384,297,287
c Leasehold improvements				
d Equipment		24,902,757	19,106,830	5,795,927
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				417,970,229

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2019

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	94,586,491
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-76,194,151
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	4,860,519
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-71,333,632
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	165,920,123
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	3,360,933
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	3,360,933
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	169,281,056

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	111,941,391
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	4,860,519
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	4,860,519
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	107,080,872
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	3,360,933
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	3,360,933
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	110,441,805

**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.

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 74-1109655  
**Name:** THE MUSEUM OF FINE ARTS HOUSTON

**Supplemental Information**

Return Reference	Explanation
PART III, LINE 1A:	WITH APPROXIMATELY 71,000 WORKS, THE MUSEUM'S PERMANENT COLLECTION OF WORLD ART SPANS 6,000 YEARS AND SIX CONTINENTS. THE MUSEUM ACQUIRES ITS ART COLLECTION THROUGH PURCHASES OR BY GIFTS. THE COST OF ALL ART OBJECTS PURCHASED, TOGETHER WITH THE VALUE OF ART OBJECTS OBTAINED BY GIFT (FOR WHICH THE MUSEUM RECEIVES A REASONABLE ESTIMATE), IS REPORTED AS A PART OF COLLECTION EXPENSE. IN ACCORDANCE WITH POLICIES FOLLOWED BY MANY ART MUSEUMS, NO VALUE HAS BEEN ASSIGNED IN THE STATEMENT OF FINANCIAL POSITION TO THE MUSEUM'S ART COLLECTION.

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



Supplemental Information	
Return Reference	Explanation
PART V, LINE 4:	OPERATIONS OF THE MUSEUM AND ACCESSIONS FOR ART PURCHASES.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	COST OF GOODS SOLD FUNDRAISING DIRECT EXPENSES

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COST OF GOODS SOLD FUNDRAISING DIRECT EXPENSES

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
THE MUSEUM OF FINE ARTS HOUSTON

Employer identification number  
74-1109655

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total . . . . .	1	1			23,681,771
b Total from continuation sheets to Part I . . . . .	0	0			0
c Totals (add lines 3a and 3b)	1	1			23,681,771

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

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

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

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b>	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]

**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 V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART I, LINE 2:	IN 2007, THE MUSEUM OF FINE ARTS, HOUSTON BEGAN A PROJECT CONCEIVED BY NANCY BROWN NEGLEY AND FUNDED BY THE BROWN FOUNDATION INC., OF HOUSTON TO CREATE AN INTERNATIONAL RESIDENCY PROGRAM FOR TALENTED MIDCAREER SCHOLARS, ARTISTS, AND OTHERS ACTIVE IN THE HUMANITIES. THE BROWN FOUNDATION FELLOWS ARE INVITED TO SPEND ONE TO THREE MONTHS ON THEIR SPECIAL PROJECTS AT THE DORA MAAR HOUSE, A BEAUTIFUL, EIGHTEENTH CENTURY COUNTRY HOME IN THE SOUTH OF FRANCE THAT WAS PREVIOUSLY OWNED BY DORA MAAR, ARTIST PHOTOGRAPHER, AND PABLO PICASSO'S MUSE. THE WORK CARRIED OUT BY GWEN STRAUSS, ON-SITE DIRECTOR OF THE BROWN FOUNDATION FELLOWS PROGRAM, IS CRITICAL. SHE INITIATES CONTACT WITH THE FELLOWS BEFORE THEY ARRIVE, MEETS THEM AT THEIR PLANES OR TRAINS, AND ENSURES THAT THEY HAVE THE INFORMATION, EQUIPMENT, AND CONTACTS THEY NEED FOR PRODUCTIVE RESIDENCIES. THE MUSEUM OF FINE ARTS, HOUSTON STAFF MEMBER, DIRECTOR OF THE DORA MAAR HOUSE, VISITS AND MONITORS THE PROGRAMS THREE TO SIX TIMES A YEAR. ALL SCHOLARSHIP FUNDS ARE USED TO PAY FOR THE FELLOWS' LIVING EXPENSES DURING THEIR STAY AT DORA MAAR. GRANT RECIPIENTS RECEIVE CASH REIMBURSEMENT FOR QUALIFYING EXPENSES. EACH PERSON WHO RECEIVES A FELLOWSHIP AGREES TO DO SOMETHING FOR THE VILLAGE OF MENERBES TO THANK ITS RESIDENTS FOR THEIR HOSPITALITY. THE DORA MAAR HOUSE IS ORGANIZED UNDER THE LAWS OF FRANCE WITH THE APPROPRIATE BY-LAWS AND ARTICLES OF INCORPORATION WHICH ARE REGISTERED WITH THE FRENCH GOVERNMENT. IN THE SUMMER OF 2020, OPERATIONS OF THE DORA MAAR RESIDENCY PROGRAM WILL BE TRANSITIONED TO A FRENCH ASSOCIATION UNAFFILIATED WITH THE MUSEUM OF FINE ARTS, HOUSTON.



**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART I, LINE 3:	MANAGES FACILITY FOR RESEARCH. SEE SCHEDULE O DESCRIPTION OF PROGRAM ACCOMPLISHMENTS FOR MORE DETAIL.

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 74-1109655  
**Name:** THE MUSEUM OF FINE ARTS HOUSTON

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	1	1	PROGRAM SERVICES		177,235
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		23,504,536

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization THE MUSEUM OF FINE ARTS HOUSTON	Employer identification number 74-1109655
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Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THE LUKENS COMPANY 2800 SHIRLINGTON ROAD SUITE 900  ARLINGTON, VA 22206	DIRECT MAIL		No	1,059,390	42,000	1,017,390
Total . . . . . ▶				1,059,390	42,000	1,017,390

**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>GALA BALL</b> (event type)	<b>ONE GREAT NIGHT</b> (event type)	<b>9</b> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	1,364,800	321,433	2,131,303	3,817,536
	<b>2</b> Less: Contributions . . . . .	1,304,400	285,833	1,825,503	3,415,736
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	60,400	35,600	305,800	401,800
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	67,757	86,331	246,630	400,718
	<b>8</b> Entertainment . . . . .	116,929	1,080	14,050	132,059
	<b>9</b> Other direct expenses . . . . .	183,928	60,403	449,504	693,835
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				1,226,612
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-824,812	

**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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Direct Expenses	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
Revenue	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>11</b>	Does the organization conduct gaming activities with nonmembers? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b>	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? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>13</b>	Indicate the percentage of gaming activity conducted in:		
<b>a</b>	The organization's facility . . . . .	<b>13a</b>	%
<b>b</b>	An outside facility . . . . .	<b>13b</b>	%
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► .....		
	Address ► .....		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.		
<b>c</b>	If "Yes," enter name and address of the third party:		
	Name ► .....		
	Address ► .....		
<b>16</b>	Gaming manager information:		
	Name ► .....		
	Gaming manager compensation ► \$ .....		
	Description of services provided ► .....		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>b</b>	Enter the amount of distributions required under state law 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.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization

THE MUSEUM OF FINE ARTS HOUSTON

Employer identification number

74-1109655

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 0
- 3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) LIVING EXPENSES	9	13,750	9,065	BOOK	AIRFARE AND SHIPPING
(2) SCHOOL SCHOLARSHIPS	426	136,870	0	N/A	N/A
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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 5,856, INCLUDING 426 STUDENTS RECEIVING TUITION SCHOLARSHIPS. SOME OF THESE SCHOLARSHIPS ARE AWARDED IN RECOGNITION OF TALENT THROUGH PROGRAMS SUCH AS SKETCHING COMPETITION; OTHERS ARE BASED ON NEED, THUS ENSURING ACCESS TO ART EDUCATION FOR YOUNG PEOPLE THROUGHOUT THE COMMUNITY. THE STUDIO SCHOOL OF THE GLASSELL SCHOOL OF ART OFFERS COURSES IN ART HISTORY AND STUDIO ART TO ADULTS. THE CORE ARTIST-IN-RESIDENCE PROGRAM AND THE CORE CRITICAL PROGRAM INCLUDE EIGHT ARTISTS AND THREE CRITICAL WRITERS. EACH IS A NINE-MONTH POSTGRADUATE PROGRAM RENEWABLE FOR A SECOND TERM UPON SUCCESSFUL COMPLETION OF THE FIRST YEAR. THE CORE ARTISTS MOUNT AN EXHIBITION OF THEIR WORK IN THE LAURA LEE BLANTON GALLERY, WHICH IS ACCOMPANIED BY A CATALOGUE THAT DOCUMENTS THE ARTISTS' PRODUCTION OVER THE COURSE OF THE YEAR AND INCLUDES ESSAYS CONTRIBUTED BY THE CRITICAL STUDIES RESIDENTS.



Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization THE MUSEUM OF FINE ARTS HOUSTON		Employer identification number 74-1109655

Part I Questions Regarding Compensation		Yes	No
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 (e.g., 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		1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<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?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 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?		5a	No
b Any related organization?		5b	No
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?		6a	No
b Any related organization?		6b	No
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 in lines 5 and 6? If "Yes," describe in Part III.		7 Yes	
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.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

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

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

**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.

Return Reference	Explanation
PART I, LINE 1A	HOUSING ALLOWANCE - RECEIVED BY THE DIRECTOR. TAXABLE HOUSING ALLOWANCE, ALONG WITH ALL OTHER COMPENSATION, WAS CONSIDERED WHEN SETTING TOTAL COMPENSATION USING THE METHODS INDICATED IN SCHEDULE J, LINE 3. SOCIAL CLUB DUES - RECEIVED BY THE DIRECTOR. NONTAXABLE CLUB DUES ARE PAID BY THE ORGANIZATION AND ARE USED EXCLUSIVELY FOR THE ORGANIZATION'S BUSINESS PURPOSES.
PART I, LINE 4B	THE MUSEUM MAINTAINS A DEFERRED COMPENSATION AGREEMENT WITH THE DIRECTOR OF THE MUSEUM. THE DEFERRAL TERM OF THE AGREEMENT IS THROUGH JANUARY 2027, WITH TEN 12 MONTH DEFERRAL PERIODS ACCRUING ON A STRAIGHT-LINE BASIS ON EACH ANNIVERSARY OF THE AGREEMENT. NO DEFERRED COMPENSATION WAS PAID IN 2020. THE DEFERRED COMPENSATION LIABILITY AS OF JUNE 30, 2020 TOTALED \$481,000.
PART I, LINE 7	THE COMPENSATION COMMITTEE DETERMINES BONUSES BY REVIEWING PERFORMANCE OVER 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 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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
(1) GARY TINTEROW	DIRECTOR	MORTGAGE		X	950,000	683,520		No	Yes		Yes	
Total						683,520						

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
(1) CITY KITCHEN LLC	FAMILY RELATIONSHIP WITH KEY EMPLOYEE	577,343	CATERING SERVICES		No
(2) FAYEZ SAROFIM & CO	OWNERSHIP BY SIGNIFICANT CONTRIBUTOR	1,228,986	INVESTMENT MANAGER		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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	658	4,631,500	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	30	6,828,583	COST OR SELLING PRICE
10	Securities—Closely held stock . . . . .				
11	Securities—Partnership, LLC, or trust interests . . . . .				
12	Securities—Miscellaneous . . . . .				
13	Qualified conservation contribution—Historic structures . . . . .				
14	Qualified conservation contribution—Other . . . . .				
15	Real estate—Residential . . . . .				
16	Real estate—Commercial . . . . .				
17	Real estate—Other . . . . .				
18	Collectibles . . . . .				
19	Food inventory . . . . .				
20	Drugs and medical supplies . . . . .				
21	Taxidermy . . . . .				
22	Historical artifacts . . . . .				
23	Scientific specimens . . . . .				
24	Archeological artifacts . . . . .				
25	Other ► ( )				
26	Other ► ( )				
27	Other ► ( )				
28	Other ► ( )				
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			23
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? . . . . .				Yes No
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?				Yes No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .				Yes No
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.				

**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.

Return Reference	Explanation
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.
PART I, LINE 32B:	THE ORGANIZATION HIRES AN OUTSIDE THIRD PARTY TO DISPOSE OF NONCASH CONTRIBUTIONS.

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

Department of the Treasury

Name of the organization

THE MUSEUM OF FINE ARTS HOUSTON

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2019

**Open to Public  
Inspection**

**Employer identification number**

74-1109655

### 990 Schedule O, Supplemental Information

Return Reference	Explanation
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 71,000 MASTERPIECES FROM AROUND THE WORLD, AND WITH THE ARTISTS AND OBJECTS FEATURED IN SPECIAL PRESENTATIONS AND PROGRAMS. BY PROVIDING A BROAD RANGE OF EDUCATIONAL AND ARTISTIC ACTIVITIES, THE MUSEUM SEEKS TO CAPTURE THE VIBRANT PATCHWORK OF HOUSTON'S UNIQUE CULTURE AND TO RESPOND TO THE INTERESTS AND NEEDS OF A DIVERSE POPULATION. THUS, THE VISION OF INCLUSION AND ACCESSIBILITY ON WHICH THE MFAH WAS FOUNDED ENDURES ON THROUGH ITS INNOVATIVE PROGRAMS, WHICH ENGAGE THE ENTIRE COMMUNITY IN THE ARTS AND IN CELEBRATION OF THE DIVERSE FORMS OF CREATIVITY THAT INTRIGUE, INSPIRE, AND EXCITE US ALL.



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:	<p>THE MFAH IS THE LARGEST CULTURAL INSTITUTION SOUTH OF CHICAGO, WEST OF WASHINGTON, D.C., AND EAST OF LOS ANGELES, WITH A TOTAL OF 300,000 SQUARE FEET OF SPACE DEDICATED TO THE DISPLAY OF ART. THE MAJORITY OF THE MUSEUM'S EXHIBITIONS AND ACTIVITIES TAKE PLACE ON ITS MAIN CAMPUS, WHICH COMPRISES THE CAROLINE WIESS LAW BUILDING, THE AUDREY JONES BECK BUILDING, THE NANCY AND RICH KINDER BUILDING, THE GLASSSELL SCHOOL OF ART, AND THE LILLIE AND HUGH ROY CULLEN SCULPTURE GARDEN. WITHIN THESE BUILDINGS, EXHIBITION GALLERIES AND AN EDUCATIONAL RESOURCE CENTER RESIDE ALONGSIDE THE OLDEST REPERTORY CINEMA IN HOUSTON AND ONE OF THE LARGEST ART LIBRARIES IN THE SOUTHWEST. THE SARAH CAMPBELL BLAFFER FOUNDATION CENTER FOR CONSERVATION OPENED IN AUGUST 2018 AND HOUSES A STATE OF THE ART CONSERVATION FACILITY. NEARBY ARE TWO REMARKABLE HOUSE MUSEUMS - BAYOU BEND, GIVEN TO THE MUSEUM BY TEXAS PHILANTHROPIST IMA HOGG, AND RIENZI, THE FORMER HOME OF ART PATRONS CARROLL AND HARRIS MASTERSON, III - PROVIDING EXQUISITE SETTINGS FOR VISITORS TO EXPERIENCE THE MUSEUM'S RENOWNED AMERICAN AND EUROPEAN DECORATIVE ARTS COLLECTIONS IN CONTEXT. OVER THE YEARS, THE MFAH HAS BEEN PRIVILEGED TO ACQUIRE OUTSTANDING WORKS OF ART REPRESENTING A WIDE VARIETY OF GEOGRAPHIC REGIONS AND HISTORIC PERIODS. PARTICULAR STRENGTHS LIE IN PRE-COLUMBIAN ART, RENAISSANCE AND BAROQUE PAINTING AND SCULPTURE, 19TH AND 20TH CENTURY ART, AFRICAN-AMERICAN ART, PHOTOGRAPHY, AND LATIN AMERICAN ART. BAYOU BEND HOUSES ONE OF THE FINEST ASSEMBLAGES OF EARLY AMERICAN FURNITURE, SILVER, CERAMICS, AND PAINTINGS OUTSIDE OF NEW ENGLAND; AND RIENZI SHOWCASES ONE OF THE MOST IMPORTANT COLLECTIONS OF ENGLISH PORCELAIN OUTSIDE OF THE UNITED KINGDOM. CHIEF AMONG THE MUSEUM'S CURRENT ACQUISITION, EXHIBITION, AND SCHOLARSHIP PRIORITIES ARE THE ARTS OF THE AMERICAS, THE ISLAMIC WORLD, AND ASIA. IN 2001, THE MFAH ESTABLISHED THE INTERNATIONAL CENTER FOR THE ARTS OF THE AMERICAS, A RESEARCH INSTITUTION DESIGNED TO ADDRESS THE WIDESPREAD LAG IN SCHOLARSHIP AND COLLECTION OF LATIN AMERICAN AND LATINO ART. THE MUSEUM HAS ESTABLISHED A NEW DEPARTMENT OF ISLAMIC ART, WHICH IS DEVOTED TO BUILDING A RENOWNED PERMANENT COLLECTION, ORGANIZING INNOVATIVE EXHIBITIONS OF ISLAMIC ART, AND HOSTING STIMULATING EDUCATIONAL AND INTERPRETIVE PROGRAMS. AT THE SAME TIME, THE MUSEUM IS ALSO DEEPENING ITS COMMITMENT TO ASIAN ART, ACTIVELY SEEKING TO INCREASE ITS RELEVANT HOLDINGS AND PROMOTE CULTURAL UNDERSTANDING, BEGINNING WITH THE DECEMBER 2007 OPENING OF THE NEWLY RENOVATED ARTS OF KOREA GALLERY, FOLLOWED BY THE ESTABLISHMENT OF THE INDONESIAN GOLD GALLERY AND THE MAY 2009 OPENING OF THE NIDHIKA AND PERSHANT MEHTA ARTS OF INDIA GALLERY. THIS WORK TO EXPLORE THE RICH TRADITIONS OF EACH COUNTRY BY Juxtaposing ANCIENT AND CONTEMPORARY WORKS CONTINUED WITH THE ESTABLISHMENT OF DEDICATED GALLERIES FOR THE ART OF CHINA AND JAPAN IN 2010. IN SEPTEMBER 2010, BAYOU BEND COLLECTION AND GARDENS, THE MFAH HOUSE MUSEUM FOR AMERICAN DECORATIVE ARTS, OPENED.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:	<p>NED THE LORA JEAN KILROY VISITOR AND EDUCATION CENTER. THE VISITOR CENTER FEATURES AN ORIENTATION GALLERY, A LIBRARY, A RETAIL SHOP, TWO MEETING ROOMS, PUBLIC TERRACES, AND AMPLE PARKING. DESIGNED BY HOUSTON ARCHITECT LESLIE K. ELKINS, THE BUILDING ACHIEVED A LEED SILVER CERTIFICATION FOR ITS ENVIRONMENTAL EFFICIENCIES. IN MAY 2018, THE NEW AND EXPANDED GLASS SCHOOL OF ART OPENED TO GREAT CRITICAL AND PUBLIC ACCLAIM IN ITS NEW HOME: A 93,000 SQUARE FOOT BUILDING ON MONTROSE BOULEVARD. IN AUGUST 2018, THE MFAH'S WORLD-RENOWNED CONSERVATION DEPARTMENT MOVED INTO THE NEWLY COMPLETED SARAH CAMPBELL BLAFFER FOUNDATION CENTER FOR CONSERVATION. SITUATED ABOVE THE WEST SIDE OF THE MUSEUM'S VISITOR'S CENTER AND FANNIN PARKING GARAGE, THE STATE OF THE ART FACILITY UNITES THE MUSEUM'S CONSERVATION TEAM UNDER ONE ROOF AND IN CLOSE PROXIMITY TO THE MUSEUM FOR THE FIRST TIME. CONSTRUCTION CONTINUES ON THE NANCY AND RICH KINDER BUILDING FOR MODERN AND CONTEMPORARY ART, A 164,000 SQUARE FOOT BUILDING FOR TWENTIETH AND TWENTY-FIRST CENTURY ART, ALONG WITH AN ARRAY OF VISITOR AMENITIES, UNDERGROUND PARKING, AND PUBLIC GREEN SPACES. THE CAMPUS REDEVELOPMENT PROJECT WILL BE COMPLETE WITH THE PUBLIC OPENING OF THE KINDER BUILDING IN NOVEMBER 2020.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICES:	<p>OFFERING ART EDUCATION, STUDIO INSTRUCTION, AND COMMUNITY OUTREACH, THE MFAH IS DEDICATED TO SUPPORTING RESEARCH AND CULTIVATING INNOVATION WITHIN THE ARTS AND RELATED DISCIPLINES. THE MFAH IS PARTNERING WITH RICE UNIVERSITY TO STRENGTHEN ART INSTRUCTION AT UNDERGRADUATE AND GRADUATE LEVELS. THE MFAH IS PARTNERING WITH RICE UNIVERSITY TO PURSUE LEADING-EDGE SCIENTIFIC RESEARCH AIMED AT ADVANCING CURRENT TECHNIQUES FOR ART CONSERVATION. WITH GENEROUS SUPPORT FROM THE ANDREW W. MELLON FOUNDATION, THE MUSEUM HAS ESTABLISHED A RESEARCH SCIENCE PROGRAM DEDICATED TO THOROUGH INVESTIGATION AND ANALYSIS OF WORKS OF ART. IN A RELATED EFFORT, THE MUSEUM DEVELOPED AN ART CONSERVATION DATABASE (ACD), A WEB-BASED DATABASE THAT WILL PROVIDE A SYSTEM FOR EASILY ACCESSING CONSERVATION RECORDS, INFORMING ALL COLLECTION PROCEDURES AND POLICIES, AND SERVING AS A NATIONAL MODEL FOR CONSERVATION DATA MANAGEMENT AND COLLECTION CARE. IN ACKNOWLEDGMENT OF THE ACD'S IMPACT ON THE FIELD, THE INSTITUTE FOR MUSEUM AND LIBRARY SERVICES HAS RECOGNIZED THE MUSEUM WITH A NATIONAL LEADERSHIP AWARD.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING MFAH BOARD MEMBERS SHARE A FAMILY RELATIONSHIP: CORNELIA C. LONG, MARY CULLEN, ROSANETTE S. CULLEN AND NINA O'LEARY ZILKHA - FAMILY RELATIONSHIP NANCY BROWN NEGLEY, NANCY O'CONNOR ABENDSHEIN, WILLIAM N. MATHIS AND HOLBROOK F. DORN - FAMILY RELATIONSHIP CLARE ATWELL GLASSELL AND ALFRED C. GLASSELL III - FAMILY RELATIONSHIP

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 WAS REVIEWED PRIOR TO FILING WITH THE AUDIT COMMITTEE BY THE CHIEF FINANCIAL OFFICER AND CONTROLLER. A PAID INDEPENDENT ACCOUNTING FIRM REVIEWED FORM 990. THE FORM 990 WAS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO FILING. THE CFO, CONTROLLER, AND DIRECTOR WERE AVAILABLE TO ALL MEMBERS OF THE AUDIT COMMITTEE AND BOARD TO ANSWER QUESTIONS.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 10,384,029. MANAGEMENT AND GENERAL EXPENSES 536,805. FUNDRAISING EXPENSES 43,439. TOTAL EXPENSES 10,964,273. SECURITY SERVICES: PROGRAM SERVICE EXPENSES 797,031. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 23,963. TOTAL EXPENSES 820,994. CATERING SERVICES: PROGRAM SERVICE EXPENSES 117,557. MANAGEMENT AND GENERAL EXPENSES 19,439. FUNDRAISING EXPENSES 154,497. TOTAL EXPENSES 291,493.

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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
(1)THE ENDOWMENT FOR THE MUSEUM OF FINE ARTS HOUSTON 1001 BISSONNET STREET  HOUSTON, TX 77005 46-2488674	INACTIVE	TX	501(C)(3)	LINE 12, TYPE I	THE MUSEUM OF FINE ARTS HOUSTON	Yes	
(2)HOUSTON ARTS COMBINED ENDOWMENT FOUNDATION PO BOX 6826  HOUSTON, TX 772656826 76-0379639	SUPPORTING ORGANIZATION	TX	501(C)(3)	LINE 12, TYPE I	THE MUSEUM OF FINE ARTS HOUSTON		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> ART OF THE SPIRITS INC 1001 BISSONNET STREET HOUSTON, TX 77005 76-0032714	BEVERAGE SERVICE	TX	THE MUSEUM OF FINE ARTS HOUSTON	C					No
<b>(2)</b> MUSEUM OF FINE ARTS HOUSTON IN FRANCE MAISON DORA RUE DE PORTAIL NEUF MENERES, 84560 FR	EDUCATION	FR	THE MUSEUM OF FINE ARTS HOUSTON	T			100.000 %	Yes	

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	Yes
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	Yes
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	Yes
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

**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	174,210	BOOK VALUE
(2)MUSEUM OF FINE ARTS HOUSTON IN FRANCEMAISON DORA MAAR	P	218,256	BOOK VALUE

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

[illegible]

**Part VII**

**Supplemental Information**

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

Return Reference	Explanation