# **Return of Organization Exempt From Income Tax**

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

OMB No. 1545-0047

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

| 4 F                            | or th          | e 202    | 0 cale     | ndar year, or t                                | ax year begi        | nning           | 07              | /01 <b>,202</b> 0 | ), and er | nding       |         |                              | 06        | 5/30 <b>,20</b> <sub>21</sub> |              |
|--------------------------------|----------------|----------|------------|--|---------------------|-----------------|-----------------|-------------------|-----------|-------------|---------|------------------------------|-----------|-------------------------------|--------------|
| 2 ~                            |                |          | C Nan      | ne of organization                             |                     |                 |                 |                   |           |             | D       | Employer i                   | dentifi   | cation number                 |              |
| <b>-</b>                       | heck if ap     |          | MC         | NAY ART MUS                                    | SEUM                |                 |                 |                   |           |             |         |                              |           |                               |              |
|                                | Addre<br>chang |          |            | g Business As                                  |                     |                 |                 |                   |           |             |         | 74-119                       |           |                               |              |
|                                | Name           | change   | Nun        | nber and street (or I                          | P.O. box if mail is | not delivered t | o street addre  | ss)               | Room/su   | ite         | E       | Telephone                    | numbe     | er                            |              |
|                                | Initial        | return   |            | O BOX 6069                                     |                     |                 |                 |                   |           |             | (2      | 10) 82                       | 24 – 5    | 5368                          |              |
|                                | Termi          | nated    | City       | or town, state or pr                           | rovince, country,   | and ZIP or fore | eign postal cod | е                 |           |             |         |                              |           |                               |              |
|                                | Amen<br>return |          |            | N ANTONIO,                                     |                     |                 |                 |                   |           |             | _       | Gross recei                  |           | 29,848,8                      | <u>₹58.</u>  |
|                                | Applio pendi   |          |            | ne and address of p                            | •                   |                 | RD ASTE         |                   |           |             | H(a)    | Is this a gre<br>subordinate |           | urn for Yes 2                 | X No         |
|                                |                |          | 60         | 00 N NEW BI                                    | RAUNFELS,           | SAN AN          | ronio, 1        | X 78209           | )         |             | H(b)    | Are all subo                 | rdinates  | included? Yes                 | No           |
|                                |                | empt st  |            | X 501(c)(3)                                    | 501(c) (            | ) <b>《</b> (in  | sert no.)       | 4947(a)(1)        | or        | 527         |         | If "No," atta                | ach a lis | st. (see instructions)        |              |
|                                |                |          |            | MCNAYART.O                                     | RG                  |                 |                 |                   |           |             | H(c)    | Group exer                   | nption i  | number <b>&gt;</b>            |              |
| (                              | Form o         | of organ | ization:   | X Corporation                                  | Trust               | Association     | Other           | <u> </u>          | L Ye      | ear of form | nation: | 1952 <b>м</b>                | State     | e of legal domicile:          | TX           |
| Pa                             | art I          |          | mmar       |  |                     |                 |                 |                   |           |             |         |                              |           |                               |              |
|                                | 1              |          |            | ibe the organizat                              |                     |                 |                 |                   |           |             |         | I ENGA                       | GES       | A DIVERSE                     |              |
| ce                             |                | COM      | MUNI       | TY IN THE I                                    | DISCOVERY           | AND END         | OYMENT          | OF THE            | VISUAL    | ARTS        | 5.      |                              |           |                               |              |
| nar                            |                |          |            |  |                     |                 |                 |                   |           |             |         |                              |           |                               |              |
| Governance                     |                |          |            | ox ▶ if the                                    | •                   |                 | •               | •                 |           |             |         |                              | ts.       | I                             |              |
|                                | 3              | Numb     | er of v    | oting members of                               | f the governing     | body (Part V    | /I, line 1a)    |                   |           |             |         |                              | 3         |                               | <u>17.</u>   |
| ş                              |                |          |            | ndependent voting                              |                     |                 |                 |                   |           |             |         |                              | 4         |                               | 17.          |
| /itie                          |                |          |            | r of individuals e                             |                     |                 |                 |                   |           |             |         |                              | 5         |                               | 44.          |
| Activities                     | 6              | Total    | numbe      | r of volunteers (es                            | stimate if neces    | sary)           |                 |                   |           |             |         |                              | 6         | 1                             | 00.          |
| ⋖                              |                |          |            | ed business rever                              |                     |                 |                 |                   |           |             |         |                              | 7a        |                               | 0            |
|                                | b              | Net u    | relate     | d business taxabl                              | le income from      | Form 990-T,     | line 34         |                   |           |             |         |                              | 7b        |                               | 0            |
|                                |                |          |            |  |                     |                 |                 |                   |           |             |         | ior Year                     |           | Current Year                  |              |
| <u>a</u>                       | 8              | Contri   | bution     | s and grants (Part                             | VIII, line 1h)      |                 |                 | COL               | Y FOR     | חַ וַ       | 6       | ,962,4                       |           | 8,329,                        |              |
| enr                            | 9              | Progra   | am ser     | vice revenue (Part                             | VIII, line 2g)      |                 |                 | PUBLIC I          | _         |             |         | 324,0                        |           | 511,                          |              |
| Revenue                        | 10             | Invest   | ment i     | ncome (Part VIII,                              | column (A), lin     | es 3, 4, and    | 7d)             | PUBLIC            | NSPECTION |             | 1       | ,785,3                       |           | 5,782,                        |              |
| _                              | 11             | Other    | reveni     | ue (Part VIII, colu                            | mn (A), lines 5     | 6d, 8c, 9c, 1   | 10c, and 11e    | )                 |           | 🖳           |         | 297,4                        |           | 192,                          |              |
|                                | 12             | Total    | revenu     | e - add lines 8 th                             | rough 11 (mus       | t equal Part \  | /III, column (  | A), line 12)      |           |             | 9       | ,369,3                       | 60.       | 14,815,                       | <u>672</u> . |
|                                |                |          |            | similar amounts pa                             |                     |                 |                 |                   |           |             |         |                              | 0.        |                               | 0            |
|                                | 14             | Benef    | its paid   | d to or for membe                              | rs (Part IX, colu   | ımn (A), line   | 4)              |                   |           |             |         |                              | 0.        |                               | 0            |
| es                             |                |          |            | er compensation                                |                     |                 |                 |                   |           |             | 4       | ,661,8                       |           | 4,723,                        | 743.         |
| Expenses                       | 16a            | Profes   | ssional    | fundraising fees                               | (Part IX, columr    | n (A), line 11  | e)              |                   |           | L           |         |                              | 0.        |                               | 0            |
| χb                             | ı              |          |            | ising expenses (Pa                             |                     |                 |                 | 745,068           |           |             |         |                              |           |                               |              |
| ш                              | 17             | Other    | expen      | ses (Part IX, colui                            | mn (A), lines 11    | a-11d, 11f-2    | 4e)             |                   |           | 🖳           |         | ,854,3                       |           |                               |              |
|                                | 18             | Total    | expens     | es. Add lines 13-                              | ·17 (must equa      | Part IX, colu   | ımn (A), line   | 25)               |           | L           |         | ,516,1                       |           | 9,032,                        |              |
|                                | 19             | Rever    | ue les     | s expenses. Subt                               | ract line 18 fror   | n line 12       |                 |                   |           |             |         | -146,8                       | 12.       | 5,782,                        | 931.         |
| Net Assets or<br>Fund Balances |                |          |            |  |                     |                 |                 |                   |           | Beg         |         | of Current                   |           | End of Year                   |              |
| set                            | 20             | Total    | assets     | (Part X, line 16)                              |                     |                 |                 |                   |           | 🖳           |         | ,313,1                       |           | 98,111,                       |              |
| d B                            | 21             | Total    | liabilitie | es (Part X, line 26)                           | )                   |                 |                 |                   |           |             |         | ,625,2                       |           | 471,                          |              |
|                                |                | Net as   | ssets o    | r fund balances.                               | Subtract line 2     | 1 from line 20  | ) <u></u>       |                   |           |             | 82      | ,687,9                       | 05.       | 97,640,                       | <u>639</u> . |
|                                | rt II          |          |            | e Block  |                     |                 |                 |                   |           |             |         |                              |           |                               |              |
|                                |                |          |            | y, I declare that I h<br>te. Declaration of pr |                     |                 |                 |                   |           |             |         |                              | of my     | knowledge and belie           | of, it is    |
|                                | ,              |          |            |  |                     |                 |                 |                   | p p       |             |         | Ť                            |           |                               |              |
| Sig                            | n              |          | 0:         | ure of officer                                 |                     |                 |                 |                   |           |             |         | 09/3                         | 30/2      | 2021                          |              |
| -lei                           |                | '        | - 3        |  |                     |                 |                 |                   |           |             |         | Date                         |           |                               |              |
|                                |                |          |            | RA M LOPEZ                                     |                     |                 |                 | HEAD              | OF FIN    | IANCE       |         |                              |           |                               |              |
|                                |                |          |            | print name and title                           | 1                   | I Book          |                 |                   | 15:       |             |         |                              |           | DTIN                          |              |
| aid                            |                |          |            | eparer's name                                  |                     | Preparer's s    | ignature        |                   | Date      |             |         | Check                        | J "       | PTIN                          |              |
|                                | oarer          | ANN      | M P        |  |                     |                 |                 |                   | 09/       | /30/20      | )21     | self-emplo                   |           | P00671430                     |              |
| •                              | Only           |          | name       | ▶ BDO USA                                      |                     |                 |                 |                   |           |             | Firm    | n's EIN ▶                    |           | -5381590                      |              |
|                                |                |          |            | s ▶ 9901 IH                                    |                     |                 |                 |                   | 78230     |             | Pho     | ne no.                       | 210       | )-342-8000                    |              |
| /lav                           | tha II         | oih 25   | cuee tl    | nis return with the                            | nrenarer show       | n ahove? (se    | a instruction   | ۵)                |           |             |         |                              |           | X Voc                         | l Na         |

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

Page 2 Form 990 (2020)

| Pa  | rt III   | Statement of Program Servic<br>Check if Schedule O contains | Accomplishments response or note to any line in this Part III                           |
|-----|----------|---|---|
|     | -        | lescribe the organization's missi                           | n:  |
|     |          |   | A DIVERSE COMMUNITY IN THE DISCOVERY AND  |
|     | ENJOY    | MENT OF THE VISUAL ART                                      | ·   |
|     |          |   |   |
| 2   |          |   | ificant program services during the year which were not listed on the                   |
|     | prior Fo | rm 990 or 990-EZ?   | Yes X No  |
| _   |          | describe these new services on                              |   |
| 3   |          | =   | g, or make significant changes in how it conducts, any program                          |
|     |          | describe these changes on Scho                              |   |
| 4   |          |   | ervice accomplishments for each of its three largest program services, as measured b    |
|     |          |   | (4) organizations are required to report the amount of grants and allocations to others |
|     | the tota | I expenses, and revenue, if any, f                          | or each program service reported.   |
| 42  | (Code:   | ) (Evnançae ¢   | 595,642. including grants of \$ ) (Revenue \$ 422,935. )                                |
|     |          |   | MODERN AND CONTEMPORARY ART FOR THE   |
|     |          | AL PUBLIC'S ENJOYMENT                                       |   |
|     |          |   |   |
|     |          |   |   |
|     |          |   |   |
|     |          |   |   |
|     |          |   |   |
|     |          |   |   |
|     |          |   |   |
|     |          |   |   |
|     |          |   |   |
| 4b  | (Code:   | ) (Expenses \$  | 312,399. including grants of \$ ) (Revenue \$ 74,557. )                                 |
|     |          |   | OURCE LIBRARY DESIGNED TO OFFER   |
|     | LEARN    | ING OPPORTUNITIES TO T                                      | E PUBLIC; ART WORKSHOPS FOR CHILDREN  |
|     |          |   | EUM STORE WHICH HELPS PROMOTE ART   |
|     | ENJOY    | MENT  |   |
|     |          |   |   |
|     |          |   |   |
|     |          |   |   |
|     |          |   |   |
|     |          |   |   |
|     |          |   |   |
|     |          |   |   |
| 4c  | (Code:   | ) (Expenses \$  | including grants of \$ ) (Revenue \$ )  |
|     |          |   |   |
|     |          |   |   |
|     |          |   |   |
|     |          |   |   |
|     |          |   |   |
|     |          |   |   |
|     |          |   |   |
|     |          |   |   |
|     |          |   |   |
|     |          |   |   |
|     |          |   |   |
| 4d  | -        | rogram services (Describe on Sc                             |   |
| 4 - | (Expens  | es \$ including o   | <u> </u>  |

Page 3 Form 990 (2020)

| Par  | t IV Checklist of Required Schedules  |           |     |    |
|------|---|-----------|-----|----|
|      |   |           | Yes | No |
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"   |           |     |    |
|      | complete Schedule A   | 1         | X   |    |
| 2    | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?  | 2         | Х   |    |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to  |           |     | 37 |
|      | candidates for public office? If "Yes," complete Schedule C, Part I   | 3         |     | X  |
| 4    | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)   | ١, ١      |     | Х  |
| _    | election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4         |     | Λ  |
| 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,  | _         |     | Х  |
| 6    | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5         |     |    |
| 0    | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If |           |     |    |
|      | "Yes," complete Schedule D, Part I  | 6         |     | Х  |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |           |     |    |
| •    | the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>  | 7         |     | Х  |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"  |           |     |    |
|      | complete Schedule D, Part III   | 8         | Х   |    |
| 9    | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a   |           |     |    |
|      | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or  |           |     |    |
|      | debt negotiation services? If "Yes," complete Schedule D, Part IV   | 9         |     | X  |
| 10   | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  |           |     |    |
|      | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10        | X   |    |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,  |           |     |    |
|      | VII, VIII, IX, or X as applicable.  |           |     |    |
| а    | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"  |           |     |    |
|      | complete Schedule D, Part VI  | 11a       | X   |    |
| b    | Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more   |           |     |    |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b       |     | X  |
| С    | Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more  |           |     |    |
|      | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c       |     | X  |
| d    | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets   |           |     |    |
|      | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d       |     | X  |
|      | Pid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e       |     | X  |
| f    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |           | 37  |    |
| 40.  | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>   | 11f       | X   |    |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |           | Х   |    |
|      | Schedule D, Parts XI and XII.   | 12a       |     |    |
| D    | Was the organization included in consolidated, independent audited financial statements for the tax year? If  | 12h       |     | Х  |
| 13   | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b<br>13 |     | X  |
|      | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 14a       |     | X  |
|      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,  | 174       |     |    |
| ~    | fundraising, business, investment, and program service activities outside the United States, or aggregate   |           |     |    |
|      | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | 14b       |     | Х  |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or   |           |     |    |
|      | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15        |     | Х  |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other  |           |     |    |
|      | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16        |     | Х  |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on  |           |     |    |
|      | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions  | 17        |     | Х  |
| 18   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on   |           |     |    |
|      | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18        | Х   |    |
| 19   | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  |           |     |    |
|      | If "Yes," complete Schedule G, Part III   | 19        |     | Х  |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a       |     | X  |
| b    | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b       |     |    |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   |           |     |    |
|      | domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts Land II  | 21        |     | X  |

| Part | Checklist of Required Schedules (continued)  |     |          |     |
|------|--|-----|----------|-----|
|      |  |     | Yes      | No  |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on      |     |          |     |
|      | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |          | X   |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the                |     |          |     |
|      | organization's current and former officers, directors, trustees, key employees, and highest compensated            |     |          |     |
|      |  | 23  | Х        |     |
|      | employees? If "Yes," complete Schedule J.  | 23  | 21       |     |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than                |     |          |     |
|      | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b      |     |          |     |
|      | through 24d and complete Schedule K. If "No," go to line 25a   | 24a |          | X   |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                  | 24b |          |     |
| С    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year          |     |          |     |
|      | to defease any tax-exempt bonds?   | 24c |          |     |
| ٨    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?            | 24d |          |     |
|      |  | 24u |          |     |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit       |     |          | 3.7 |
|      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                      | 25a |          | X   |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior   |     |          |     |
|      | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?       |     |          |     |
|      | If "Yes," complete Schedule L, Part I  | 25b |          | X   |
| 26   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current    |     |          |     |
|      | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%            |     |          |     |
|      |  | 26  |          | Х   |
|      | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.                | 26  |          |     |
| 27   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key  |     |          |     |
|      | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee             |     |          |     |
|      | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these             |     |          |     |
|      | persons? If "Yes," complete Schedule L, Part III   | 27  |          | X   |
| 28   | Was the organization a party to a business transaction with one of the following parties (see Schedule L,          |     |          |     |
|      | Part IV instructions, for applicable filing thresholds, conditions, and exceptions):                               |     |          |     |
| _    |  |     |          |     |
| а    | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |     |          | 37  |
|      | "Yes," complete Schedule L, Part IV  | 28a |          | X   |
|      | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                    | 28b |          | X   |
| С    | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If          |     |          |     |
|      | "Yes," complete Schedule L, Part IV  | 28c |          | X   |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M           | 29  | X        |     |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified     |     |          |     |
| 30   |  | 20  | Х        |     |
|      | conservation contributions? If "Yes," complete Schedule M  | 30  |          | 37  |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31  |          | X   |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"            |     |          |     |
|      | complete Schedule N, Part II   | 32  |          | X   |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations         |     |          |     |
|      | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33  |          | Х   |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,     |     |          |     |
| 57   | or IV, and Part V, line 1  | 24  |          | Х   |
| 0.5  |  | 34  |          |     |
|      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                            | 35a |          | X   |
| b    | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a            |     |          |     |
|      | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2          | 35b |          |     |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable               |     |          |     |
|      | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36  |          | X   |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |     |          |     |
| ٠.   | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       | 37  |          | Х   |
| 20   |  | 31  |          |     |
| 38   | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and         |     |          | 37  |
|      | 19? Note: All Form 990 filers are required to complete Schedule O.   | 38  |          | X   |
| Part |  |     |          |     |
|      | Check if Schedule O contains a response or note to any line in this Part V   |     | <u> </u> |     |
|      |  |     | Yes      | No  |
| 1a   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable                                       |     |          |     |
|      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                    |     |          |     |
|      | Enter the number of Fermi W 20 metadad in line 1a. Enter of in not applicable.                                     |     |          |     |
| C    | Did the organization comply with backup withholding rules for reportable payments to vendors and                   |     | 37       |     |
|      | reportable gaming (gambling) winnings to prize winners?  | 1c  | X        |     |

| Par  | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)  |     |                        |       |
|------|--|-----|------------------------|-------|
|      |  |     | Yes                    | No    |
| 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |     |                        |       |
|      | Statements, filed for the calendar year ending with or within the year covered by this return. 2a 144                              |     |                        |       |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                     | 2b  | X                      |       |
|      | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                          |     |                        |       |
| 3a   | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                      | 3a  |                        | X     |
|      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                        | 3b  |                        |       |
|      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,            |     |                        |       |
|      | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                 | 4a  |                        | X     |
| b    | If "Yes," enter the name of the foreign country ▶  |     |                        |       |
|      | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                |     |                        |       |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                              | 5a  |                        | X     |
|      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                   | 5b  |                        | X     |
|      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5с  |                        |       |
|      | 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?                                   | 6a  |                        | Х     |
| b    | If "Yes," did the organization include with every solicitation an express statement that such contributions or                     |     |                        |       |
|      | gifts were not tax deductible?   | 6b  |                        |       |
| 7    | Organizations that may receive deductible contributions under section 170(c).  |     |                        |       |
| а    | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods                        |     |                        |       |
|      | and services provided to the payor?  | 7a  | X                      |       |
| b    | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                    | 7b  | X                      |       |
| С    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                           |     |                        |       |
|      | required to file Form 8282?  | 7c  |                        | X     |
| d    | If "Yes," indicate the number of Forms 8282 filed during the year  |     |                        |       |
| е    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                    | 7e  |                        | X     |
| f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                       | 7f  |                        | X     |
| g    | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g  |                        |       |
| h    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h  |                        |       |
| 8    | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                               | _   |                        |       |
|      | sponsoring organization have excess business holdings at any time during the year?   | 8   |                        |       |
|      | Sponsoring organizations maintaining donor advised funds.  |     |                        |       |
|      | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |                        |       |
|      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                  | 9b  |                        |       |
|      | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12                   |     |                        |       |
| а    | minutation root and capital contributions included on rain vini, into 12 11111111111111111   |     |                        |       |
|      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b                                    |     |                        |       |
| 11   | Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  |     |                        |       |
|      | Gross income from other sources (Do not net amounts due or paid to other sources   |     |                        |       |
| b    | against amounts due or received from them.)  |     |                        |       |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                         | 12a |                        |       |
|      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |     |                        |       |
|      | Section 501(c)(29) qualified nonprofit health insurance issuers.   |     |                        |       |
|      | Is the organization licensed to issue qualified health plans in more than one state?   | 13a |                        |       |
| _    | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                           |     |                        |       |
| b    | Enter the amount of reserves the organization is required to maintain by the states in which                                       |     |                        |       |
|      | the organization is licensed to issue qualified health plans   |     |                        |       |
| С    | Enter the amount of reserves on hand   |     |                        |       |
|      | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a |                        | X     |
|      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O                          | 14b |                        |       |
|      | 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?   | 15  |                        |       |
|      | If "Yes," see instructions and file Form 4720, Schedule N.   |     |                        |       |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                    | 16  |                        |       |
|      | If "Yes," complete Form 4720, Schedule O.  |     |                        |       |
|      |  |     | $\alpha \alpha \alpha$ | 10000 |

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

| Sect  | ion A. Governing Body and Management  |         |            |               |        |        |
|-------|---|---------|------------|---------------|--------|--------|
|       | ggg   |         |            |               | Yes    | No     |
| 1a    | Enter the number of voting members of the governing body at the end of the tax year   | 1a      | 17         |               |        |        |
|       | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |         |            |               |        |        |
| b     | Enter the number of voting members included on line 1a, above, who are independent  | 1b      | 17         |               |        |        |
| 2     | Did any officer, director, trustee, or key employee have a family relationship or a business rel  | ations  | ship with  |               |        |        |
|       | any other officer, director, trustee, or key employee?  |         | -          | 2             |        | Х      |
| 3     | Did the organization delegate control over management duties customarily performed by or ur   |         |            |               |        |        |
|       | supervision of officers, directors, trustees, or key employees to a management company or other p   |         |            | 3             |        | Х      |
| 4     | Did the organization make any significant changes to its governing documents since the prior Form 990 was fi  |         |            | 4             |        | Х      |
| 5     | Did the organization become aware during the year of a significant diversion of the organization's  |         |            | 5             |        | Х      |
| 6     | Did the organization have members or stockholders?  |         |            | 6             |        | Х      |
| 7a    | Did the organization have members, stockholders, or other persons who had the power to el   | ect o   | appoint    |               |        |        |
|       | one or more members of the governing body?  |         |            | 7a            |        | Х      |
| b     | Are any governance decisions of the organization reserved to (or subject to approval  | by) n   | nembers,   |               |        |        |
|       | stockholders, or persons other than the governing body?   |         |            | 7b            |        | X      |
| 8     | Did the organization contemporaneously document the meetings held or written actions under  | ertake  | n during   |               |        |        |
|       | the year by the following:  |         |            |               | v      |        |
| а     | The governing body?   |         |            | 8a            | X      |        |
| b     | Each committee with authority to act on behalf of the governing body?   |         |            | 8b            | Λ      |        |
| 9     | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O                    |         |            | 9             |        | Х      |
| Secti | on B. Policies (This Section B requests information about policies not required by the Inte   | ernal   | Revenue    | Code          |        |        |
|       |   |         |            |               | Yes    | No     |
| 10a   | Did the organization have local chapters, branches, or affiliates?  |         |            | 10a           |        | Х      |
| 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 po  | urpose  | s?         | 10b           | 37     |        |
| 11a   | Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi   | ling th | e form? .  | 11a           | X      |        |
| b     | Describe in Schedule O the process, if any, used by the organization to review this Form 990.   |         |            | 40.           | v      |        |
| 12a   | Did the organization have a written conflict of interest policy? If "No," go to line 13   |         |            | 12a           | X      |        |
| b     | Were officers, directors, or trustees, and key employees required to disclose annually interests to   |         |            | 426           | Х      |        |
|       | rise to conflicts?  |         |            | 12b           |        |        |
| С     | Did the organization regularly and consistently monitor and enforce compliance with the p   | -       |            | 12c           | Х      |        |
|       | describe in Schedule O how this was done  |         |            | 13            | X      |        |
| 13    | Did the organization have a written whistleblower policy?   |         |            | 14            | X      |        |
| 14    | Did the organization have a written document retention and destruction policy?  |         |            |               |        |        |
| 15    | Did the process for determining compensation of the following persons include a review are independent persons, comparability data, and contemporaneous substantiation of the deliberation                        |         | =          |               |        |        |
| а     | The organization's CEO, Executive Director, or top management official  |         |            | 15a           | X      |        |
| b     | Other officers or key employees of the organization   |         |            | 15b           | X      |        |
|       | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |         |            |               |        |        |
| 16a   | Did the organization invest in, contribute assets to, or participate in a joint venture or simila   | r arra  | ngement    |               |        |        |
|       | with a taxable entity during the year?  |         |            | 16a           |        | X      |
| b     | If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to                    |         |            |               |        |        |
|       | organization's exempt status with respect to such arrangements?   |         |            | 16b           |        |        |
| Sect  | ion C. Disclosure   |         |            | .00           |        |        |
| 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 Forms 1023 (1024 or 1024-A, if applicable),   | 990.    | and 990-T  | (Sec          | tion 5 | 01(c)  |
| -     | (3)s only) available for public inspection. Indicate how you made these available. Check all that ap  X Own website Another's website X Upon request Other (explain on Sc   | ply.    |            | (====         |        | (-)    |
| 19    | Describe on Schedule O whether (and if so, how) the organization made its governing documents   | nents,  | conflict o | f inter       | est p  | olicy, |
| 20    | and financial statements available to the public during the tax year.   | anal -  | ond '      |               |        |        |
| 20    | State the name, address, and telephone number of the person who possesses the organization's keeping art museum 6000 n new braunfels san antonio, tx 78209 210-824-5368   | JOOKS   | and record | S <b>&gt;</b> |        |        |

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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.

|                              | related<br>organizations<br>below<br>dotted line) | Individual trustee<br>or director | Institutional trustee | Officer | Key employee | Highest compensated employee | ee) Former | compensation<br>from the<br>organization<br>(W-2/1099-MISC) | compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | of other<br>compensation<br>from the<br>organization and<br>related organizations |
|------------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|------------|---|--|---|
| (1)RICHARD ASTE              | 60.00   |                                   |                       |         |              |                              |            |   |  |   |
| DIRECTOR                     | 0.  |                                   |                       | Х       | х            | Х                            |            | 272,458.  | 0.   | 21,970.   |
| (2) RENE BARILLEAUX          | 60.00   |                                   |                       |         |              |                              |            |   |  |   |
| HEAD OF CURATORIAL AFFAIRS   | 0.  |                                   |                       |         |              | X                            |            | 105,822.  | 0.   | 15,350.   |
| (3) HEATHER RYNIKER          | 60.00   |                                   |                       |         |              |                              |            |   |  |   |
| HEAD OF FINANCE              | 0.  |                                   |                       | Χ       |              |                              |            | 83,991.   | 0.   | 12,675.   |
| (4) DON FROST                | 1.00  |                                   |                       |         |              |                              |            |   |  |   |
| PRESIDENT                    | 0.  | X                                 |                       | Χ       |              |                              |            | 0.  | 0.   | 0.  |
| (5) AMY STIEREN SMILEY       | 1.00  |                                   |                       |         |              |                              |            |   |  |   |
| VICE PRESIDENT               | 0.  | X                                 |                       | Χ       |              |                              |            | 0.  | 0.   | 0.  |
| (6) CAROLYN JEFFERS PATERSON | 1.00  |                                   |                       |         |              |                              |            |   |  |   |
| SECRETARY                    | 0.  | X                                 |                       | Χ       |              |                              |            | 0.  | 0.   | 0.  |
| (7) BROOKS ENGLEHARDT        | 1.00  |                                   |                       |         |              |                              |            |   |  |   |
| TREASURER                    | 0.  | X                                 |                       | Χ       |              |                              |            | 0.  | 0.   | 0.  |
| (8) WALTON VANDIVER GREGORY  | 1.00  |                                   |                       |         |              |                              |            |   |  |   |
| MEMBER                       | 0.  | Х                                 |                       |         |              |                              |            | 0.  | 0.   | 0.  |
| (9) J. DAVID OPPENHEIMER     | 1.00  |                                   |                       |         |              |                              |            |   |  |   |
| MEMBER                       | 0.  | Х                                 |                       |         |              |                              |            | 0.  | 0.   | 0.  |
| (10) HARRIET ROMO, PHD       | 1.00  |                                   |                       |         |              |                              |            |   |  |   |
| MEMBER                       | 0.  | X                                 |                       |         |              |                              |            | 0.  | 0.   | 0.  |
| (11) J. BRUCE BUGG JR.       | 1.00  |                                   |                       |         |              |                              |            |   |  |   |
| MEMBER                       | 0.  | X                                 |                       |         |              |                              |            | 0.  | 0.   | 0.  |
| (12) JOHN W. FEIK            | 1.00  |                                   |                       |         |              |                              |            |   |  |   |
| MEMBER                       | 0.  | X                                 |                       |         |              |                              |            | 0.  | 0.   | 0.  |
| (13) CAROLINE CARRINGTON     | 1.00  |                                   |                       |         |              |                              |            |   |  |   |
| MEMBER                       | 0.  | Х                                 |                       |         |              |                              |            | 0.  | 0.   | 0.  |
| (14) RICK LIBERTO            | 1.00  |                                   |                       |         |              |                              |            |   |  |   |
| MEMBER                       | 0.  | X                                 |                       |         |              |                              |            | 0.  | 0.   | 0 .   |

Form **990** (2020)

| Part VII Section A. Officers, Directors, Tr  |  | ĺ                              |                       | ,,                            |              |                              |             |                                      |  |                                     | -\                                | _        |
|--|--|--------------------------------|-----------------------|-------------------------------|--------------|------------------------------|-------------|--------------------------------------|--|-------------------------------------|-----------------------------------|----------|
| (A)<br>Name and title  | Average hours per week (list any hours for | box,                           | unles<br>er and       | Pos<br>heck<br>ss pe<br>d a d | rson         | e than or is both or/truste  | an<br>ee)   | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | Estim<br>amou<br>oth<br>compe       | nated<br>unt of<br>ner<br>nsation |          |
|  | related organizations below dotted line)   | Individual trustee or director | Institutional trustee | Officer                       | Key employee | Highest compensated employee | Former      | organization<br>(W-2/1099-MISC)      | (W-2/1099-MISC)  | from<br>organi<br>and re<br>organiz | ization<br>elated                 |          |
| 15) LUCILLE OPPENHEIMER TRAVIS   | 1.00                                       |                                |                       |                               |              |                              |             |                                      | _  |                                     |                                   |          |
| MEMBER   | 0.   | X                              |                       |                               |              |                              |             | 0                                    | 0.   |                                     |                                   | 0        |
| 16) GRACIELA CIGARROA<br>MEMBER  | $\frac{1.00}{0.}$                          | X                              |                       |                               |              |                              |             | 0                                    | 0.   |                                     |                                   | 0        |
| 17) CORINNA HOLT RICHTER   | 1.00                                       |                                |                       |                               |              |                              |             | 0                                    | 0.   |                                     |                                   | _        |
| MEMBER   | 0.   | X                              |                       |                               |              |                              |             | 0                                    | 0.   |                                     |                                   | 0        |
| 18) BRUCE A. SMITH   | 1.00                                       |                                |                       |                               |              |                              |             |                                      | 9.   |                                     |                                   | _        |
| MEMBER   | 0.   | Х                              |                       |                               |              |                              |             | 0                                    | 0.   |                                     |                                   | 0        |
| 19) ALICE B. VIROSLAV, MD  | 1.00                                       |                                |                       |                               |              |                              |             |                                      |  |                                     |                                   |          |
| MEMBER   | 0.   | Х                              |                       |                               |              |                              |             | 0                                    | 0.   |                                     |                                   | 0        |
| 20) DARRYL BYRD  | 1.00                                       |                                |                       |                               |              |                              |             |                                      |  |                                     |                                   |          |
| MEMBER   | 0.   | Х                              |                       |                               |              |                              |             | 0                                    | 0.   |                                     |                                   | 0        |
|  |  |                                |                       |                               |              |                              |             |                                      |  |                                     |                                   |          |
| 1b Sub-total   |  |                                |                       |                               |              |                              |             | 462,271.                             | 0.   | 4                                   | 9,995                             |          |
| c Total from continuation sheets to Part VII,  |  |                                |                       |                               |              |                              | <b>&gt;</b> | 0.                                   | 0.   |                                     |                                   | ).       |
| d Total (add lines 1b and 1c)  |  |                                |                       |                               |              |                              | <b>&gt;</b> | 462,271.                             | 0.   | 4                                   | 9,995                             | <i>.</i> |
| 2 Total number of individuals (including but not<br>reportable compensation from the organization  |  |                                | liste<br>2            | d al                          | oove         | e) who                       | re          | eceived more than                    | \$100,000 of   |                                     |                                   |          |
| Teportable compensation from the organization  | )II <b>&gt;</b>                            |                                |                       |                               |              |                              |             |                                      |  |                                     | es No                             | _        |
| 3 Did the organization list any former offi employee on line 1a? If "Yes," complete Schee          |  |                                |                       |                               |              |                              |             |                                      |  | 3                                   | X                                 |          |
| 4 For any individual listed on line 1a, is the organization and related organizations g individual | sum of represents                          | oortab<br>\$15                 | ole c<br>50,0         | com<br>00?                    | pen          | satior<br>"Yes               | n aı        | nd other compens                     | sation from the le J for such                          | 4                                   | X                                 |          |
| 5 Did any person listed on line 1a receive of  | r accrue co                                | mpen                           | sati                  | on f                          | fron         | any                          | un          | related organization                 | on or individual                                       | 4                                   |                                   |          |
| for services rendered to the organization? <i>If</i> "Section B. Independent Contractors           | Yes," comple                               | te Scl                         | nedu                  | ıle J                         | for          | such                         | per         | son                                  |  | 5                                   | X                                 | _        |
| Complete this table for your five highest corcompensation from the organization. Report            |  |                                |                       |                               |              |                              |             |                                      |  |                                     |                                   |          |

| (A) Name and business address         | (B) (C) Description of services Compensation |
|---------------------------------------|--|
| BRANDT PO BOX 227351 DALLAS, TX 75222 | HVAC/ELECTRICAL SERV 287,899                 |
|                                       |  |
|                                       |  |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

## Part VIII Statement of Revenue

| Par  | LVIII   | Check if Schedule O contains a respo                          | nse or note to an | v line in this Part V | /III                                   |                                      |   |
|--|---------|---|-------------------|-----------------------|--|--------------------------------------|---|
|  |         |   |                   | (A)<br>Total revenue  | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |
| ts   | 1a      | Federated campaigns 1a  |                   |                       |  |                                      |   |
| Contributions, Gifts, Grants and Other Similar Amounts | b       | Membership dues 1b  | 588,954.          |                       |  |                                      |   |
| Ä,G  | С       | Fundraising events 1c   | 220,026.          |                       |  |                                      |   |
| ifts<br>ar /   | d       | Related organizations 1d                                      |                   |                       |  |                                      |   |
| nii.G  | е       | Government grants (contributions) 1e                          | 1,733,100.        |                       |  |                                      |   |
| Sir  | f       | All other contributions, gifts, grants,                       |                   |                       |  |                                      |   |
| uti  |         | and similar amounts not included above . 1f                   | 5,787,908.        |                       |  |                                      |   |
| g i  | g       | Noncash contributions included in                             |                   |                       |  |                                      |   |
| o p  |         | lines 1a-1f 1g  | \$                |                       |  |                                      |   |
| O B  | h       | Total. Add lines 1a-1f  | <u> ▶</u>         | 8,329,988.            |  |                                      |   |
| -  |         |   | Business Code     |                       |  |                                      |   |
| Program Service<br>Revenue                             | 2a      | ADMISSION FEES  | 900099            | 400,794.              | 400,794.                               |                                      |   |
| er.<br>ue  | b       | PHOTOGRAPHY FEES  | 900099            | 40,137.               | 40,137.                                |                                      |   |
| n<br>en  | С       | MEMBERSHIP DUES   | 900099            | 22,141.               | 22,141.                                |                                      |   |
| lra<br>?e∖   | d       | EDUCATIONAL PROGRAMS  | 611710            | 48,067.               | 48,067.                                |                                      |   |
| rog  | е       |   |                   |                       |  |                                      |   |
| <u>Ф</u>   | f       | All other program service revenue                             |                   |                       |  |                                      |   |
|  | g       | Total. Add lines 2a-2f  |                   | 511,139.              |  |                                      |   |
|  | 3       | Investment income (including dividends,                       |                   |                       |  |                                      |   |
|  |         | other similar amounts)  |                   | 1,256,362.            |  |                                      | 1,256,362.  |
|  | 4       | Income from investment of tax-exempt bond                     | ·                 | 0.                    |  |                                      | 70.500  |
|  | 5       | Royalties   | (ii) Personal     | 72,622.               |  |                                      | 72,622.   |
|  | _       |   | + ``              |                       |  |                                      |   |
|  | 6a      | Gross rents 6a 138,088.                                       |                   |                       |  |                                      |   |
|  | b       | Less: rental expenses 6b  Rental income or (loss) 6c 138,088. |                   |                       |  |                                      |   |
|  | C       | rteritar meeme er (iese)                                      | 1                 | 138,088.              |  |                                      | 138,088.  |
|  | d<br>70 | Net rental income or (loss)                                   | (ii) Other        | 130,000.              |  |                                      | 138,088.  |
|  | 7a      | sales of assets   | (ii) Gillor       |                       |  |                                      |   |
|  |         | other than inventory <b>7a</b> 19,384,742.                    |                   |                       |  |                                      |   |
| ø  | b       | Less: cost or other basis                                     |                   |                       |  |                                      |   |
| 'n   | b       | and sales expenses <b>7b</b> 14,840,596.                      | 18,199.           |                       |  |                                      |   |
| evenue   | С       | C : (1 )  | +                 |                       |  |                                      |   |
| Ř  |         | Net gain or (loss)  |                   | 4,525,947.            |  |                                      | 4,525,947.  |
| Other R  | 8a      | Gross income from fundraising                                 |                   |                       |  |                                      |   |
| ŏ  | ua      | events (not including \$220,026.                              |                   |                       |  |                                      |   |
|  |         | of contributions reported on line                             |                   |                       |  |                                      |   |
|  |         | 1c). See Part IV, line 18 8a                                  | 19,579.           |                       |  |                                      |   |
|  | b       | Less: direct expenses 8b                                      | 49,044.           |                       |  |                                      |   |
|  | С       | Net income or (loss) from fundraising events                  |                   | -29,465.              |  |                                      | -29,465.  |
|  | 9a      | Gross income from gaming                                      |                   |                       |  |                                      |   |
|  |         | activities. See Part IV, line 19 9a                           | 0.                |                       |  |                                      |   |
|  | b       | Less: direct expenses 9b                                      | 0.                |                       |  |                                      |   |
|  | С       | Net income or (loss) from gaming activities                   |                   | 0.                    |  |                                      |   |
|  | 10a     | Gross sales of inventory, less                                |                   |                       |  |                                      |   |
|  |         | returns and allowances  |                   |                       |  |                                      |   |
|  | b       | Less: cost of goods sold                                      | 125,347.          |                       |  |                                      |   |
|  | С       | Net income or (loss) from sales of inventory.                 | <u> </u>          | 10,991.               | 10,991.                                |                                      |   |
| ns   |         |   | Business Code     |                       |  |                                      |   |
| Miscellaneous<br>Revenue                               | 11a     |   |                   |                       |  |                                      | <u> </u>  |
| llar<br>ren  | b       |   |                   |                       |  |                                      | <u> </u>  |
| Sev.   | С       |   |                   |                       |  |                                      | <del>                                     </del>              |
| Mis  | d       | All other revenue   |                   |                       |  |                                      |   |
|  |         | Total Add lines 11a-11d                                       |                   | 0.                    | 502.22                                 |                                      | F 055 == :  |
| JSA  | 12      | Total revenue. See instructions                               |                   | 14,815,672.           | 522,130.                               |                                      | 5,963,554.  |

# 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,   | (A)<br>Total expenses | (B)                      | (C)                             | ( <b>D</b> )<br>Fundraising |  |  |  |  |
| 8b,   | 9b, and 10b of Part VIII.   | rotal expenses        | Program service expenses | Management and general expenses | expenses                    |  |  |  |  |
| 1   | Grants and other assistance to domestic organizations   |                       |                          |                                 |                             |  |  |  |  |
|   | and domestic governments. See Part IV, line 21  | 0.                    |                          |                                 |                             |  |  |  |  |
| 2   | Grants and other assistance to domestic   |                       |                          |                                 |                             |  |  |  |  |
|   | individuals. See Part IV, line 22   | 0.                    |                          |                                 |                             |  |  |  |  |
| 3   | Grants and other assistance to foreign  |                       |                          |                                 |                             |  |  |  |  |
| _   | organizations, foreign governments, and   |                       |                          |                                 |                             |  |  |  |  |
|   | foreign individuals. See Part IV, lines 15 and 16   | 0.                    |                          |                                 |                             |  |  |  |  |
| 4   | Benefits paid to or for members   | 0.                    |                          |                                 |                             |  |  |  |  |
| 5   | Compensation of current officers, directors,  |                       |                          |                                 |                             |  |  |  |  |
|   | trustees, and key employees   | 389,940.              | 330,833.                 | 21,856.                         | 37,251.                     |  |  |  |  |
| 6   | Compensation not included above to disqualified   |                       |                          |                                 |                             |  |  |  |  |
|   | persons (as defined under section 4958(f)(1)) and   |                       |                          |                                 |                             |  |  |  |  |
|   | persons described in section 4958(c)(3)(B)  | 0.                    |                          |                                 |                             |  |  |  |  |
| 7   | Other salaries and wages  | 3,428,167.            | 2,908,522.               | 192,150.                        | 327,495.                    |  |  |  |  |
| 8   | Pension plan accruals and contributions (include  |                       |                          |                                 |                             |  |  |  |  |
|   | section 401(k) and 403(b) employer contributions)   | 112,903.              | 95,789.                  | 6,328.                          | 10,786.                     |  |  |  |  |
| 9   | Other employee benefits   | 503,727.              | 427,371.                 | 28,235.                         | 48,121.                     |  |  |  |  |
| 10  | Payroll taxes   | 289,006.              | 245,198.                 | 16,199.                         | 27,609.                     |  |  |  |  |
| 11  | Fees for services (nonemployees):   |                       |                          |                                 |                             |  |  |  |  |
| а   | Management  | 0.                    |                          |                                 |                             |  |  |  |  |
|   | Legal   | 9,178.                | 651.                     | 6,349.                          | 2,178.                      |  |  |  |  |
|   | Accounting  | 35,750.               | 2,536.                   | 24,729.                         | 8,485.                      |  |  |  |  |
|   | Lobbying  | 0.                    |                          |                                 |                             |  |  |  |  |
|   | Professional fundraising services. See Part IV, line 17.  | 0.                    |                          |                                 |                             |  |  |  |  |
| 1   | Investment management fees  | 354,221.              |                          | 354,221.                        |                             |  |  |  |  |
| g   | Other. (If line 11g amount exceeds 10% of line 25, column                                       |                       |                          |                                 |                             |  |  |  |  |
|   | (A) amount, list line 11g expenses on Schedule O.)  | 208,853.              | 14,815.                  | 144,470.                        | 49,568.                     |  |  |  |  |
| 12  | Advertising and promotion   | 41,414.               | 18,975.                  | 30.                             | 22,409.                     |  |  |  |  |
| 13  | Office expenses   | 209,923.              | 107,252.                 | 42,867.                         | 59,804.                     |  |  |  |  |
| 14  | Information technology  | 0.                    |                          |                                 |                             |  |  |  |  |
| 15  | Royalties   | 0.                    |                          |                                 |                             |  |  |  |  |
| 16  | Occupancy   | 291,858.              | 268,510.                 | 14,943.                         | 8,405.                      |  |  |  |  |
| 17  | Travel  | 3,266.                | 1,482.                   | 1,741.                          | 43.                         |  |  |  |  |
| 18  | Payments of travel or entertainment expenses  |                       |                          |                                 |                             |  |  |  |  |
|   | for any federal, state, or local public officials   | 0.                    |                          |                                 |                             |  |  |  |  |
| 19  | Conferences, conventions, and meetings  | 4,109.                | 2,222.                   | 887.                            | 1,000.                      |  |  |  |  |
| 20  | Interest  | 0.                    |                          |                                 |                             |  |  |  |  |
| 21  | Payments to affiliates  | 0.                    | 1 600 100                | 204 272                         |                             |  |  |  |  |
| 22  | Depreciation, depletion, and amortization   | 1,862,531.            | 1,620,402.               | 204,878.                        | 37,251.                     |  |  |  |  |
| 23  | Insurance   | 297,728.              | 230,240.                 | 67,488.                         |                             |  |  |  |  |
| 24  | Other expenses. Itemize expenses not covered  |                       |                          |                                 |                             |  |  |  |  |
|   | above (List miscellaneous expenses on line 24e. If  |                       |                          |                                 |                             |  |  |  |  |
|   | line 24e amount exceeds 10% of line 25, column  |                       |                          |                                 |                             |  |  |  |  |
|   | (A) amount, list line 24e expenses on Schedule O.)  | 200 076               | 200 276                  |                                 |                             |  |  |  |  |
|   | EXHIBITIONS   | 388,276.              | 388,276.                 | 7.41                            |                             |  |  |  |  |
| -   | MAINTENANCE OF COLLECTION   | 27,961.               | 27,220.                  | 741.                            | /1 22E                      |  |  |  |  |
| -   | EQUIPMENT RENTAL & MAINTENAN  | 410,963.              | 186,082.                 | 183,546.                        | 41,335.                     |  |  |  |  |
| _   | CONCERTS & AUDIO TOURS  | 8,960.<br>154,007.    | 5,288.                   | 67 071                          | 3,672.                      |  |  |  |  |
|   | All other expenses  |                       | 26,377.                  | 67,974.                         | 59,656.                     |  |  |  |  |
|   | Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the | 9,032,741.            | 6,908,041.               | 1,379,632.                      | 745,068.                    |  |  |  |  |
| 20  | organization reported in column (B) joint costs   |                       |                          |                                 |                             |  |  |  |  |
|   | from a combined educational campaign and  |                       |                          |                                 |                             |  |  |  |  |
|   | fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)                        | 0.                    |                          |                                 |                             |  |  |  |  |
|   | 15.15.11.19 551 55 2 (1.65 550-125)   | 0.                    |                          |                                 | Form <b>990</b> (2020)      |  |  |  |  |

### Part X Balance Sheet

|                             |      | Check if Schedule O contains a response or note to any line in this Pa                        | art X                    | <u>.</u> | <u> </u>               |
|-----------------------------|------|---|--------------------------|----------|------------------------|
| -                           |      |   | (A)<br>Beginning of year |          | (B)<br>End of year     |
|                             | 4    | Cach non interact hearing   | 3,410.                   | 1        | 3,160.                 |
|                             | 1    | Cash - non-interest-bearing   | 3,709,509.               | 2        | 5,403,509.             |
|                             | 2    | Savings and temporary cash investments  | 2,265,259.               |          | 774,907.               |
|                             | 3    | Pledges and grants receivable, net  | 93,479.                  | 3        | 82,987.                |
|                             | 4    | Accounts receivable, net.   | 93,479.                  | 4        | 02,907.                |
|                             | 5    | Loans and other receivables from any current or former officer, director,                     |                          |          |                        |
|                             |      | trustee, key employee, creator or founder, substantial contributor, or 35%                    | 0                        | _        | 0                      |
|                             |      | controlled entity or family member of any of these persons                                    | 0.                       | 5        | 0.                     |
|                             | 6    | Loans and other receivables from other disqualified persons (as defined                       | 0                        |          | 0                      |
|                             |      | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)                     | 0.                       | 6        | 0.                     |
| Assets                      | 7    | Notes and loans receivable, net   | 0.                       | 7        | 0.                     |
| SS                          | 8    | Inventories for sale or use   | 109,645.                 | 8        | 27,208.                |
| ٩                           | 9    | Prepaid expenses and deferred charges   | 1,087,586.               | 9        | 214,299.               |
|                             | 10 a | Land, buildings, and equipment: cost or other   |                          |          |                        |
|                             |      | basis. Complete Part VI of Schedule D 10a 59,296,483.   |                          |          |                        |
|                             | b    | Less: accumulated depreciation  | 26,145,630.              | 10c      | 26,250,448.            |
|                             | 11   | Investments - publicly traded securities  | 50,898,614.              | 11       | 65,355,297.            |
|                             | 12   | Investments - other securities. See Part IV, line 11  | 0.                       | 12       | 0.                     |
|                             | 13   | Investments - program-related. See Part IV, line 11   | 0.                       | 13       | 0.                     |
|                             | 14   | Intangible assets   | 0.                       | 14       | 0.                     |
|                             | 15   | Other assets. See Part IV, line 11  | 0.                       | 15       | 0.                     |
|                             | 16   | Total assets. Add lines 1 through 15 (must equal line 33)                                     | 84,313,132.              | 16       | 98,111,815.            |
|                             | 17   | Accounts payable and accrued expenses   | 584,528.                 | 17       | 264,609.               |
|                             | 18   | Grants payable  | 0.                       | 18       | 0.                     |
|                             | 19   | Deferred revenue  | 163,999.                 | 19       | 206,567.               |
|                             | 20   | Tax-exempt bond liabilities   | 0.                       | 20       | 0.                     |
|                             | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D                         | 0.                       | 21       | 0.                     |
| S                           | 22   | Loans and other payables to any current or former officer, director,                          |                          |          |                        |
| Liabilities                 |      | trustee, key employee, creator or founder, substantial contributor, or 35%                    |                          |          |                        |
| abi                         |      | controlled entity or family member of any of these persons                                    | 0.                       | 22       | 0.                     |
| Ĭ                           | 23   | Secured mortgages and notes payable to unrelated third parties                                | 876,700.                 | 23       | 0.                     |
|                             | 24   | Unsecured notes and loans payable to unrelated third parties                                  | 0.                       | 24       | 0.                     |
|                             | 25   | Other liabilities (including federal income tax, payables to related third                    |                          |          |                        |
|                             |      | parties, and other liabilities not included on lines 17-24). Complete Part X                  |                          |          |                        |
|                             |      | of Schedule D   | 0.                       | 25       | 0.                     |
|                             | 26   | Total liabilities. Add lines 17 through 25  | 1,625,227.               | 26       | 471,176.               |
| ses                         |      | Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. |                          |          |                        |
| an                          | 27   | Net assets without donor restrictions   | 39,995,414.              | 27       | 55,309,055.            |
| Ba                          | 28   | Net assets with donor restrictions.   | 42,692,491.              | 28       | 42,331,584.            |
| pq                          | 20   | Organizations that do not follow FASB ASC 958, check here ▶                                   | 12,002,101.              | 20       | 12,331,301.            |
| Net Assets or Fund Balances |      | and complete lines 29 through 33.   |                          |          |                        |
| s o                         | 29   | Capital stock or trust principal, or current funds  |                          | 29       |                        |
| set                         | 30   | Paid-in or capital surplus, or land, building, or equipment fund                              |                          | 30       |                        |
| As                          | 31   | Retained earnings, endowment, accumulated income, or other funds                              |                          | 31       |                        |
| et                          | 32   | Total net assets or fund balances   | 82,687,905.              | 32       | 97,640,639.            |
| Z                           | 33   | Total liabilities and net assets/fund balances  | 84,313,132.              | 33       | 98,111,815.            |
| _                           |      |   |                          |          | Form <b>990</b> (2020) |

Form **990** (2020)

| Part | XI Reconciliation of Net Assets  |        |      |      |      |        |
|------|--|--------|------|------|------|--------|
|      | Check if Schedule O contains a response or note to any line in this Part XI                            |        |      |      |      |        |
| 1    | 1 Total revenue (must equal Part VIII, column (A), line 12)  |        |      |      |      | 72.    |
| 2    |  |        |      |      |      | 741.   |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3      |      |      | 82,9 |        |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))              | 4      |      | 82,6 |      |        |
| 5    | Net unrealized gains (losses) on investments   | 5      |      | 10,5 | 48,8 | 355.   |
| 6    | Donated services and use of facilities   | 6      |      |      |      | 0.     |
| 7    | Investment expenses  | 7      |      |      |      | 0.     |
| 8    | Prior period adjustments   | 8      |      |      |      | 0.     |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)                                   | 9      |      | -1,3 | 79,0 | 52.    |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line         |        |      |      |      |        |
|      | 32, column (B))  | 10     |      | 97,6 | 40,6 | 39.    |
| Part | XII Financial Statements and Reporting   |        |      |      |      |        |
|      | Check if Schedule O contains a response or note to any line in this Part XII                           |        |      |      |      |        |
|      |  |        |      |      | Yes  | No     |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other                                   |        |      |      |      |        |
|      | If the organization changed its method of accounting from a prior year or checked "Other," ea          | xplair | n in |      |      |        |
|      | Schedule O.  |        |      |      |      |        |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?        |        |      | 2a   |      | X      |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were com-        | piled  | or   |      |      |        |
|      | reviewed on a separate basis, consolidated basis, or both:   |        |      |      |      |        |
|      | Separate basis Consolidated basis Both consolidated and separate basis                                 |        |      |      |      |        |
| b    | Were the organization's financial statements audited by an independent accountant?                     |        |      | 2b   | Х    |        |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audit       |        |      |      |      |        |
|      | separate basis, consolidated basis, or both:   |        |      |      |      |        |
|      | X Separate basis Consolidated basis Both consolidated and separate basis                               |        |      |      |      |        |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | rsigh  | t of |      |      |        |
|      | the audit, review, or compilation of its financial statements and selection of an independent accounta | _      |      | 2c   | Х    |        |
|      | If the organization changed either its oversight process or selection process during the tax year, ex  |        |      |      |      |        |
|      | Schedule O.  | •      |      |      |      |        |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set for | th in  | the  |      |      |        |
|      | Single Audit Act and OMB Circular A-133?   |        |      | 3a   |      |        |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not und   | ergo   | the  |      |      |        |
|      | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au    | _      |      | 3b   |      |        |
|      |  |        |      | Form | 990  | (2020) |

### **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 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization MCNAY ART MUSEUM

Employer identification number 74-1195277

| Б.             |       | December Dublic Che                                      | rity Ctatus / All   | organizations must   | 2000010   | to this n                    | art \ Caa inatrustians                 |                                   |  |
|----------------|-------|--|---|--|-----------|------------------------------|--|-----------------------------------|--|
| Pa             |       | Reason for Public Cha                                    | ,   |  |           |                              |  | э.<br>                            |  |
|                | org   | anization is not a private fou                           |   | `  | •         | •                            | ,                                      |                                   |  |
| 1              |       |  |   | ches, or association of churches described in section 170(b)(1)(A)(i). |           |                              |  |                                   |  |
| 2              |       |  | ibed in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).) cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b> |  |           |                              |  |                                   |  |
| 3              |       |  |   |  |           |                              |  |                                   |  |
| 4              |       | A medical research organiz                               | •   | conjunction with a hos   | spital de | scribed ir                   | n section 170(b)(1)(A)                 | (iii). Enter the                  |  |
|                |       | hospital's name, city, and st                            |   |  |           |                              |  |                                   |  |
| 5              |       | An organization operated f                               |   | a college or universit   | y owne    | d or ope                     | rated by a governme                    | ntal unit described in            |  |
|                |       | section 170(b)(1)(A)(iv). (C                             |   |  |           |                              |  |                                   |  |
| 6              |       | A federal, state, or local go                            |   |  |           |                              |  |                                   |  |
| 7              | Х     | An organization that norma                               | ally receives a sub   | ostantial part of its su   | pport fr  | om a go                      | vernmental unit or fro                 | om the general public             |  |
|                |       | described in section 170(b)                              |   | ·  |           |                              |  |                                   |  |
| 8              |       | A community trust describe                               | ed in <b>section 170(</b> b   | o)(1)(A)(vi). (Complete  | Part II.) |                              |  |                                   |  |
| 9              |       | An agricultural research org                             | ganization describe   | ed in <b>section 170(b)(1</b>  | )(A)(ix)  | operated                     | I in conjunction with a                | land-grant college                |  |
|                |       | or university or a non-land-                             | grant college of ag   | griculture (see instruct   | ions). E  | nter the i                   | name, city, and state of               | the college or                    |  |
|                |       | university:  |   |  |           |                              |  |                                   |  |
| 10             |       | An organization that norma receipts from activities rela | lly receives (1) mo   | ore than 331/3 % of its  | support   | from cor                     | ntributions, membersh                  | ip fees, and gross                |  |
|                |       | support from gross investm                               | nent income and u   | nrelated business tax  | able inco | ome (les                     | s section 511 tax) from                | businesses                        |  |
|                |       | acquired by the organizatio                              |   |  |           | •                            | •                                      |                                   |  |
| 11             |       | An organization organized                                | •   | •  | -         |                              |  |                                   |  |
| 12             |       | An organization organized                                | •   | •  |           |                              |  |                                   |  |
|                |       | of one or more publicly su                               | · · -   |  |           |                              |  |                                   |  |
|                | _     | Check the box in lines 12a t                             | hrough 12d that d   | escribes the type of s   | upporting | g organiz                    | zation and complete lir                | nes 12e, 12f, and 12g.            |  |
| а              |       | Type I. A supporting orga                                | anization operated  | , supervised, or contr   | olled by  | its supp                     | orted organization(s),                 | typically by giving               |  |
|                |       | the supported organization                               | on(s) the power to  | regularly appoint or e   | lect a m  | ajority of                   | the directors or truste                | es of the                         |  |
|                |       | supporting organization.                                 | ou must complet   | e Part IV, Sections A  | and B.    |                              |  |                                   |  |
| b              |       | Type II. A supporting org                                | anization supervise   | ed or controlled in co   | nnection  | with its                     | supported organization                 | on(s), by having                  |  |
|                |       | control or management of                                 | of the supporting o   | rganization vested in  | the sam   | e persor                     | s that control or man                  | age the supported                 |  |
|                | _     | organization(s). You must                                | complete Part IV  | , Sections A and C.  |           |                              |  |                                   |  |
| С              |       | Type III functionally integ                              | grated. A supporti  | ng organization opera  | ited in c | onnectio                     | n with, and functional                 | ly integrated with,               |  |
|                | _     | its supported organization                               | n(s) (see instruction   | s). You must comple  | te Part I | V, Section                   | ons A, D, and E.                       |                                   |  |
| d              |       | Type III non-functionally                                | integrated. A sup   | porting organization of  | perated   | in conne                     | ection with its suppor                 | ted organization(s)               |  |
|                |       | that is not functionally inte                            | egrated. The organ  | nization generally mus   | t satisfy | a distrib                    | ution requirement and                  | d an attentiveness                |  |
|                |       | requirement (see instruct                                | ions). <b>You must co</b>   | omplete Part IV, Sect  | ions A a  | nd D, an                     | d Part V.                              |                                   |  |
| е              |       | Check this box if the orga                               | nization received   | a written determinatio   | n from t  | he IRS th                    | nat it is a Type I, Type I             | I, Type III                       |  |
|                |       | functionally integrated, or                              | Type III non-funct  | ionally integrated sup   | porting o | organizat                    | ion.                                   |                                   |  |
| f              |       | iter the number of supported                             |   |  |           |                              |  |                                   |  |
| g              | Pr    | ovide the following information                          | on about the suppo  | orted organization(s).   | ı         |                              |  |                                   |  |
|                | (i) N | lame of supported organization                           | (ii) EIN  | (iii) Type of organization (described on lines 1-10                    |           | organization<br>ur governing | (v) Amount of monetary<br>support (see | (vi) Amount of other support (see |  |
|                |       |  |   | above (see instructions))  |           | ment?                        | instructions)                          | instructions)                     |  |
|                |       |  |   |  | Yes       | No                           |  |                                   |  |
| (A)            |       |  |   |  |           |                              |  |                                   |  |
|                |       |  |   |  |           |                              |  |                                   |  |
| (B)            |       |  |   |  |           |                              |  |                                   |  |
| (C)            |       |  |   |  |           |                              |  |                                   |  |
| ( <del>)</del> |       |  |   |  |           |                              |  |                                   |  |
| (D)            |       |  |   |  |           |                              |  |                                   |  |
|                |       |  |   |  |           |                              |  |                                   |  |
| (E)            |       |  |   |  |           |                              |  |                                   |  |
| Tota           | al    |  |   |  |           |                              |  |                                   |  |
| 100            | 41    |  |   |  |           |                              |  |                                   |  |

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

Page 2 Schedule A (Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec  | Section A. Public Support  |                    |                 |            |                 |                   |                |  |
|------|--|--------------------|-----------------|------------|-----------------|-------------------|----------------|--|
| Cale | ndar year (or fiscal year beginning in)  | <b>(a)</b> 2016    | <b>(b)</b> 2017 | (c) 2018   | <b>(d)</b> 2019 | (e) 2020          | (f) Total      |  |
| 1    | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 5,475,918.         | 4,712,663.      | 9,431,361. | 6,962,481.      | 8,329,988.        | 34,912,411.    |  |
| 2    | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                    |                 |            |                 |                   | 0.             |  |
| 3    | The value of services or facilities furnished by a governmental unit to the organization without charge  |                    |                 |            |                 |                   | 0.             |  |
| 4    | Total. Add lines 1 through 3   | 5,475,918.         | 4,712,663.      | 9,431,361. | 6,962,481.      | 8,329,988.        | 34,912,411.    |  |
| 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). |                    |                 |            |                 |                   | 6,506,428.     |  |
| 6    | Public support. Subtract line 5 from line 4  |                    |                 |            |                 |                   | 28,405,983.    |  |
|      | tion B. Total Support  |                    |                 |            |                 |                   |                |  |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2016           | <b>(b)</b> 2017 | (c) 2018   | (d) 2019        | <b>(e)</b> 2020   | (f) Total      |  |
| 7    | Amounts from line 4  | 5,475,918.         | 4,712,663.      | 9,431,361. | 6,962,481.      | 8,329,988.        | 34,912,411.    |  |
| 8    | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  | 1,454,239.         | 1,481,073.      | 1,433,550. | 1,595,581.      | 1,112,851.        | 7,077,294.     |  |
| 9    | Net income from unrelated business activities, whether or not the business is regularly carried on   |                    |                 |            |                 |                   | 0.             |  |
| 10   | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                    |                 |            |                 |                   | 0.             |  |
| 11   | Total support. Add lines 7 through 10  |                    |                 |            |                 |                   | 41,989,705.    |  |
| 12   | Gross receipts from related activities, etc. (s  | ee instructions) . |                 |            |                 | 12                | 3,158,705.     |  |
| 13   | First 5 years. If the Form 990 is for organization, check this box and stop here   |                    |                 |            |                 |                   |                |  |
| Sec  | tion C. Computation of Public Sup  |                    | •               |            |                 |                   |                |  |
| 14   | Public support percentage for 2020 (lin  |                    |                 |            |                 | 14                | 67.65 <b>%</b> |  |
| 15   | Public support percentage from 2019  |                    |                 |            |                 | 15                | 65.82 <b>%</b> |  |
| 16a  | 331/3% support test - 2020. If the org   | =                  |                 |            |                 |                   |                |  |
|      | box and <b>stop here.</b> The organization qu  |                    |                 |            |                 |                   |                |  |
| b    | 331/3% support test - 2019. If the org   |                    |                 |            |                 |                   |                |  |
|      | this box and <b>stop here.</b> The organization  |                    |                 | _          |                 |                   |                |  |
| 17a  | 10%-facts-and-circumstances test - 2   |                    |                 |            |                 |                   |                |  |
|      | 10% or more, and if the organization   |                    |                 |            |                 | -                 | -              |  |
|      | Part VI how the organization meets   |                    |                 | •          | •               |                   |                |  |
|      | organization   |                    |                 |            |                 |                   |                |  |
| b    | 10%-facts-and-circumstances test - 2   | -                  |                 |            |                 |                   |                |  |
|      | 15 is 10% or more, and if the organiz  |                    |                 |            |                 | =                 |                |  |
|      | in Part VI how the organization meets  |                    |                 | -          | -               |                   |                |  |
| 46   | organization   |                    |                 |            |                 |                   |                |  |
| 18   | <b>Private foundation.</b> If the organization   |                    |                 |            |                 |                   |                |  |
|      | instructions   |                    |                 |            |                 | ahadula A (Farm 0 |                |  |

Page 3 Schedule A (Form 990 or 990-EZ) 2020

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

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

| Sec       | tion A. Public Support   |                  |                   |                   |                 |                  |             |
|-----------|--|------------------|-------------------|-------------------|-----------------|------------------|-------------|
| Caler     | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2016  | <b>(b)</b> 2017   | (c) 2018          | (d) 2019        | <b>(e)</b> 2020  | (f) Total   |
| 1         | Gifts, grants, contributions, and membership fees  |                  |                   |                   |                 |                  |             |
|           | received. (Do not include any "unusual grants.")   |                  |                   |                   |                 |                  |             |
| 2         | Gross receipts from admissions, merchandise  |                  |                   |                   |                 |                  |             |
|           | sold or services performed, or facilities  |                  |                   |                   |                 |                  |             |
|           | furnished in any activity that is related to the   |                  |                   |                   |                 |                  |             |
|           | organization's tax-exempt purpose  |                  |                   |                   |                 |                  |             |
| 3         | Gross receipts from activities that are not an   |                  |                   |                   |                 |                  |             |
|           | unrelated trade or business under section 513 .  |                  |                   |                   |                 |                  |             |
| 4         | Tax revenues levied for the  |                  |                   |                   |                 |                  |             |
|           | organization's benefit and either paid to  |                  |                   |                   |                 |                  |             |
|           | or expended on its behalf  |                  |                   |                   |                 |                  |             |
| 5         | The value of services or facilities  |                  |                   |                   |                 |                  |             |
|           | furnished by a governmental unit to the  |                  |                   |                   |                 |                  |             |
|           | organization without charge  |                  |                   |                   |                 |                  |             |
| 6         | Total. Add lines 1 through 5   |                  |                   |                   |                 |                  |             |
| 7 a       | Amounts included on lines 1, 2, and 3  |                  |                   |                   |                 |                  |             |
|           | received from disqualified persons   |                  |                   |                   |                 |                  |             |
| b         | Amounts included on lines 2 and 3 received from other than disqualified  |                  |                   |                   |                 |                  |             |
|           | persons that exceed the greater of \$5,000   |                  |                   |                   |                 |                  |             |
|           | or 1% of the amount on line 13 for the year.   |                  |                   |                   |                 |                  |             |
|           | Add lines 7a and 7b.   |                  |                   |                   |                 |                  |             |
| 8         | Public support. (Subtract line 7c from   |                  |                   |                   |                 |                  |             |
| 800       | tion R. Total Support  |                  |                   |                   |                 |                  |             |
|           | tion B. Total Support  | (a) 2016         | <b>(b)</b> 2017   | (c) 2018          | (d) 2019        | (e) 2020         | (f) Total   |
| _         | ndar year (or fiscal year beginning in)  | (4) 2010         | (6) 2017          | (6) 2010          | (4) 2019        | (6) 2020         | (i) i Otai  |
| 9<br>10 a | Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. |                  |                   |                   |                 |                  |             |
| b         | Unrelated business taxable income (less  |                  |                   |                   |                 |                  |             |
|           | section 511 taxes) from businesses   |                  |                   |                   |                 |                  |             |
|           | acquired after June 30, 1975   |                  |                   |                   |                 |                  |             |
| С         | Add lines 10a and 10b  |                  |                   |                   |                 |                  |             |
| 11        | Net income from unrelated business   |                  |                   |                   |                 |                  |             |
|           | activities not included in line 10b, whether   |                  |                   |                   |                 |                  |             |
|           | or not the business is regularly carried on.   |                  |                   |                   |                 |                  |             |
| 12        | Other income. Do not include gain or   |                  |                   |                   |                 |                  |             |
| _         | loss from the sale of capital assets   |                  |                   |                   |                 |                  |             |
|           | (Explain in Part VI.)  |                  |                   |                   |                 |                  |             |
| 13        | Total support. (Add lines 9, 10c, 11,  |                  |                   |                   |                 |                  |             |
|           | and 12.)   |                  |                   |                   |                 |                  |             |
| 14        | First 5 years. If the Form 990 is for  | the organizati   | on's first, secon | d, third, fourth, | or fifth tax ye | ar as a section  | 501(c)(3)   |
|           | organization, check this box and stop here   |                  |                   |                   |                 |                  | ▶ 🔃         |
| Sec       | tion C. Computation of Public Supp   |                  | •                 |                   |                 |                  |             |
| 15        | Public support percentage for 2020 (line 8   |                  | •                 | ```               |                 | 15               | %           |
| 16        | Public support percentage from 2019 Sche   |                  |                   |                   |                 | 16               | %           |
| Sec       | tion D. Computation of Investmen   |                  |                   |                   |                 |                  |             |
| 17        | Investment income percentage for 2020 (lin   |                  |                   |                   |                 | 17               | %           |
| 18        | Investment income percentage from 2019   |                  |                   |                   |                 | 18               | %           |
| 19 a      | 331/3% support tests - 2020. If the or   | -                |                   |                   |                 |                  |             |
|           | 17 is not more than 331/3%, check this   | -                | -                 | •                 |                 |                  |             |
| b         | 331/3% support tests - 2019. If the organization   |                  |                   |                   |                 |                  | . $\square$ |
| 00        | line 18 is not more than 331/3 %, check  |                  | -                 | •                 |                 |                  | <del></del> |
| 20        | Private folingation if the Organization of   | IIII DOI CDECK 2 | a nov on line 1   | ⊿ iya ∩riiyh      | CHECK THIS HOY  | and see instriid | mone =      |

Schedule A (Form 990 or 990-EZ) 2020 Page 4

### Part IV **Supporting Organizations**

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

### Section A. All Supporting Organizations

| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <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. |
|-----|--|
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).                              |
| 3 a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.  |

- satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? It "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes, answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

Page 5 Schedule A (Form 990 or 990-EZ) 2020

|         | (A) (1 of the 350 of 350 LE) 2020  |            | -     | age <b>C</b> |
|---------|--|------------|-------|--------------|
| Part    | Supporting Organizations (continued)   |            | V     | NI.          |
| 44      | Healtha arganization accounted a gift or contribution from any of the fall-wine account.   |            | res   | No           |
| 11      | Has the organization accepted a gift or contribution from any of the following persons?  |            |       |              |
| а       | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and   | 110        |       |              |
| h       | 11c below, the governing body of a supported organization?  A family member of a person described in line 11a above?   | 11a<br>11b |       | _            |
|         | A 35% controlled entity of a person described in line 11a above? If "Yes" to line 11a, 11b, or 11c, provide  | 110        |       |              |
| ·       | detail in <b>Part VI.</b>  | 11c        |       |              |
| Section | on B. Type I Supporting Organizations  | 110        |       | <u> </u>     |
|         |  |            | Yes   | No           |
| 4       | Did the covering heady members of the governing heady officers acting in their official conscity or membership of one or   |            |       |              |
| 1       | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, |            |       |              |
|         | directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the   |            |       |              |
|         | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1          |       |              |
| 2       | Did the organization operate for the benefit of any supported organization other than the supported  |            |       |              |
|         | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part  |            |       |              |
|         | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |            |       |              |
|         | supervised, or controlled the supporting organization.   | 2          |       |              |
| Secti   | on C. Type II Supporting Organizations   |            |       |              |
|         |  |            | Yes   | No           |
| 1       | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |            |       |              |
|         | or trustees of each of the organization's supported organization(s)? 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).  | 4          |       |              |
| Socti   | on D. All Type III Supporting Organizations  | 1          |       | <u> </u>     |
| Secu    | on D. All Type III Supporting Organizations  |            | Vac   | No           |
| 1       | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |            | 163   | 140          |
|         | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior  |            |       |              |
|         | tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously                        |            |       |              |
|         | provided?  | 1          |       |              |
| 2       | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |            |       |              |
| _       | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how  |            |       |              |
|         | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2          |       |              |
| 3       | By reason of the relationship described in line 2, above, did the organization's supported organizations have  |            |       |              |
|         | a significant voice in the organization's investment policies and in directing the use of the organization's   |            |       |              |
|         | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's  |            |       |              |
|         | supported organizations played in this regard.   | 3          |       |              |
| Secti   | on E. Type III Functionally Integrated Supporting Organizations  |            |       |              |
| 1       | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins   | structi    | ons). |              |
| a       | The organization satisfied the Activities Test. Complete line 2 below.   |            |       |              |
| b       | The organization is the parent of each of its supported organizations. Complete line 3 below.  |            |       |              |
| С       | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see   | e instr    | -     |              |
| 2       | Activities Test. Answer lines 2a and 2b below.   |            | res   | No           |
| а       | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |            |       |              |
|         | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify   |            |       |              |
|         | those supported organizations and explain how these activities directly furthered their exempt purposes,   |            |       |              |
|         | how the organization was responsive to those supported organizations, and how the organization determined  | 20         |       |              |
|         | that these activities constituted substantially all of its activities.   | 2a         |       |              |
| b       | Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,  |            |       |              |
|         | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in   |            |       |              |
|         | <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.   | 2b         |       |              |
| 3       | -  | 20         |       |              |
| 3       | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |            |       |              |
| а       | trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>  | 3a         |       |              |
| b       | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |            |       |              |
| ~       | of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   | 3b         |       |              |

Schedule A (Form 990 or 990-EZ) 2020 Page **6** 

|    | · · · · · · · · · · · · · · · · · · ·  |                |                                  | 9                                  |
|----|--|----------------|----------------------------------|------------------------------------|
| Pa | art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ  | nization       | S                                |                                    |
| 1  | Check here if the organization satisfied the Integral Part Test as a qualifying  | g trust or     | n Nov. 20, 1970 ( <i>expla</i> i | in in <b>Part VI</b> ). <b>See</b> |
|    | instructions. All other Type III non-functionally integrated supporting organi   | izations i     | must complete Sectio             | ns A through E.                    |
| Se | ection 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              |                                  |                                    |
| Se | ection B - Minimum Asset Amount  |                | (A) Prior Year                   | (B) Current Year<br>(optional)     |
| 1  | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |                |                                  |                                    |
| а  | Average monthly value of securities  | 1a             |                                  |                                    |
| b  | Average monthly cash balances  | 1b             |                                  |                                    |
| С  | Fair market value of other non-exempt-use assets   | 1c             |                                  |                                    |
| C  | Total (add lines 1a, 1b, and 1c)   | 1d             |                                  |                                    |
| е  | Discount claimed for blockage or other factors (explain in detail in Part VI):   | 1e             |                                  |                                    |
|    | Acquisition indebtedness applicable to non-exempt-use assets   | 2              |                                  |                                    |
| 3  | Subtract line 2 from line 1d.  | 3              |                                  |                                    |
| 4  | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | 4              |                                  |                                    |
| 5  | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5              |                                  |                                    |
| 6  | Multiply line 5 by 0.035.  | 6              |                                  |                                    |
| 7  |  | 7              |                                  |                                    |
| 8  | Minimum Asset Amount (add line 7 to line 6)  | 8              |                                  |                                    |
| Se | ection C - Distributable Amount  |                |                                  | Current Year                       |
| 1  | Adjusted net income for prior year (from Section A, line 8, column A)  | 1              |                                  |                                    |
| 2  | Enter 0.85 of line 1.  | 2              |                                  |                                    |
| 3  | Minimum asset amount for prior year (from Section B, line 8, column A)   | 3              |                                  |                                    |
| 4  | Enter greater of line 2 or line 3.   | 4              |                                  |                                    |
| 5  | Income tax imposed in prior year   | 5              |                                  |                                    |
| 6  | Distributable Amount. Subtract line 5 from line 4, unless subject to   |                |                                  |                                    |
| -  | emergency temporary reduction (see instructions).  | 6              |                                  |                                    |
| 7  |  |                | ated Type III supporting         | g organization                     |
|    | (and instructions)   | , 9            |                                  | <i>y</i> - <i>y</i>                |

Schedule A (Form 990 or 990-EZ) 2020 Page **7** 

| Part | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) |                          |        |  |              |  |  |
|------|--|--------------------------|--------|--|--------------|--|--|
| Sect | ion D - Distributions  |                          |        |  | Current Year |  |  |
| 1    | Amounts paid to supported organizations to accomplish e                                    |                          |        |  |              |  |  |
| 2    | Amounts paid to perform activity that directly furthers exer                               | mpt purposes of support  | ed     |  |              |  |  |
|      | organizations, in excess of income from activity   |                          |        |  |              |  |  |
| 3    | 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3  |                          |        |  |              |  |  |
| 4    | 4 Amounts paid to acquire exempt-use assets 4  |                          |        |  |              |  |  |
| 5    | Qualified set-aside amounts (prior IRS approval required - p                               |                          |        |  |              |  |  |
| 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 resp | onsive |  |              |  |  |
|      | (provide details in <b>Part VI</b> ). See instructions.                                    |                          |        |  |              |  |  |
| 9    | 9 Distributable amount for 2020 from Section C, line 6                                     |                          |        |  |              |  |  |
| 10   | 10 Line 8 amount divided by line 9 amount  |                          |        |  |              |  |  |
|      | ·  |                          | 4      |  | 4            |  |  |

| Section E - Distribution Allocations (see instructions) |  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2020 | (iii)<br>Distributable<br>Amount for 2020 |
|---|--|-----------------------------|--|---|
| 1   | Distributable amount for 2020 from Section C, line 6         |                             |  |   |
| 2   | Underdistributions, if any, for years prior to 2020          |                             |  |   |
|   | (reasonable cause required - explain in Part VI). See        |                             |  |   |
|   | instructions.  |                             |  |   |
| _3  | Excess distributions carryover, if any, to 2020              |                             |  |   |
| а   | From 2015  |                             |  |   |
| b   | From 2016  |                             |  |   |
| С   | From 2017  |                             |  |   |
| d   | From 2018  |                             |  |   |
| е   | From 2019  |                             |  |   |
| f   | Total of lines 3a through 3e                                 |                             |  |   |
| g   | Applied to underdistributions of prior years                 |                             |  |   |
| h   | Applied to 2020 distributable amount                         |                             |  |   |
| i   | Carryover from 2015 not applied (see instructions)           |                             |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.       |                             |  |   |
| 4   | Distributions for 2020 from                                  |                             |  |   |
|   | Section D, line 7: \$  |                             |  |   |
| а   | Applied to underdistributions of prior years                 |                             |  |   |
| b   | Applied to 2020 distributable amount                         |                             |  |   |
| С   | Remainder. Subtract lines 4a and 4b from line 4.             |                             |  |   |
| 5   | Remaining underdistributions for years prior to 2020, if     |                             |  |   |
|   | any. Subtract lines 3g and 4a from line 2. For result        |                             |  |   |
|   | greater than zero, explain in Part VI. See instructions.     |                             |  |   |
| 6   | Remaining underdistributions for 2020. Subtract lines 3h     |                             |  |   |
|   | and 4b from line 1. For result greater than zero, explain in |                             |  |   |
|   | Part VI. See instructions.                                   |                             |  |   |
| 7   | Excess distributions carryover to 2021. Add lines 3j         |                             |  |   |
|   | and 4c.  |                             |  |   |
| 8   | Breakdown of line 7:   |                             |  |   |
| а   | Excess from 2016   |                             |  |   |
| b   | Excess from 2017   |                             |  |   |
| С   | Excess from 2018   |                             |  |   |
| d   | Excess from 2019   |                             |  |   |
| е   | Excess from 2020   |                             |  |   |

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**2020** 

**Employer identification number** 

MCNAY ART MUSEUM 74-1195277 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization MCNAY ART MUSEUM

Employer identification number 74-1195277

| Part I     | Contributors (see instructions). Use duplicate copies of | f Part I if additional space is needed.                              |
|------------|--|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                        | (c) (d) Total contributions Type of contribution                     |
| 1_         | N/A  | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                        | (c) (d) Total contributions Type of contribution                     |
| 2_         | N/A  | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                        | (c) (d) Total contributions Type of contribution                     |
| 3          | N/A  | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                        | (c) (d) Total contributions Type of contribution                     |
| 4          | N/A  | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                        | (c) (d) Total contributions Type of contribution                     |
| 5_         | N/A  | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                        | (c) (d) Total contributions Type of contribution                     |
| 6_         | N/A  | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization MCNAY ART MUSEUM

Employer identification number 74-1195277

| art II | <b>Noncash Property</b> | (see instructions). | Use duplicate | copies of Part II | if additional space is needed. |
|--------|-------------------------|---------------------|---------------|-------------------|--------------------------------|
|--------|-------------------------|---------------------|---------------|-------------------|--------------------------------|

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|---------------------------|--|---|----------------------|
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given   | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given   | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization MCNAY ART MUSEUM **Employer identification number** 74-1195277 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  | MCN | AY ART MUSEUM  |  | 74-1195277                                       |
|--|-----|--|--|--|
| Complete if the organization answered "Yes" on Form 990, Part IV, line 6.  1 Total number at end of year   | Pa  | rt   Organizations Maintaining Donor Adv   | ised Funds or Other Similar Funds or   | Accounts.  |
| Total number at end of year   Aggregate value of contributions to (during year)   Aggregate value of or contributions to (during year)   Aggregate value of or of year   Aggregate value of year   Year   Aggregate value of year   Aggregate value value   Aggregate value value of year   Aggregate value of year   Aggregate value of year   Aggregate value value   Aggregate value of year   Aggregate value value   Aggregate value value   Aggregate value value   Aggregate value value value   Aggregate value value   Aggregate value value value   Aggregate value value value value value valu   |     |  |  |  |
| 2 Aggregate value of contributions to (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization property, subject to the organization's exclusive legal control? \\   |     |  | (a) Donor advised funds  | (b) Funds and other accounts                     |
| 2 Aggregate value of contributions to (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization property, subject to the organization's exclusive legal control? \\   | 1   | Total number at end of year  |  |  |
| Aggregate value of grants from (during year).  Aggregate value and of year.  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are 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?  Portul Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of use at 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.  a Total number of conservation easements on a certified historic structure included in (a). 2c d Number of conservation easements on a certified historic structure included in (a). 2c d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ■  No listoric structure listed in the National Register.  No with the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in inspecting, handling of violations, and enforcing conservation easements during the year ▶ S  Does deach conservation have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year ▶ S  Does deach conservation assement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(B)(B)?  In Part XIII, des  |     |  |  |  |
| Aggregate value at end of year,  | 3   |  |  |  |
| Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization property, subject to the organization's exclusive legal control?   | 4   |  |  |  |
| funds are the organization's property, subject to the organization's exclusive legal control?  | 5   |  | advisors in writing that the assets held   | in donor advised                                 |
| 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?    Conservation Easements   Vest   No  |     | _  |  |  |
| Part III 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 (for example, recreation or education)   Preservation of a historically important land area   | 6   |  | -  |  |
| 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 (for example, recreation or education).  Preservation of a historically important land area Preservation of open space.  Protection of natural habitat Preservation of open space.  2 Complete lines 2s 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.  a Total number of conservation easements.  b Total acreage restricted by conservation easements.  c Number of conservation easements on a certified historic structure included in (a).  c Number of conservation easements on a certified historic structure included in (a).  2c   |     | only for charitable purposes and not for the bene-   | fit of the donor or donor advisor, or for a  | any other purpose                                |
| 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 (for example, recreation or education)   |     | conferring impermissible private benefit?  |  | Yes No   |
| Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of open space   Preservation of a certified historic structure   Preservation open seaments   Preservation   Preservatio | Pa  |  |  |  |
| Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area Protection of natural habitat Preservation of open space  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.  Total number of conservation easements  Number of conservation easements on a certified historic structure included in (a).  Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year >  Number of states where property subject to conservation easement is located >  Number of states where property subject to conservation easement is holds?  Number of states where property subject to conservation easement is holds?  Noes the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Sa  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(f))  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.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or othe |     |  |  |  |
| Protection of natural habitat  Preservation of a certified historic structure  Preservation of open space  2 Complete lines 2 at through 2 df the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  | 1   |  |  |  |
| Preservation of open space  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.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  |     |  |  |  |
| 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.  Total number of conservation easements  |     |  | Preservation   | of a certified historic structure                |
| easement on the last day of the tax year.  a Total number of conservation easements.  b Total acreage restricted by conservation easements.  c Number of conservation easements on a certified historic structure included in (a).  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.  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?  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   5 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(iii)?  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 FASB 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  | _   |  |  |  |
| a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  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?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ s   | 2   |  | eld a qualified conservation contribution in   |  |
| b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a)  |     |  |  |  |
| c Number of conservation easements on a certified historic structure included in (a)   |     |  |  |  |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register   |     |  |  |  |
| Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  |     |  |  | 20   |
| Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  | a   | •  |  | 24   |
| Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  | 3   |  |  |  |
| Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  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)?  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 FASB 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 FASB 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  If the organization received or held works of art, historical treasures, or other similar assets for finan  | 3   |  | insterred, released, extinguished, or term   | mated by the organization during the             |
| Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?   | 4   | •  | rvation easement is located ▶  |  |
| violations, and enforcement of the conservation easements it holds?  |     |  |  |  |
| Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Shall be seen to see each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)  And section 170(h)(4)(B)(iii)?  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.  If the organization elected, as permitted under FASB 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 FASB 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 X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the  |     |  |  | -  |
| Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?  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.  If the organization elected, as permitted under FASB 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.  If the organization elected, as permitted under FASB 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.  In the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the  | 6   |  |  |  |
| Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?  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.  If the organization elected, as permitted under FASB 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.  If the organization elected, as permitted under FASB 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.  In the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the  |     | <b>&gt;</b>  |  |  |
| Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(iii)?  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.  If the organization elected, as permitted under FASB 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.  If the organization elected, as permitted under FASB 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.  In the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the  | 7   | Amount of expenses incurred in monitoring, inspec  | ting, handling of violations, and enforcing co   | onservation easements during the year            |
| and section 170(h)(4)(B)(ii)?  |     | <b>▶</b> \$  |  |  |
| 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 FASB 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 FASB 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   | 8   |  |  |  |
| 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 FASB 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 FASB 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   |     | and section 170(h)(4)(B)(ii)?  |  | Yes No   |
| 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 FASB 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 FASB 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   | 9   | in Part XIII, describe now the organization reports  | conservation easements in its revenue and  | a expense statement and                          |
| 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 FASB 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 FASB 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  |     |  | •  | ial statements that describes the                |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB 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 FASB 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   | Da  | -  |  | r Similar Assats                                 |
| <ul> <li>1a If the organization elected, as permitted under FASB 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.</li> <li>b If the organization elected, as permitted under FASB 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: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1.</li> <li>(ii) Assets included in Form 990, Part X</li> <li>(iii) Assets included or held works of art, historical treasures, or other similar assets for financial gain, provide the</li> </ul> </li> </ul>  | Га  |  |  | Sillilai Assets.                                 |
| 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 FASB 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  | 12  | ·  | · · · · · · · · · · · · · · · · · · ·  | e statement and halance sheet works              |
| b If the organization elected, as permitted under FASB 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  | ıa  | of art, historical treasures, or other similar assesservice, provide in Part XIII the text of the footnote | ts held for public exhibition, education, to its financial statements that describes the | or research in furtherance of public hese items. |
| 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  | b   |  |  |  |
| (ii) Assets included in Form 990, Part X   |     | art, historical treasures, or other similar assets he provide the following amounts relating to these iter | ld for public exhibition, education, or resons:  | earch in furtherance of public service,          |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the   |     |  |  |  |
|  |     | • •  |  |  |
|  | 2   | •  |  | assets for financial gain, provide the           |
| following amounts required to be reported under FASB ASC 958 relating to these items:  |     |  | <del>-</del>   | <b>.</b> .                                       |
| a Revenue included on Form 990, Part VIII, line 1  |     |  |  |  |

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page **2** 

| Pa     | rt III Organizations Maintaini  | ng Collections of      | Art, Historical    | Treasures, o        | r Other Sin    | nilar Assets (c   | ontinued)                | rage <b>=</b> |  |  |
|--------|---|------------------------|--------------------|---------------------|----------------|-------------------|--------------------------|---------------|--|--|
| 3      | Using the organization's acquisition  | n, accession, and c    | ther records, c    | neck any of th      | e following    | that make sign    | ificant use              | of its        |  |  |
|        | collection items (check all that apply):  |                        |                    |                     |                |                   |                          |               |  |  |
| а      | X Public exhibition   |                        | d X Lo             | an or exchang       | e program      |                   |                          |               |  |  |
| b      | X Scholarly research  |                        | e Ot               | her                 |                |                   |                          |               |  |  |
| С      | X Preservation for future gene  |                        |                    |                     |                |                   |                          |               |  |  |
| 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   |                        |                    |                     |                | _                 |                          | _             |  |  |
|        | assets to be sold to raise funds rath   |                        | ained as part of t | he organizatio      | n's collection | 1?                | Yes                      | X No          |  |  |
| Pa     | 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.   | mon answered Te        | 5 OH FOHH 99       | U, Fait IV, IIII    | e e, or repo   | illeu all allioui | it on Follii             |               |  |  |
| 12     | Is the organization an agent, trus  | tee custodian or of    | ther intermedia    | y for contribu      | tions or other | er assets not     |                          |               |  |  |
| ıa     | included on Form 990, Part X?   |                        |                    |                     |                |                   | Yes                      | No            |  |  |
| b      | If "Yes," explain the arrangement i   | n Part XIII and comp   | lete the following | ı table:            |                |                   | 103                      |               |  |  |
|        | ii 100, Oxpidiii tilo dirangomoni i   | irr are xiii and comp  | note the renewing  |                     |                | Amount            |                          |               |  |  |
| С      | Beginning balance   |                        |                    | 1c                  |                | 7                 |                          |               |  |  |
| d      | Additions during the year   |                        |                    |                     |                |                   |                          |               |  |  |
| е      | Distributions during the year   |                        |                    |                     |                |                   |                          |               |  |  |
| f      | Ending balance  |                        |                    |                     |                |                   |                          |               |  |  |
| 2a     | Did the organization include an am  | ount on Form 990, I    | Part X, line 21, f | or escrow or c      | ustodial acco  | ount liability?   | Yes                      | No            |  |  |
| b      | If "Yes," explain the arrangement i   | n Part XIII. Check he  | ere if the explana | ition has been p    | rovided on P   | Part XIII         |                          |               |  |  |
| Pa     | rt V Endowment Funds.   |                        |                    |                     |                |                   |                          |               |  |  |
|        | Complete if the organiza  |                        |                    |                     |                |                   |                          |               |  |  |
|        |   | (a) Current year       | (b) Prior year     | (c) Two yea         |                | Three years back  | (e) Four year            |               |  |  |
| 1a     | Beginning of year balance   | 47,797,569.            | 51,022,87          |                     |                | 8,697,635.        | 46,288                   |               |  |  |
| b      | Contributions   | 664,239.               | 1,056,85           | 0. 133              | 3,734.         | 206.              | 1,007                    | 7,767.        |  |  |
| С      | Net investment earnings, gains,   | 15 050 011             | 1 500 04           |                     |                |                   | 4 405                    |               |  |  |
|        | and losses  | 15,050,311.            | -1,792,04          | 5. 2,677            | 7,605.         | 5,355,797.        | 4,435                    | 5,331         |  |  |
| d      | Grants or scholarships  |                        |                    |                     |                |                   |                          |               |  |  |
| е      | Other expenditures for facilities   | 2 172 002              | 2 400 11           | 2 546               | 254            | 2 200 047         | 2 022                    |               |  |  |
|        | and programs  | 3,172,803.             | 2,490,11           | 2, 2,542            | 2,254.         | 3,299,847.        | 3,033                    | 3,777.        |  |  |
| f      | Administrative expenses   | 60,339,316.            | 47,797,56          | 9. 51,022           | 0.76 E         | 0,753,791.        | 48,697                   | 7 625         |  |  |
| g      | End of year balance   | l                      |                    |                     |                | 0,755,791.        | 40,097                   | ,035.         |  |  |
| 2      | Provide the estimated percentage Board designated or quasi-endown   | of the current year of | end balance (line  | 1g, column (a)      | ) held as:     |                   |                          |               |  |  |
| a<br>h | Permanent endowment   63.2  |                        | _ 70               |                     |                |                   |                          |               |  |  |
| C      | Term endowment ► 32.2400  |                        |                    |                     |                |                   |                          |               |  |  |
| ·      | The percentages on lines 2a, 2b, a  | •                      | 00%                |                     |                |                   |                          |               |  |  |
| 3a     | Are there endowment funds not in  |                        |                    | hat are held ar     | nd administer  | red for the       |                          |               |  |  |
| -      | organization by:  | россосою               | .o o.ga <u>-</u> a |                     |                |                   | Yes                      | No            |  |  |
|        | (i) Unrelated organizations   |                        |                    |                     |                |                   | <b>3a(i)</b> X           |               |  |  |
|        | (ii) Related organizations  |                        |                    |                     |                |                   | 3a(ii)                   | Х             |  |  |
| b      | If "Yes" on line 3a(ii), are the relate   | ed organizations liste | d as required on   | Schedule R?.        |                |                   | 3b                       |               |  |  |
| 4      | Describe in Part XIII the intended u  |                        | tion's endowmer    | t funds.            |                |                   |                          |               |  |  |
| Pa     | rt VI Land, Buildings, and Equ  | uipment.               | " F 0              | )O Dowt I\/ Lin     | - 11- C        | Farm 000 Da       |                          |               |  |  |
|        | Complete if the organization of property  | ation answered Ye      |                    | Oost or other basis | (c) Accumu     |                   | Tt X, IINE 1  Book value | <u>U.</u>     |  |  |
|        | Boompton of property  | (invest                |                    | (other)             | depreciati     |                   |                          |               |  |  |
| 1 a    | Land  |                        |                    | 585,962.            |                |                   |                          | ,962.         |  |  |
| b      | Buildings   |                        | 5                  | 5,937,842.          | 30,902,        | 859.              | 25,034,                  | 983.          |  |  |
| С      | Leasehold improvements  |                        |                    |                     |                |                   |                          |               |  |  |
| d      | Equipment   |                        |                    | 481,671.            |                | ,048.             |                          | ,623.         |  |  |
|        | Other   |                        |                    | 2,291,008.          | 1,715,         |                   |                          | 880.          |  |  |
| Tota   | I. Add lines 1a through 1e. (Column   | (d) must equal Forn    | n 990, Part X, co  | Iumn (B), line 1    | 0c.)           | ▶                 | 26,250,                  | 448.          |  |  |

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page 3

| Part VII       | Investments - Other Securities. Complete if the organization answered | I "Ves" on Form 990 | Part IV line 11h See Form 000                    | Part X line 12     |
|----------------|---|---------------------|--|--------------------|
|                |   |                     |  |                    |
|                | (a) Description of security or category (including name of security)  | (b) Book value      | (c) Method of valuat<br>Cost or end-of-year mark |                    |
|                | al derivatives  |                     |  |                    |
| (2) Closely    | held equity interests   |                     |  |                    |
| (3) Other _    |   |                     |  |                    |
| (A)            |   |                     |  |                    |
| (B)            |   |                     |  |                    |
| (C)            |   |                     |  |                    |
| (D)            |   |                     |  |                    |
| (E)            |   |                     |  |                    |
| (F)            |   |                     |  |                    |
| (G)            |   |                     |  |                    |
| (H)            |   |                     |  |                    |
| Total. (Column | n (b) must equal Form 990, Part X, col. (B) line 12.)                 |                     |  |                    |
| 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 valuat                             |                    |
|                |   |                     | Cost or end-of-year mark                         | cet value          |
| (1)            |   |                     |  |                    |
| (2)            |   |                     |  |                    |
| (3)            |   |                     |  |                    |
| (4)            |   |                     |  |                    |
| (5)            |   |                     |  |                    |
| (6)            |   |                     |  |                    |
| (7)            |   |                     |  |                    |
| (8)            |   |                     |  |                    |
| (9)            |   |                     |  |                    |
|                | n (b) must equal Form 990, Part X, col. (B) line 13.)                 |                     |  |                    |
| Part IX        | Other Assets.   |                     |  |                    |
|                | Complete if the organization answered                                 | I "Yes" on Form 990 | , Part IV, line 11d. See Form 990                | , Part X, line 15. |
| -              |   | scription           | ,  | (b) Book value     |
| (1)            |   | ·                   |  |                    |
| (2)            |   |                     |  |                    |
| (3)            |   |                     |  |                    |
| (4)            |   |                     |  |                    |
|                |   |                     |  |                    |
| <u>(5)</u>     |   |                     |  |                    |
| (6)            |   |                     |  |                    |
| (7)            |   |                     |  |                    |
| (8)            |   |                     |  |                    |
| (9)            | umn (h) must aqual Form 000. Part V and (P)                           | ino 15 \            |  |                    |
|                | umn (b) must equal Form 990, Part X, col. (B)                         | irie (5.)           |  |                    |
| Part X         | Other Liabilities.  | ! "Voo" on Form 000 | Dort IV line 11e er 11f Coe For                  | m 000 Dort V       |
|                | Complete if the organization answered line 25.                        | i tes on Form 990   | o, Partiv, line Tie of Til. See For              | m 990, Part A,     |
| -              |   |                     |  |                    |
| 1.             |   | tion of liability   |  | (b) Book value     |
| _ ` '          | al income taxes   |                     |  |                    |
| (2)            |   |                     |  |                    |
| (3)            |   |                     |  |                    |
| (4)            |   |                     |  |                    |
| (5)            |   |                     |  |                    |
| (6)            |   |                     |  |                    |
| (7)            |   |                     |  |                    |
| (8)            |   |                     |  |                    |
| (9)            |   |                     |  |                    |
|                | nn (b) must equal Form 990, Part X, col. (B) line 25.)                |                     |  |                    |
|                | , , , , ,   |                     |  | •                  |

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

Page 4 Schedule D (Form 990) 2020

| Part 2 | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | ٦.      | . 3                 |
|--------|--|---------|---------------------|
|        |  | 1       | 25,153,852.         |
| 1      | Total revenue, gains, and other support per audited financial statements   |         | 23,133,032.         |
| 2      | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments  2a 10,548,855.                              |         |                     |
|        | ivet unrealized gains (1036s) on investments   |         |                     |
|        | Donated services and use of facilities   |         |                     |
|        | Recoveries of prior year grants  |         |                     |
|        | Citier (Describe in a dixini.)   | 20      | 10,548,855.         |
|        | Add lines 2a through 2d  | 2e<br>3 | 14,604,997.         |
| 3      | Subtract line 2e from line 1   | 3       | 11,001,001.         |
| 4      | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7h  354,221.               |         |                     |
|        | investment expenses not included on Form 550, Fart VIII, line 70.  |         |                     |
|        | Other (Describe iii) art Alli.)  | 4c      | 210,675.            |
| С<br>5 | Add lines <b>4a</b> and <b>4b</b>  | 5       | 14,815,672.         |
| Part 2 |  |         |                     |
| T di C | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  |         |                     |
| 1      | Total expenses and losses per audited financial statements   | 1       | 8,803,867.          |
| 2      | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |         |                     |
| а      | Donated services and use of facilities   |         |                     |
| b      | Prior year adjustments   |         |                     |
| С      | Other losses   |         |                     |
| d      | Other (Describe in Part XIII.)   |         |                     |
| е      | Add lines 2a through 2d  | 2e      |                     |
| 3      | Subtract line 2e from line 1   | 3       | 8,803,867.          |
| 4      | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |         |                     |
|        | Investment expenses not included on Form 990, Part VIII, line 7b 4a 354, 221.  |         |                     |
| b      | Other (Describe in Part XIII.)   | _       | 000 074             |
|        | Add lines 4a and 4b  | 4c      | 228,874.            |
| 5      | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  | 5       | 9,032,741.          |
|        | Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P                   | art \/  | ling 1: Part Y ling |
|        | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform   |         |                     |
|        | PAGE 5   |         |                     |
|        |  |         |                     |
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|        |  |         |                     |

Schedule D (Form 990) 2020 Page **5** 

### Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART III, LINE 1A

CONTRIBUTIONS REFLECTED IN THE FINANCIAL STATEMENTS INCLUDE ONLY RECORDED CASH RECEIPTS AND PLEDGES AND DO NOT INCLUDE GIFTS OF WORKS OF ART RECEIVED BY THE MUSEUM. IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY MUSEUMS, ART OBJECTS PURCHASED BY THE MUSEUM AND ART OBJECTS DONATED TO THE MUSEUM ARE NOT INCLUDED IN THE STATEMENT OF FINANCIAL POSITION.

FORM 990, SCHEDULE D, PART III, LINE 4

OBJECTS FOR DISPLAY CONSIST PRIMARILY OF A STRONG COLLECTION OF 19TH AND 20TH CENTURY EUROPEAN AND AMERICAN PAINTINGS, PRINTS, SCULPTURE, AND ONE OF THE LEADING COLLECTIONS OF THEATRE ARTS IN THE COUNTRY. THE COLLECTION IS ESSENTIAL TO THE MISSION OF PROMOTING THE ADVANCEMENT AND ENJOYMENT OF MODERN ART AND PROVIDING EDUCATION TO THE PUBLIC.

FORM 990, SCHEDULE D, PART V, LINE 4

THE MCNAY ART MUSEUM MAINTAINS VARIOUS ENDOWMENT FUNDS ESTABLISHED FOR
THE FOLLOWING PURPOSES: ART ACQUISITIONS/CONSERVATION, EDUCATION,
EXHIBITIONS, PRESENTATIONS, CAPITAL CAMPAIGN, AUDITORIUM AND GALLERY
MAINTENANCE, CURATORIAL, CONSERVATION, DIRECTORS' CHAIR, ANY ACTIVITIES
OF THE MUSEUM, AND OTHER USES.

FORM 990, SCHEDULE D, PART X, LINE 2

THE MUSEUM IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC); THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THESE STATEMENTS. THE MUSEUM FOLLOWS THE PROVISIONS OF ASC 740-10 ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH REQUIRES RECOGNITION AND DISCLOSURE OF UNCERTAIN TAX POSITIONS IN THE FINANCIAL

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page 5

### Part XIII Supplemental Information (continued)

STATEMENTS. THE MUSEUM'S MANAGEMENT BELIEVES THAT IS HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AND THAT IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS. ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNCERTAIN TAX BENEFITS. FOR THE YEARS ENDED JUNE 30, 2021 AND 2020, THE MUSEUM DID NOT RECOGNIZE ANY INTEREST OR PENALTIES IN THE FINANCIAL STATEMENTS.

TAX YEARS 2018-2020 REMAIN OPEN TO EXAMINATION BY THE TAXING JURISDICTIONS WHICH THE MUSEUM IS SUBJECT TO, AND THESE PERIODS HAVE NOT BEEN EXTENDED BEYOND THE APPLICABLE STATUTE OF LIMITATIONS.

FORM 990, SCHEDULE D, PART XI, LINE 4B

LOSS ON DISPOSAL OF ASSETS

COST OF GOODS SOLD: -125,347.

-143,546.

FORM 990, SCHEDULE D, PART XII, LINE 4B

COST OF GOODS SOLD: -125,347.

### SCHEDULE G (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2020

Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number MCNAY ART MUSEUM 74-1195277 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d 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 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Page 2

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.

|                 |          | events with gross receipts gre  | batter triair \$5,000.   |   |                      |  |
|-----------------|----------|---|--------------------------|---|----------------------|--|
|                 |          |   | (a) Event #1<br>GALA     | <b>(b)</b> Event #2                           | (c) Other events     | (d) Total events<br>(add col. (a) through        |
| a)              |          |   | (event type)             | (event type)                                  | (total number)       | col. <b>(c)</b> )                                |
| Revenue         | 1        | Gross receipts  | 239,605.                 |   |                      | 239,605  |
| ~               | 2        | Less: Contributions Gross income (line 1 minus  | 220,026.                 |   |                      | 220,026  |
| _               |          | line 2)   | 19,579.                  |   |                      | 19,579   |
|                 | 4        | Cash prizes   |                          |   |                      |  |
|                 | 5        | Noncash prizes  |                          |   |                      |  |
| Direct Expenses | 6        | Rent/facility costs   | 281.                     |   |                      | 281  |
| t Exp           | 7        | Food and beverages  | 19,579.                  |   |                      | 19,579   |
| Direc           | 8        | Entertainment   | 3,100.                   |   |                      | 3,100  |
|                 | 9        | Other direct expenses   | 26,084.                  |   |                      | 26,084   |
|                 | 10<br>11 | Direct expense summary. Add lin<br>Net income summary. Subtract li                              | es 4 through 9 in colu   | mn (d)  |                      | 49,044   |
| Pa              | rt I     | Gaming. Complete if the org \$15,000 on Form 990-EZ, lin  | anization answered "     | Yes" on Form 990, I                           | Part IV, line 19, or |  |
| Revenue         |          |   | (a) Bingo                | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming     | (d) Total gaming (add col. (a) through col. (c)) |
| Reve            | 1        | Gross revenue   |                          |   |                      |  |
| ses             | 2        | Cash prizes   |                          |   |                      |  |
| Direct Expenses | 3        | Noncash prizes  |                          |   |                      |  |
| rect E          | 4        | Rent/facility costs   |                          |   |                      |  |
|                 | 5        | Other direct expenses   |                          |   |                      |  |
|                 | Ť        |   | Yes %                    | Yes %   | Yes %                |  |
|                 | 6        | Volunteer labor   | No                       | No  | No                   |  |
|                 | 7        | Direct expense summary. Add lin   | es 2 through 5 in colu   | mn (d)  |                      |  |
|                 | 8        | Net gaming income summary. Su   | ubtract line 7 from line | 1, column (d)                                 | <b>&gt;</b>          |  |
| 9<br>a<br>b     | ì        | Enter the state(s) in which the org<br>Is the organization licensed to con<br>If "No," explain: |                          | in each of these state                        | es?                  | . Yes No   |
| 10 a            |          | Were any of the organization's gamino   | g licenses revoked, susp |   | uring the tax year?  | Yes No   |

### **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

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

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

Name of the organization MCNAY ART MUSEUM

Department of the Treasury Internal Revenue Service

Employer identification number

74-1195277

| Part             | 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.   |                |     |             |
|                  | First-class or charter travel  Housing allowance or residence for personal use  |                |     |             |
|                  | Travel for companions Payments for business use of personal residence   |                |     |             |
|                  | Tax indemnification and gross-up payments Health or social club dues or initiation fees   |                |     |             |
|                  | Discretionary spending account Personal services (such as maid, chauffeur, chef)  |                |     |             |
| b                | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  | 1b             |     |             |
| 2                | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all   |                |     |             |
|                  | directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line  |                |     |             |
|                  | 1a?   | 2              |     |             |
| 3                | Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  X Compensation committee  Independent compensation consultant  Form 990 of other organizations  X Approval by the board or compensation committee                               |                |     |             |
| 4<br>a<br>b<br>c | 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:  Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | 4a<br>4b<br>4c |     | X<br>X<br>X |
|                  | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  |                |     |             |
| 5                | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  |                |     |             |
| а                | The organization?   | 5a             |     | X           |
| b                | Any related organization?   | 5b             |     | Х           |
|                  | 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:   |                |     |             |
| а                | The organization?   | 6a             |     | X           |
| b                | Any related organization?   | 6b             |     | X           |
| 7                | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed   |                |     |             |
|                  | payments not described on lines 5 and 6? If "Yes," describe in Part III.  | 7              |     | X           |
| 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              |     | X           |
| 9                | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  | 9              |     |             |

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Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 Page 2

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

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

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

| (A) Name and Title |      | (B) Breakdown o       | f W-2 and/or 1099-MI               | SC compensation | (C) Retirement and          | (D) Nontaxable          | (E) Total of columns<br>(B)(i)-(D) | (F) Compensation   |
|--------------------|------|-----------------------|------------------------------------|-----------------|-----------------------------|-------------------------|------------------------------------|--|
|                    |      | (i) Base compensation | (ii) Bonus & incentive (iii) Other |                 | other deferred compensation | other deferred benefits |                                    | in column (B) reported<br>as deferred on prior<br>Form 990 |
| RICHARD ASTE       | (i)  | 272,458.              | 0.                                 | 0.              |                             | 7,270.                  | 294,428.                           | 0.   |
| 1DIRECTOR          | (ii) |                       | 0.                                 | 0.              | 0.                          | 0.                      | 0.                                 | 0.   |
|                    | (i)  |                       |                                    |                 |                             |                         |                                    |  |
| _ 2                | (ii) |                       |                                    |                 |                             |                         |                                    |  |
|                    | (i)  |                       |                                    |                 |                             |                         |                                    |  |
| 3                  | (ii) |                       |                                    |                 |                             |                         |                                    |  |
|                    | (i)  |                       |                                    |                 |                             |                         |                                    |  |
| 4                  | (ii) |                       |                                    |                 |                             |                         |                                    |  |
|                    | (i)  |                       |                                    |                 |                             |                         |                                    |  |
| 5                  | (ii) |                       |                                    |                 |                             |                         |                                    |  |
|                    | (i)  |                       |                                    |                 |                             |                         |                                    |  |
| 6                  | (ii) |                       |                                    |                 |                             |                         |                                    |  |
|                    | (i)  |                       |                                    |                 |                             |                         |                                    |  |
| 7                  | (ii) |                       |                                    |                 |                             |                         |                                    |  |
|                    | (i)  |                       |                                    |                 |                             |                         |                                    |  |
| 8                  | (ii) |                       |                                    |                 |                             |                         |                                    |  |
|                    | (i)  |                       |                                    |                 |                             |                         |                                    |  |
| 9                  | (ii) |                       |                                    |                 |                             |                         |                                    |  |
|                    | (i)  |                       |                                    |                 |                             |                         |                                    |  |
| 10                 | (ii) |                       |                                    |                 |                             |                         |                                    |  |
|                    | (i)  |                       |                                    |                 |                             |                         |                                    |  |
|                    | (ii) |                       |                                    |                 |                             |                         |                                    |  |
|                    | (i)  |                       |                                    |                 |                             |                         |                                    |  |
| 12                 | (ii) |                       |                                    |                 |                             |                         |                                    |  |
|                    | (i)  |                       |                                    |                 |                             |                         |                                    |  |
| _13                | (ii) |                       |                                    |                 |                             |                         |                                    |  |
|                    | (i)  |                       |                                    |                 |                             |                         |                                    |  |
| 14                 | (ii) |                       |                                    |                 |                             |                         |                                    |  |
|                    | (i)  |                       |                                    |                 |                             |                         |                                    |  |
| 15                 | (ii) |                       |                                    |                 |                             |                         |                                    |  |
|                    | (i)  |                       |                                    |                 |                             |                         |                                    |  |
| 16                 | (ii) |                       |                                    |                 |                             |                         | _                                  |  |

### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Employer identification number

Name of the organization MCNAY ART MUSEUM 74-1195277 Types of Property Part I (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Χ 16. 0. Art - Works of art 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household goods . . . . . . . . . . . . . . . . 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ►( 26 Other ►( Other ►( 27 28 Other ►( Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . . . . . No Yes 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 X 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard Χ 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Χ 32a contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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Schedule M (Form 990) 2020

describe in Part II.

Schedule M (Form 990) (2020) Page **2** 

**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.

FORM 990, SCHEDULE M, LINE 1, COLUMN(B)

THE AMOUNT IS BASED ON THE NUMBER OF INDIVIDUAL DONORS.

FORM 990, SCHEDULE M, LINE 33

IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY MUSEUMS, ART OBJECTS

PURCHASED BY THE MUSEUM AND ART OBJECTS DONATED TO THE MUSEUM ARE NOT

INCLUDED IN THE STATEMENT OF FINANCIAL POSITION.

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

### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

74-1195277

MCNAY ART MUSEUM

PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 11

990 REVIEW PROCESS: A DETAILED PRESENTATION IS MADE TO THE BUSINESS

AFFAIRS COMMITTEE. ONCE ACCEPTED, A RECOMMENDATION IS MADE TO THE FULL

BOARD FOR ACCEPTANCE. A COPY OF THE 990 IS GIVEN TO ALL MEMBERS OF THE

BUSINESS AFFAIRS COMMITTEE AND MADE AVAILABLE TO ALL OTHER BOARD MEMBERS

FORM 990, PART VI, SECTION B, LINE 12C

NOMINATING/GOVERNANCE COMMITTEE OF THE BOARD IS RESPONSIBLE FOR OBTAINING

ALL CONFLICT OF INTEREST STATEMENTS ANNUALLY AND FOR INVESTIGATING ANY

VIOLATION OR PERCEIVED VIOLATION OF THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15

THE STAFF CALCULATES SALARY RANGES FOR ALL EMPLOYEES BASED ON

INDUSTRY-WIDE SALARY SURVEYS: AAMD SALARY SURVEY FOR PROFESSIONALS AND

WERLING LOCAL SURVEY FOR NON-PROFESSIONALS. THESE RANGES ARE APPROVED BY

THE BUSINESS AFFAIRS COMMITTEE AS PART OF THE ANNUAL BUDGET PROCESS. THE

INFORMATION USED AND THE DECISIONS MADE ARE DOCUMENTED IN THE MINUTES OF

THE BUSINESS AFFAIRS COMMITTEE. THE MUSEUM'S LAST COMPENSATION STUDY WAS

PERFORMED IN APRIL 2021.

FORM 990, PART VI, SECTION C, LINE 19

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND FORM 990 ARE MADE AVAILABLE UPON REQUEST.

Name of the organization Employer identification number MCNAY ART MUSEUM 74-1195277

FORM 990, PART XI, LINE 9

COLLECTION ITEMS PURCHASED NOT CAPITALIZED: \$1,379,052.