Form	9	9	0
Departm	nent of	the -	Treasury

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

Do not enter obcial decurity numbers on uns form as it may be made public.
Information shout Form 000 and its instructions is at using its gov/form000

Open to Public

6

OMB No. 1545-0047

۹ For t											
	the 201	4 calendar year, or tax year be	ginning (07/01, 2014	, and end	ding	1		30, 20 ₁₅		
B Check if	applicable	C Name of organization					D Employer id	lentifica	tion number		
	dress	MCNAY ART MUSEUM									
	ange	Doing Business As					74-119				
Nar	me change	Number and street (or P.O. box if mail	is not delivered to street add	dress)	Room/suit	te	E Telephone number				
Init	ial return	P O BOX 6069					(210) 82	4-53	368		
	rminated	City or town, state or province, countr		code							
reti		SAN ANTONIO, TX 7820					G Gross receip		39,331,743.		
App per	plication nding	F Name and address of principal officer:	WILLIAM J (CHIEGO			H(a) Is this a gro subordinate	s?			
		SAME AS C ABOVE					H(b) Are all subor				
	exempt sta		() (insert no.)	4947(a)(1)	or	527			(see instructions)		
		WWW.MCNAYART.ORG					H(c) Group exem				
		ization: X Corporation Trust	Association Other		L Yea	ar of format	tion: 1952 M	State o	f legal domicile: TX		
Part		nmary									
1		/ describe the organization's mission	-					ES_A	DIVERSE		
uce	COMI	MUNITY_IN_THE_DISCOVER	Y AND ENJOYMEN	r of the	VISUAL	ARTS.					
rnai											
ē 2		this box 🕨 🔄 if the organization	-					1 1			
ອັ 3 ສ	Numb	er of voting members of the governi	ng body (Part VI, line 1a)					3	18.		
sa 4		er of independent voting members of						4	18.		
Activities & Governance		number of individuals employed in c						5	151.		
6 cti		number of volunteers (estimate if nec	essary)					6	400.		
1 1		unrelated business revenue from Part						7a			
	b Net ur	nrelated business taxable income fro	m Form 990-T, line 34			<u></u>		7b			
							Prior Year		Current Year		
8 8	Contri	butions and grants (Part VIII, line 1h)		COP	Y FOR	ר	6,201,59		5,576,579.		
genee 9 10	Progra	am service revenue (Part VIII, line 2g)					271,3		326,234		
	mvest	ment income (Part VIII, column (A), i	ines 3, 4, and 70)			┛┝───	6,464,19		5,261,966.		
11		revenue (Part VIII, column (A), lines					580,9		610,288		
12		revenue - add lines 8 through 11 (mi					13,518,03		11,775,067.		
13		s and similar amounts paid (Part IX, o						0			
14		its paid to or for members (Part IX, co					4 0 5 0 0	0	1 0 5 0 5 0		
_{ເຊ} 15		es, other compensation, employee be					4,078,3		4,269,059.		
		ssional fundraising fees (Part IX, colu	nn (A), line 11e)			•		0	(
		fundraising expenses (Part IX, column		792,668					<u> </u>		
17		expenses (Part IX, column (A), lines				•	5,550,83		6,366,424		
18		expenses. Add lines 13-17 (must equ				•	9,629,10		10,635,483		
<u>19</u>	Reven	ue less expenses. Subtract line 18 fr	om line 12				3,888,8		1,139,584		
Net Assets or Fund Balances 7 0 0 7 0 7 0 7 0 7 0 7 0 7 0 7 0 7 0 7	T-4 1	essets (Dert V, line 40)					ning of Current		End of Year		
02 Balar		assets (Part X, line 16)				•	89,960,84		86,555,352.		
		liabilities (Part X, line 26)				•	1,533,3		1,491,262. 85,064,090.		
		ssets or fund balances. Subtract line					88,427,50		05,004,090.		
Part II		gnature Block	this nations is shuding as a					ه المعنية			
true, cor	rect, and	of perjury, I declare that I have examined complete. Declaration of preparer (other the the second se	nan officer) is based on all i	nformation of wh	ich preparei	r has any k	nowledge.	а ттукт	lowledge and bellel, it is		
Sign		Signature of officer					Date				
Here	,	BRYAN DOME		CULLER		ਜ 2 ਸਗ					
		Type or print name and title		CHIEF	OF OP	ER & F	TIN				
		Type preparer's name	Preparer's signature		Date			., PT			
Paid					Daio		Check self-employ] "			
Prepare	r JOY						Firm's EIN		201224777		
	v ———						I FIRM'S EIN 🕨	כ-כו	UECTOC		
Use Onl	· _ · ·	sname ► BDO USA LLP			70000						
	Firm's	aname ► BDO USA LLP address ► 9901 IH-10, SU cuss this return with the preparer sho					Phone no.		342-8000 X Yes No		

MONDV	ידים ג	MUSEUM
MCNAI	ARI	MORFOM

	ement of Program Service A			-
		esponse or note to any line in this Par	t III	<u></u> [
Briefly descri	ibe the organization's mission:			
THE MCNAY	ART MUSEUM ENGAGES	A DIVERSE COMMUNITY IN T	HE DISCOVERY AND	
ENJOYMENI	OF THE VISUAL ARTS.			
D : 1.4	· ·			
		cant program services during the y		
	90 of 990-EZ?			Yes X
	cribe these new services on Sc		have the second second second second	
		or make significant changes in		
If "Voc " door	ribe these changes on Schedu			Yes X
	-	vice accomplishments for each of	its three largest program serv	ices as measure
expenses. Se	ection 501(c)(3) and 501(c)(4	 accomposition of a cash of a cash		
a (Code:) (Evnenses \$	50,222. including grants of \$) (Revenue \$)	
		MODERN AND CONTEMPORARY		<u>263,705.</u>
	PUBLIC'S ENJOYMENT AN			
	SELC S ENCOMMENT AN			
(Code:) (Expenses \$	91,664. including grants of \$) (Revenue \$	0.41 (7.21)
		URCE LIBRARY DESIGNED TO		/
		PUBLIC; ART WORKSHOPS F		
-		UM STORE WHICH HELPS PRO		
ENJOYMENT				
	-			
(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	am services (Describe in Sched	-		
(Expenses \$	including gra	· · ·	e\$)	
	m service expenses 🕨	8,841,886.		
А 1.000				Form 990 (2
7434DM	B99T 12/13/2015 10:	29:53 AM V 14-7 8F	0197000	PA

Form 9	90 (2014)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	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 temporarily restricted			
	endowments, permanent endowments, or 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	Х	
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
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? 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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
c –	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		_	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2014)

Form 9	90 (2014)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
-	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
Ũ	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
50	conservation contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
51	Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	01		
52	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	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,			
54	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	554		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	555		
36		36		х
27	related organization? If "Yes," complete Schedule R, Part V, line 2	50		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	27		х
20	Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	х	
	19? Note. All Form 990 filers are required to complete Schedule O	30	Δ	

Form **990** (2014)

MCNAY ART MUSEUM	MCNAY	ART	MUSEUM
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Form 990 (2014)

Page 5

Par				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Check if Schedule O contains a response or note to any line in this Part V Image:			
b		2b	X	
-		•		37
				X
		30		
4 a				
		4a		x
b	If "Yes." enter the name of the foreign country:	- Tu		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
		6a		X
b	-			
-		6b		
7				
а		72	Х	
h			X	
		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
-	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		-		
•		8		
9		02		
10		0.0		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	,			
		12a		
13		12-		
а		13a		
h				
u	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
JSA				

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Form 9	90 (2014) MCNAY ART MUSEUM 74-119	5277	F	Page 6
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 in Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 18			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X X
6	Did the organization have members or stockholders?	6		A
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		х
L	one or more members of the governing body?	1a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
U	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	<i>э.)</i>	
			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 purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	4.01	Х	
	rise to conflicts?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Х	
12	Did the organization have a written whistleblower policy?	120	X	
13 14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
0	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(0	;)(3)S	oniy)
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	oract	nolicy	/ and
19	financial statements available to the public during the tax year.	GIESL	policy	, anu
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s: 🕨		
	MCNAY ART MUSEUM 6000 N NEW BRAUNFELS SAN ANTONIO, TX 78209 210-824-5368			
JSA		Form	990	(2014)

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Page 7

Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contractors								
	Check if Schedule O contains	a response	or note to	any lir	he in this Part	VII			X

tion A Officers Directory Twentons Kay Employees and Uichert Componented Employees

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) (B) Position Position Reportable componsation from organizations Name and Title Average hours per veck (example) (b) of the fact, writes percon stoked, and organizations (b) of the fact, writes percon stoked, and organizations (b) of the fact, writes percon stoked, and organizations (b) of the fact, writes percon stoked, and organization (1)TOM_FEOST 1.00 x x 0 0 (2)SARAH E HARTE 10.00 x x 0 0 (2)CONNLE MCCOMES MCNAB 1.00 x x 0 0 (4)LUCL ILE OPPENHENT 0 x x 0 0 (5)BARETE 1.00 x x 0 0 0 (5)BARETE 1.00 x x 0 0 0 0 (1)COM_FEOST 1.00 x x 0 0 0 0 (1)COM_FEOST 1.00 x x 0 0 0 0 (2)SCRATARY 1.00 x x 0 0 0 0 0 (3)DON FROST 1.00 x 0 </th <th></th> <th></th> <th></th> <th></th> <th>(C</th> <th>;)</th> <th></th> <th></th> <th></th> <th></th> <th></th>					(C	;)					
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	(14)BRAD_PARMAN	1.00									
		0	Х						0	0	0

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	plo	yee	s,	and H	lig	hest Compensat	ed Employ	/ees (c	ontinue	ed)	
(A)	(B)			(C	-			(D)	(E)		F.	(F)	
Name and title	Average hours per week (list any hours for	box,	not ch unles: er and	s per	nore son	e than c is both or/trust	an	Reportable compensation from the	Reporta compensatio relate organizat	on from d	an	timated nount of other pensation	
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-		org and	om the anizatio d related anizatior	ł
15) CAROLYN JEFFERS PATERSON MEMBER	1.00	x						C		0			
16) HARRIET ROMO, PHD MEMBER	1.00	x						C)	0			
17) KIRK SAFFELL MEMBER (JAN-JUNE)	1.00	x						c		0			
18) GEORGE F SCHROEDER MEMBER	1.00	x						c		0			(
19) WILLIAM J CHIEGO DIRECTOR	60.00 0			x				273,582.		0		37,1	.45
20) BRYAN DOME CHIEF OF OPERATIONS & FINANCE	60.00 0			x				165,565.		0		26,2	21.
21) COLLEEN KELLY CHIEF DEVELOPMENT OFFICER	60.00 0					x		135,706.		0		22,8	73
22) RENE BARILLEAUX CHIEF CURATOR	60.00 0	-				x	r	140,337.		0		21,7	74
1b Sub-total c Total from continuation sheets to Part VII, S	_					 		0 715,190.		0		08,0	
 d Total (add lines 1b and 1c)	limited to t	hose					► o re	715,190. eceived more than	\$100,000 (0 Df	1	08,0	13.
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,00)0? [`]	lf	"Yes	s,"	complete Schedu			4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satic	on fi	rom	n any	un	related organization			5		Х
Section B. Independent Contractors													
 Complete this table for your five highest com compensation from the organization. Report of year. 													
(A) Name and business add	dress							(B) Description of se	ervices	C	(C) compens		
DONOHUE MEDIA 4047 BROADWAY SAN AN		TX 7	820)9			P	ADVERT/PUBLIC				5,97	6.

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
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0197000

		Check if Schedule O cor	ntains a respo	onse or note to an				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
nts	1a	Federated campaigns	1a					
	b	Membership dues		772,795.				
¥	с	Fundraising events	<u>1</u> c	436,618.				
llar	d	Related organizations	1d					
∑	е	Government grants (contribut	tions) 1e					
le	f	All other contributions, gifts, g	grants,					
5		and similar amounts not included		4,367,166.				
and Other Similar Amounts	g	Noncash contributions included in		>				
	h	Total. Add lines 1a-1f		Business Code	5,576,579.			
	-				000 426	000 426		
	2a	ADMISSION FEES		900099 900099	222,436.	222,436.		
3	b	PHOTOGRAPHY FEES MEMBERSHIP DUES		900099	41,269.	41,269.		
	c d			611710	24,839.	24,839.		
	u e	BDUCATIONAL FROGRAMS		011/10	24,059.	24,035.		
2	f	All other program service reve	Phile					
2	g	Total. Add lines 2a-2f			326,234.			
	3		luding divide					
		and other similar amounts).	0		1,110,898.			1,110,89
	4	Income from investment of ta			0			
	5	Royalties			114,313.			114,31
		_	(i) Real	(ii) Personal				
	6a	Gross rents	326,181					
	b	Less: rental expenses						
	С	Rental income or (loss)	326,181					
	d	Net rental income or (loss)			326,181.			326,18
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	31,335,951					
	b	Less: cost or other basis						
		and sales expenses	27,184,106					
	C A	Gain or (loss)	4,151,845		4 454 656			4 454 65
	d				4,151,068.			4,151,06
	8a	Gross income from fundrais		ATCH 1				
2		events (not including \$						
		of contributions reported on li See Part IV, line 18	,	177,315.				
5	b	Less: direct expenses						
	c	Net income or (loss) from fun	draising events	ATCH 2 ►	-9,408.			-9,40
1	9a	Gross income from gaming a						
	•••	See Part IV, line 19						
	b	Less: direct expenses						
	с	Net income or (loss) from ga			0			
	10a	Gross sales of inventor	ry, less					
		returns and allowances		a 364,272.				
	b	Less: cost of goods sold A	TCH 3 I	1 85,070.				
	С	Net income or (loss) from sale			179,202.	179,202.		
Ļ		Miscellaneous Revenu	ie	Business Code				
·	11a							
	b							
	С							
	c d	All other revenue			0			

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Form 990 (2014)

Form **990** (2014)

74-1195277

Page **9**

Form 990 (2014)	MCNAY ART			74-11	.95277 Page 1 (
	ement of Functional Expenses		no All other areaning the	no must complete activity	n (A)
	3) and 501(c)(4) organizations m				
	eck if Schedule O contains a resp			(C)	
8b, 9b, and 10b	amounts reported on lines 6b, 7b, of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1 Grants and oth	er assistance to domestic organizations				
and domestic g	overnments. See Part IV, line 21	0			
2 Grants and	other assistance to domestic				
individuals. S	ee Part IV, line 22	0			
3 Grants and	other assistance to foreign				
-	, foreign governments, and foreign				
	ee Part IV, lines 15 and 16	0			
4 Benefits paid	I to or for members	0			
•	n of current officers, directors,				
trustees, and	key employees	491,290.	416,727.	26,568.	47,995.
6 Compensation	not included above, to disqualified				
persons (as d	efined under section 4958(f)(1)) and				
	bed in section 4958(c)(3)(B)	0			
7 Other salarie	s and wages	3,045,463.	2,583,241.	164,704.	297,518.
8 Pension plan	accruals and contributions (include				
section 401(k	and 403(b) employer contributions)	96,269.	81,657.	5,207.	9,405.
9 Other employ	yee benefits	359,523.	304,956.	19,445.	35,122.
10 Payroll taxes		276,514.	234,547.	14,954.	27,013.
11 Fees for servi	ces (non-employees):				
a Management		0			
b Legal		8,696.	6,332.	1,148.	1,216
c Accounting		21,250.	15,473.	2,805.	2,972.
d Lobbying		0			
e Professional fu	ndraising services. See Part IV, line 17.	0			
f Investment m	nanagement fees	176,725.		176,725.	
g Other. (If line	11g amount exceeds 10% of line 25, column				
(A) amount, list li	ne 11g expenses on Schedule O.)	774,996.	564,291.	102,305.	108,400.
12 Advertising a	nd promotion	116,341.	116,341.		
13 Office expense	ses	389,853.	211,379.	69,057.	109,417.
14 Information t	echnology	66,099.	29,337.	28,417.	8,345.
15 Royalties		0			
16 Occupancy		607,099.	528,886.	65,406.	12,807.
17 Travel		161,206.	142,293.	12,760.	6,153.
18 Payments of	travel or entertainment expenses				
for any feder	al, state, or local public officials	0			
19 Conferences	, conventions, and meetings	125,321.	43,696.	15,756.	65,869.
		0			
21 Payments to	affiliates	0			
22 Depreciation	, depletion, and amortization	2,057,690.	1,790,191.	226,345.	41,154.
23 Insurance		210,056.	205,376.	4,680.	
24 Other expens	es. Itemize expenses not covered				
	iscellaneous expenses in line 24e. If				
	unt exceeds 10% of line 25, column				
(A) amount, li	st line 24e expenses on Schedule O.)				
a EXHIBITI	<u> </u>	1,308,424.	1,308,424.		
	NCE_OF_COLLECTION	92,714.	92,714.		
cPROGRAM_		74,522.	33,076.	32,038.	9,408.
dCONCERTS	&_AUDIO_TOURS	60,198.	60,198.		
e All other exp	enses	115,234.	72,751.	32,609.	9,874.
	al expenses. Add lines 1 through 24e	10,635,483.	8,841,886.	1,000,929.	792,668.
	Complete this line only if the reported in column (B) joint costs				
from a com	bined educational campaign and				
	olicitation. Check here if				
tollowing SO	P 98-2 (ASC 958-720)	0			

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Form 990 (2014)

Page 1	1
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Form					Page II
Pa	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	rt V		
		Check in Schedule O contains a response of hote to any line in this Pa		• •	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,015.	1	4,015.
	2	Savings and temporary cash investments	1,258,111.	2	1,039,837.
	3	Pledges and grants receivable, net	225,409.	3	588,402.
	4	Accounts receivable, net	80,890.	4	80,150.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
its	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	155,093.	8	116,494.
◄	9	Prepaid expenses and deferred charges	571,003.	9	279,155.
	-	Land, buildings, and equipment: cost or	371,003.	5	279,133.
	IVa	other basis. Complete Part VI of Schedule D 10a 53, 318, 405.			
	h	Less: accumulated depreciation 10b 23,172,381.	31,948,475.	100	30,146,024.
	11			11	54,211,775.
	12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11		12	51,211,775.
	13	Investments - program-related. See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11		15	89,500.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	86,555,352.
	17	Accounts payable and accrued expenses		17	558,572.
	18	Grants payable		18	00070721
	19	Deferred revenue		19	932,690.
	20	Tax-exempt bond liabilities		20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	0
w l	22	Loans and other payables to current and former officers, directors,			
liq		trustees, key employees, highest compensated employees, and			
Lia		disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		23	0
	24	Unsecured notes and loans payable to unrelated third parties		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	о	25	0
	26	Total liabilities. Add lines 17 through 25		26	1,491,262.
es		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.		_	
Fund Balances	27	Unrestricted net assets	53,557,150.	27	49,118,040.
Bal	28	Temporarily restricted net assets	3,068,436.	28	3,739,697.
p	29	Permanently restricted net assets	31,801,923.	29	32,206,353.
or Fui		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
*	33	Total net assets or fund balances	88,427,509.	33	85,064,090.
_	34	Total liabilities and net assets/fund balances	89,960,845.	34	86,555,352.
					Form 990 (2014)

Form 990 (2014)

Form 990 (2014)

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	00 (2014)			Pa	ge 12
Part					
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,7		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,6		
3	Revenue less expenses. Subtract line 2 from line 1	3		.39,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	88,4		
5	Net unrealized gains (losses) on investments	5	-4,1	.46,8	326.
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			(
9	Other changes in net assets or fund balances (explain in Schedule O)	9		56,2	177.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	85,0	64,0)90.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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," e	xplain ir	J		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled 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?			Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on a	1		
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	-			
	of the audit, review, or compilation of its financial statements and selection of an independent action			X	
	If the organization changed either its oversight process or selection process during the tax year, o	explain ir	1		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se				
	the Single Audit Act and OMB Circular A-133?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b		
			Form	990	(2014

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-F7

Depa Interr	rtment of the Treasury nal Revenue Service		Attach to Form 990 or (Form 990 or 990-EZ) a			is at www.irs.gov/form9	90. Inspection
Nam	e of the organization					Employer iden	tification number
MCN	IAY ART MUSEUM					74	-1195277
Pa	rt Reason for Public	Charity Status (All of	organizations must o	complet	e this pa	art.) See instructions	5.
The	organization is not a private			-	-		
1	A church, convention of				section 1	70(b)(1)(A)(i).	
2	A school described in s						
3	A hospital or a coopera		-				
4	A medical research org	-	conjunction with a ho	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, ar						
5	An organization operat		a college or universi	ty owne	d or ope	erated by a governme	ental unit described in
_	section 170(b)(1)(A)(iv)						
6	A federal, state, or loca						
7	X An organization that no	-		upport fr	om a go	overnmental unit or fro	om the general public
•	described in section 17						
8 9	A community trust desc An organization that no					contributions momb	orchin food and groce
9	receipts from activities	• • • • •					
	support from gross in	-					
	acquired by the organiz						
10	An organization organiz						
11	An organization organiz	-		-			rry out the purposes of
	one or more publicly su	pported organizations	described in section	509(a)(1) or sect	tion 509(a)(2). See see	ction 509(a)(3). Check
	the box in lines 11a thro	ough 11d that describ	es the type of support	ting orga	nization	and complete lines 11e	e, 11f, and 11g.
а	Type I . A supporting	organization operated	d, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
	the supported organiz	ation(s) the power to	regularly appoint or	elect a m	ajority o	of the directors or trus	tees of the supporting
	organization. You mus	-					
b	Type II . A supporting						
	control or manageme			the sam	e persor	ns that control or man	age the supported
-	organization(s). You m						Un foto constant a fito
С	Type III functionally i						lly integrated with,
d	its supported organiza						tod organization(s)
u	that is not functionally			-			
	requirement (see inst		• •	•		•	a an allen liveness
е	Check this box if the						I. Type III
	functionally integrated	-					., ., .,
f	Enter the number of suppo						
g	Provide the following inform	nation about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-9 above or IRC section		ur governing ment?	support (see instructions)	other support (see instructions)
			(see instructions))			-	
				Yes	No		
(A)							
(B)							
(C)							
(0)							
(D)							
(E)							
Tota	al						

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

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OMB No. 1545-0047

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Schedule A (Form 990 or 990-EZ) 2014

Page 2

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,444,157.	9,811,082.	4,803,560.	6,201,594.	5,576,579.	28,836,972.
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	2,444,157.	9,811,082.	4,803,560.	6,201,594.	5,576,579.	28,836,972.
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)						7,343,234.
6	Public support. Subtract line 5 from line 4.						21,493,738.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	2,444,157.	9,811,082.	4,803,560.	6,201,594.	5,576,579.	28,836,972.
9	Net income from unrelated business activities, whether or not the business	503,020.	1,176,024.	1,449,893.	1,577,722.	1,225,211.	5,931,870.
10	is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						<u>0</u> 0
11	Total support. Add lines 7 through 10						34,768,842.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	3,136,860.
13	First five years. If the Form 990 is for organization, check this box and stop here	<u></u> .					
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2014 (li					14	61.82%
15	Public support percentage from 2013					15	56.82%
16a	331/3% support test - 2014. If the o	-					
	this box and stop here. The organization			-			
b	331/3% support test - 2013. If the o	•					
4 7 .	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	meets the "fac	cts-and-circums	tances" test, ch	eck this box ar	nd stop here. E	xplain in
b	Part VI how the organization meets t organization 10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga	2013. If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
18	Explain in Part VI how the organization supported organization Private foundation. If the organization	on meets the "	facts-and-circun	nstances" test.	The organizatio	n qualifies as a	publicly
	instructions	<u></u>				<u></u>	<u> ► </u>

Schedule A (Form 990 or 990-EZ) 2014

Part III

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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.)

-	tion A. Public Support	()0010	(1) 0 2 4 4	() 65 (5	()) () ()		1004 1	(c =)	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Tota	
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								
5	Total. Add lines 1 through 5								
í a	Amounts included on lines 1, 2, and 3								
b	received from disqualified persons								
	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								
	line 6.)								
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e	2014	(f) Tota	1
9	Amounts from line 6.	(4) 2010	(0) 2011	(0) 2012	(0) 2010	(0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1) 1010	
	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								
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly								
•	carried on								
2	Other income. Do not include gain or			1	1				
	loss from the sale of capital assets								
	loss from the sale of capital assets (Explain in Part VI.)								
3	(Explain in Part VI.)								
3	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,								
	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	the organization	n's first second	third fourth or	fifth tax year a		ection 501	(c)(3)	
	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	0							
4	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here	· · · · · · · · · ·							
4 ec	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	port Percenta	ige	<u> </u>	<u></u>				%
4 ec	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8,	port Percenta column (f) divide	ige ed by line 13, colur	nn (f))	· · · · · · · · · · · · · · · · · · ·	15			%
4 ec 5 6	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Sche	port Percenta column (f) divide dule A, Part III, lin	i ge ed by line 13, colur e 15	nn (f))	· · · · · · · · · · · · · · · · · · ·				% %
4 ec 5 6 ec	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Sche tion D. Computation of Investmen	port Percenta column (f) divide dule A, Part III, lin t Income Per	nge ed by line 13, colur e 15 centage	nn (f))	·····	15 16			%
4 5 6 ec 7	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Sche tion D. Computation of Investment Investment income percentage for 2014 (line	port Percenta column (f) divide dule A, Part III, lin at Income Per ne 10c, column (nge d by line 13, colur e 15 centage f) divided by line 1	nn (f)) 3, column (f))	· · · · · · · · · · · · · · · · · · ·	15 16 17			%
4 5 6 7 8	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Sche tion D. Computation of Investment Investment income percentage from 2014 (line Investment income percentage from 2013 Sche	port Percenta column (f) divide dule A, Part III, lin the Income Per ne 10c, column (Schedule A, Part	nge d by line 13, colur e 15 centage f) divided by line 1 III, line 17	nn (f)) 3, column (f))	· · · · · · · · · · · · · · · · · · ·	15 16 17 18	· · · · · · · · · · · · · · · · · · ·	····►	%
4 5 6 ec 7 8	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Sche tion D. Computation of Investment Investment income percentage from 2013 S 331/3% support tests - 2014. If the org	port Percenta column (f) divide dule A, Part III, lin t Income Per ne 10c, column (Schedule A, Part ganization did no	nge ed by line 13, colur e 15 centage f) divided by line 1 III, line 17 ot check the box	nn (f)) 3, column (f)) c on line 14, and	d line 15 is more	15 16 17 18 e than	331/3 %, a	►	%
4 5 6 6 7 8 9 a	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Sche tion D. Computation of Investment Investment income percentage for 2014 (line 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	port Percenta column (f) divide dule A, Part III, lin ti Income Per ne 10c, column (Schedule A, Part ganization did no is box and stop	age ad by line 13, colur e 15 centage f) divided by line 1 III, line 17 of check the box o here. The orga	nn (f)) 3, column (f)) 4 on line 14, and anization qualifier	d line 15 is more s as a publicly	15 16 17 18 e than suppo	331/3 %, a	and line	%
4 5 6 6 7 8 9 a	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Sche tion D. Computation of Investment Investment income percentage for 2014 (line 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	port Percenta column (f) divide dule A, Part III, lin at Income Per ne 10c, column (Schedule A, Part ganization did not	age ad by line 13, colur e 15 centage f) divided by line 1 III, line 17 of check the box o here. The orga check a box on	nn (f)) 3, column (f)) a on line 14, and anization qualifie line 14 or line 19	d line 15 is more s as a publicly 9a, and line 16 is	15 16 17 18 e than suppo	331/3 %, a rted organi than 331/3	and line ization ► 3 %, and	%
15 16 Sec 17 18 19a	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2014 (line 8, Public support percentage from 2013 Sche tion D. Computation of Investment Investment income percentage for 2014 (line 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	port Percenta column (f) divide dule A, Part III, lin tt Income Per ne 10c, column (f) Schedule A, Part ganization did no is box and stop inization did not this box and stop	age ad by line 13, colur e 15 centage f) divided by line 1 III, line 17 ot check the box o here. The orga check a box on op here. The orga	nn (f)) 3, column (f)) 3 on line 14, and anization qualifie line 14 or line 15 ganization qualifi	d line 15 is more s as a publicly a, and line 16 is es as a publicly	15 16 17 18 e than suppo more suppo	1 331/3 %, a rted organi than 331/: rted organi	and line ization ► 3 %, and ization ►	%

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Yes No

74-1195277

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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-	le A (Form 990 or 990-EZ) 2014		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	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 in	structi	ons):	
а	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 government entity (see instru-	ctions).		
_			Yes	No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's position that its supported organization(s) would have engaged in these	2b		
-	-	20		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
JSA	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. Schedule A (Form	3b	000 57	1) 204 4

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Schedule A (Form 990 or 990-EZ) 2014

Page 6

other Type III non-functionally integrated supporting organizations must com	ipiete	Sections A through E.	
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990 or 990-EZ) 2014

. /	MCNAY ART MUSEUM		/ -	-1195277
	le A (Form 990 or 990-EZ) 2014		tions (continued)	Page
Part	V Type III Non-Functionally Integrated 509(a)(3) and D - Distributions	Supporting Organizat	uons (conunuea)	Current Year
				Current Year
1	Amounts paid to supported organizations to accomplish ex		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	oonsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
-	D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
<u>с</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
5	any. Subtract lines 3g and 4a from line 2 (if amount			
~	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Page 8

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Schedule B

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

Schedule of Contributors

OMB No. 1545-0047

	Attach to Form 990, Form 990-EZ, or Form 990-PF.	
Information	ion about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form99	90.

2014

Name	of	the	org	Janization
MCNA	Y	AR	т	MUSEUM

74-1195277

Employer identification number

Organization	type	(check	one):
--------------	------	--------	-------

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

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

General Rule

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

Special Rules

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

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

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not 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) (2014)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization MCNAY ART MUSEUM

Employer identification number 74–1195277

Page 2

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 1		\$1,350,924.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2_		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 3		\$186,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 4		\$127,843.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 5		\$120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 6		\$ <u>115,260</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		1	

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization MCNAY ART MUSEUM

74-1195277

Employer identification number

Page 3

	(Form 990, 990-EZ, or 990-PF) (2014)			Pag
Name of or	rganization MCNAY ART MUSEUM			Employer identification number
Part III	that total more than \$1,000 for the	year from any one o s completing Part III, e year. (Enter this in	contributor. (enter the tota formation on	$74-1195277$ described in section 501(c)(7), (8), or (1 Complete columns (a) through (e) and th al of <i>exclusively</i> religious, charitable, etc., ce. See instructions.) \triangleright
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf		lelationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	- /	(e) Transf	-	
	Transferee's name, address, a	nd ZIP + 4	H 	elationship 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) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	F	elationship of transferor to transferee
JSA	<u> </u>			Schedule B (Form 990, 990-EZ, or 990-PF) (20

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SCHEE	DULE	D
(Form	990)	

Department of the Treasury

Supplemental Financial Statements Complete if the organization answered "Yes" to Form 990,

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

Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

21

OMB No. 1545-0047

4

	Revenue Service	Information about Schedule	D (Form 990) and its instructions is at www.ir		Inspection
Name o	of the organization			Employer identifica	tion number
MCNA	Y ART MUSEUN	1		74-11952	77
Part	Organiza	tions Maintaining Donor Adv	sed Funds or Other Similar Funds of	r Accounts.	
	Complete	e if the organization answered	"Yes" to Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds and	other accounts
1 -	Total number at e	nd of year			
		of contributions to (during year)			
		of grants from (during year)			
		at end of year			
			advisors in writing that the assets held	in donor advised	
	•		organization's exclusive legal control?		Yes No
	-		Ind donor advisors in writing that grant f		
	-	-	fit of the donor or donor advisor, or for a		
			<u> </u>		Yes No
Part		tion Easements.			
			"Yes" to Form 990, Part IV, line 7.		
1			organization (check all that apply).		
	Preservatio	n of land for public use (e.g., rec	reation or education) Preservation	of a historically im	portant land area
		of natural habitat		of a certified histo	
	Preservatio	n of open space			
2 (eld a qualified conservation contribution in	n the form of a con	servation
		last day of the tax year.			End of the Tax Year
				2a	
			3	2b	
			historic structure included in (a)	2c	
			acquired after 8/17/06, and not on a		
			· · · · · · · · · · · · · · · · · · ·	2d	
			sferred, released, extinguished, or termin		nization during the
	ax year ▶				
			rvation easement is located ►		
			garding the periodic monitoring, inspec	ction, handling of	
			sements it holds?		
			specting, and enforcing conservation eas		
		-			jour
7			ting, and enforcing conservation easeme	ents during the year	
	►\$		ang, and emotoring concertation eaconte	into during the your	
			e 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i)
		-			
)	n Part XIII. descri	ibe how the organization reports	conservation easements in its revenue an	d expense statemer	
			of the footnote to the organization's finance		
		counting for conservation easeme			
Part			of Art, Historical Treasures, or Othe	er Similar Assets	
			"Yes" to Form 990, Part IV, line 8.		
1a	· · · · ·			rovonuo statomon	t and halance sheet
ו a ו \	works of art, hist	torical treasures, or other simila	AS 116 (ASC 958), not to report in its ar assets held for public exhibition, edu	ication, or researc	h in furtherance of
F	public service, pro	ovide, in Part XIII, the text of the fo	potnote to its financial statements that des	scribes these items	
			SFAS 116 (ASC 958), to report in its r		
			ar assets held for public exhibition, edu	ucation, or researc	h in furtherance of
		vide the following amounts relati	•	► ↑	
	-		t, historical treasures, or other similar		al gain, provide the
			FAS 116 (ASC 958) relating to these item		
For Pa JSA	perwork Reduction	n Act Notice, see the Instructions for	Form 990.	Sch	edule D (Form 990) 2014

Sche	dule D (Form 990) 2014								age 2	
Par	t III Organizations Maintaini	ng Collections of	Art, Historical T	reasures, o	r Other Simil	ar Assets	cont (inue	ed)	
3	Using the organization's acquisition	on, accession, and o	other records, chec	k any of the	following that a	are a signif ⁱ	icant u	se o	of its	
	collection items (check all that app			,	0	0				
а	X Public exhibition	.,	d X Loan	or exchange p	orograms					
b	X Scholarly research				-					
с	X Scholarly research e Other X Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part									
	XIII.			,	5					
5	During the year, did the organization	on solicit or receive o	onations of art, hist	orical treasure	es, or other simi	lar				
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? $\mathbf{Yes} \times \mathbf{No}$									
Par	art IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9,									
	or reported an amount or	n Form 990, Part X	, line 21.							
		a state d'a state ada								
1a	Is the organization an agent, truste] N	
ь	included on Form 990, Part X? If "Yes," explain the arrangement i					•••• ∟	Yes		No	
D	in res, explain the arrangement i	II Part Alli and comp	Diete the following tai		^	mount				
•	Paginning balance				P	mount				
с с	Beginning balance									
e	Additions during the year Distributions during the year									
f	Ending balance									
	Did the organization include an am				todial account lis	ability?	Yes		No	
	If "Yes," explain the arrangement i									
Par										
ια	Endowment Funds. Com	(a) Current year	(b) Prior year	(c) Two years			(e) Four y	ears l		
1a	Beginning of year balance	51,331,439.				2,407.	35,2			
b	Contributions	31,750.	380,868.	603,		4,950.			868	
	Net investment earnings, gains,	5177551			01/1 07/0			• = 7		
-	and losses	710,642.	8,880,894.	4,300,	9801.20	2,653.	6	98.	738.	
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs	2,244,498.	1,894,328.	1,021,	067. 59	3,629.	2	92.	422.	
f	Administrative expenses			, - ,				- ,		
	End of year balance	49,829,333.	51,331,439.	43,964,	005. 40,08	1,075.	36,1	42,	407.	
2	Provide the estimated percentage									
а	Board designated or quasi-endown	-		(
b	Permanent endowment b 64.6		_							
с	Temporarily restricted endowment	6.8678 %								
	The percentages in lines 2a, 2b, a	nd 2c should equal 1	00%.							
3a	Are there endowment funds not in	the possession of th	ne organization that	are held and	administered for	the				
	organization by:						Y	'es	No	
	(i) unrelated organizations						3a(i)	Х		
	(ii) related organizations						3a(ii)		Х	
b	If "Yes" to 3a(ii), are the related or	ganizations listed as	required on Schedule	e R?			3b			
4	Describe in Part XIII the intended u	uses of the organiza	tion's endowment fu	nds.						
Par	t VI Land, Buildings, and Equ Complete if the organiza	ipment.	e" to Form 990 P	art IV/ line 1 [,]	1a See Form	000 Part)	(line '	10		
	Description of property	(a) Cost or		or other basis	(c) Accumulated	, ,	Rook valu			
		(inves	tment) (c	other)	depreciation	(-)				
1a	Land			585,962.		ļ			62.	
b	Buildings		49,4	194,756.	20,814,401.	:	28,68	0,3	55.	
С	Leasehold improvements									
d	Equipment			359,732.	190,421.				311.	
	Other			377,955.	2,167,559.				96.	
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part X, colum	n (B), line 10(c	s).) >		30,14	6,0	24.	

Schedule D (Form 990) 2014

	(Form 990) 2014		Pa
Part VII		"Vos" to Form 000	Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		(b) BOOK value	Cost or end-of-year market value
) Financi	ial derivatives		
) Closely	y-held equity interests		
) Other_			
(^)			
<u>(B)</u>			
<u>(C)</u>			
(0)			
<u>(E)</u>			
<u>(F)</u>			
<u>(G)</u>			
<u>(H)</u>			
	nn (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII			
		"Yes" to Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			· ·
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	"Yes" to Form 990	Part IV, line 11d. See Form 990, Part X, line 15.
		scription	(b) Book value
(1)	(u) 500	Semption	
(2)			
(3)			
(4)			
(5)		1	
(6)			
(7)			
(8)			
(9)			
	lumn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	••••••
Part X	Other Liabilities.	,	
	Complete if the organization answered line 25.	"Yes" to Form 990,	Part IV, line 11e or 11f. See Form 990, Part X,
	(a) Description of liability	(b) Book value	•
(1) Fede	eral income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(8) (9)

Х

MCNAY	ART	MUSEUM
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Schedul	e D (Form 990) 2014		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	າ.	
1	Total revenue, gains, and other support per audited financial statements	1	7,636,586.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a -4,146,826.		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-4,146,826.
3	Subtract line 2e from line 1	3	11,783,412.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 176, 725.		
b	Other (Describe in Part XIII.) 4b -185,070.		
C	Add lines 4a and 4b	4c	-8,345.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,775,067.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	10,643,828.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	10,643,828.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 176, 725.		
b	Other (Describe in Part XIII.) 4b -185,070.		
С		4c	-8,345.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5	10,635,483.
	XIII 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; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	PAGE 5		

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) 2014

Schedule D (Form 990) 2014

MCNAY ART MUSEUM

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, 2015 AND 2014, THE MUSEUM DID NOT RECOGNIZE ANY INTEREST OR PENALTIES IN THE FINANCIAL STATEMENTS.

TAX YEARS 2014-2012 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 COST OF GOODS SOLD: -185,070

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART XII, LINE 4B COST OF GOODS SOLD: -185,070

Schedule D (Form 990) 2014

	Supplemen	tal Information R	Regarding	g Fundrai	ising or Gaming	Activities	OMB No. 1545-0047
SCHEDULE G	CHEDULE G Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the						
(Form 990 or 990-EZ)		Open to Public					
Department of the Treasury Internal Revenue Service	Information ab	out Schedule G (Form	990 or 990-E	Z) and its in	structions is at www.ir	rs.gov/form990.	Inspection
Name of the organization						Employer identificati	on number
MCNAY ART MUSEUN						74-119527	
Dort	ng Activities. Com)-EZ filers are not i	•			"Yes" to Form 9	90, Part IV, line	17.
	the organization rais		•		activities. Check a	all that apply.	
a Mail solicitat	0	e		0	non-government g	,	
b Internet and	email solicitations	f	Solic	itation of	government grants	6	
c Phone solici		g	Spec	cial fundra	ising events		
d lin-person so			10 t.			·	
b If "Yes," list the t	s listed in Form 990 en highest paid indi least \$5,000 by the o	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be
(i) Name and addr or entity (fu		(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3 List all states in registration or lic	which the organizat	tion is registered o	or licensed	to solicit	contributions or	has been notified	I it is exempt from
For Paperwork Reduction A	ct Notice, see the Instruct	tions for Form 990 or 99	90-EZ.			Schedule G (Fo	orm 990 or 990-EZ) 2014

Schedule G (Form 990 or 990-EZ) 2014

Page 2

Part II Fundra

Fundraising Events. Complete if the organization answered "Yes" to 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.

		giece i cecipie gieater than ¢e,e				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GALA	SPRING PARTY	<u> </u>	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue						
svei	1	Gross receipts	545,724.	60,539.	7,670.	613,933
Re						
		Less: Contributions	382,129.	46,819.	7,670.	436,618
	3	Gross income (line 1 minus				
		line 2)	163,595.	13,720.	0	177,315.
	4	Cash prizes				
	_					
	5	Noncash prizes				
SS	_					
nse	6	Rent/facility costs				
xpe	_		50 404	11.001		00.050
Ш	7	Food and beverages	72,494.	11,091.	5,675.	89,260.
Direct Expenses	~		10 500	1 405	0.0.0	21 725
ā	ø	Entertainment	19,500.	1,425.	800.	21,725
	0	Other direct expenses	58,730.	12,637.	4,371.	75,738
	9	Other direct expenses		12,037.	4,571.	15,130
	10	Direct expense summary. Add lines 4	1 through 9 in column (d)		►	186,723.
	11	Net income summary. Subtract line 1	0 from line 3, column (d)			-9,408
		Gaming. Complete if the organization				
		than \$15,000 on Form 990-E	Z. line 6a.	05 101 0111 550,1 a		
0		· · · · · · · · · · · · · · · · · · ·		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
eve						
Å	1	Gross revenue				
SS	2	Cash prizes				
nse						
Expenses	3	Noncash prizes				
ct						
Ö				1		

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						
SS	2 Cash prizes						
Direct Expenses	3 Noncash prizes						
irect E	4 Rent/facility costs						
Δ	5 Other direct expenses						
	6 Volunteer labor	Yes% No	Yes%	Yes%			
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)						
9	Enter the state(s) in which the organizati	on conducts gaming act	ivities:				
a	Is the organization licensed to conduct g	aming activities in each	of these states?		Yes No		

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2014

Yes

b If "No," explain:

No

Sched	ule G (Form 990 or 990-EZ) 2014	, 1 11/5	2,,	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other end			
	formed to administer charitable gaming?	-	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events boo	ks and		
	records:			
	Name ►			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives	aamina		
15 a	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \triangleright \$	and the		
	amount of gaming revenue retained by the third party ► \$			
с	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Nama N			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming plant			
_	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt org	ganizations		
Dee	or spent in the organization's own exempt activities during the tax year s		() or d	
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additi			
	(see instructions).		auon	
	(

Schedule G (Form 990 or 990-EZ) 2014

SCHEDULE J (Form 990)		For certain Officers, Dire Cor	Asation Information ectors, Trustees, Key Employees, and Highest mpensated Employees		ив No. 1 20	1545-0 14	047
Doparte	nent of the Treasury		n answered "Yes" on Form 990, Part IV, line 23 Attach to Form 990.	. 0	pen to	o Puk	olic
	Revenue Service	Information about Schedule J (Formation about Schedule J)	orm 990) and its instructions is at www.irs.gov/f	orm990.	Inspe	ectio	n
Name	of the organization			Employer identification	numbe	r	
MCNA	AY ART MUS	-		74-119527	7		
Part	Question	s Regarding Compensation					
1a	990, Part VII,		ovided any of the following to or for a pers provide any relevant information regarding Housing allowance or residence for	these items.		Yes	No
	X Travel for	or companions	Payments for business use of persor	al residence			
	Tax inde	emnification and gross-up payments	X Health or social club dues or initiatio	n fees			
	Discretio	onary spending account	Personal services (e.g., maid, chauffe	eur, chef)			
b	or reimburse	ment or provision of all of the ex	ne organization follow a written policy re openses described above? If "No," com	plete Part III to	1b	x	
2	Did the orga	anization require substantiation prior	r to reimbursing or allowing expenses	incurred by all			
			O/Executive Director, regarding the items	checked in line			
	1a?				2	X	
3	organization's related organ X Comper Indepen	ECEO/Executive Director. Check all that ization to establish compensation of the nsation committee dent compensation consultant	nization used to establish the compensatio at apply. Do not check any boxes for method le CEO/Executive Director, but explain in Pa X Written employment contract X Compensation survey or study	ds used by a art III.			
	Form 99	00 of other organizations	X Approval by the board or compensation	tion committee			
4	organization of	or a related organization:	Part VII, Section A, line 1a, with respect to	-			
а			ayment?		4a		X
b			ental nonqualified retirement plan?		4b		X
С			ased compensation arrangement? rovide the applicable amounts for each ite		4c		X
	-		rganizations must complete lines 5–9.				
5	•		line 1a, did the organization pay or accrue a	ny			
		n contingent on the revenues of:					
а					5a		X
b	-	-			5b		X
6	For persons li		line 1a, did the organization pay or accrue a	ny			
-	-	n contingent on the net earnings of:			60		x
a b					6a 6b		X
b	•	e 6a or 6b, describe in Part III.			00		
7			n A, line 1a, did the organization provid	te any non-fixed			
1	•		escribe in Part III		7		x
8	Were any am	ounts reported in Form 990, Part VII, p	paid or accrued pursuant to a contract tha Regulations section 53.4958-4(a)(3)? If	t was subject	-		
	in Part III				8		X
9	If "Yes" to li	ne 8, did the organization also foll	low the rebuttable presumption procedu	ure described in	9		
For Pa		ction Act Notice, see the Instructions for Fo		Schedu	ile J (Fo	orm 990	0) 2014

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

Page 2

Schedule J (Form 990) 2014

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

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

		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
WILLIAM J CHIEGO	(i)	273,582.	0	C	30,615.	6,530.	310,727.	
1 DIRECTOR	(ii)	C	C	C	C	0	C	
BRYAN DOME	(i)	157,954.	7,611.	C	20,168.	6,053.	191,786.	
2 CHIEF OF OPERATIONS & FINANCE	(ii)	C	C	C	C	0	C	
COLLEEN KELLY	(i)	129,418.	6,288.	C	16,922.	5,951.	158,579.	
3 CHIEF DEVELOPMENT OFFICER	(ii)	C	0	0	0	0	(
RENE BARILLEAUX	(i)	134,042.	6,295.	0	16,682.	5,092.	162,111.	
4 CHIEF CURATOR	(ii)	С	C	C	C	0	()
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
•	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
12	(i)							
13	(ii)							
15	(i)							
14	(ii)							
14								
45	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2014

Page 3

Schedule J (Form 990) 2014

Part III Supplemental Information

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

FORM 990, SCHEDULE J, PART I, LINE 1A

THE TRAVEL WAS FOR ORDINARY AND NECESSARY BUSINESS OF THE MUSEUM,

INCLUDING ATTENDING EVENTS AT DIRECTOR MEETINGS AND ASSISTING THE

DIRECTOR IN PERSONAL MEETINGS TO PROCURE EXHIBITIONS AND WORKS OF ART.

THE MUSEUM HAS A CORPORATE MEMBERSHIP AT A HEALTH CLUB AVAILABLE FOR USE

BY ALL EMPLOYEES. INDIVIDUAL DUES ARE NOT PAID.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public

Inspection

Complete if the organizations answered	"Yes"	on Form	990,	Part IV,	lines	29 or 3	0
Attach to Form 990.							

Department of the Treasury Internal Revenue Service

Information about Schedule M	(Form 990)) and its instructions is at	www.irs.aov/form990
internation about ochequie in	(1 01111 330	, and its motions is at	in in this orgot / to into o or

Name of the organization

Employer identification number
74-1195277

MCNAY	AR'I'	MUSEUM	

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determini noncash contribution an			
1	Art - Works of art	X	266.	1 0111 990, 1 att vill, line 19 0				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
Ŭ	goods.							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶()							
26	Other ▶()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for				
	which the organization completed F	orm 8283,	Part IV, Donee Acknowledg	ement	29	12.		
					Yes	s No		
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, lines	s 1 through			
	28, that it must hold for at least three years from the date of the initial contribution, and which is not required							
	to be used for exempt purposes for	the entire h	olding period?		30a	X		
b	If "Yes," describe the arrangement in							
31	Does the organization have a			-				
	contributions?				31	X		
32a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	ell noncash			
	contributions?				32a	X		
b	If "Yes," describe in Part II.							
b 33	If "Yes," describe in Part II. If the organization did not report an describe in Part II.	n amount in	column (c) for a type of pro	perty for which column (a)	is checked,			

Page 2

Part II Supplemental Information. Complete this part to 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 ITEMS CONTRIBUTED.

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.

JSA

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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



Name of the organization MCNAY ART MUSEUM

FORM 990, PART VI, SECTION A, LINE 2 TOM FROST (CHAIRMAN) AND DON FROST (MEMBER) HAVE A FAMILILIAL

RELATIONSHIP.

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 PRIOR TO FILING WITH THE IRS.

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

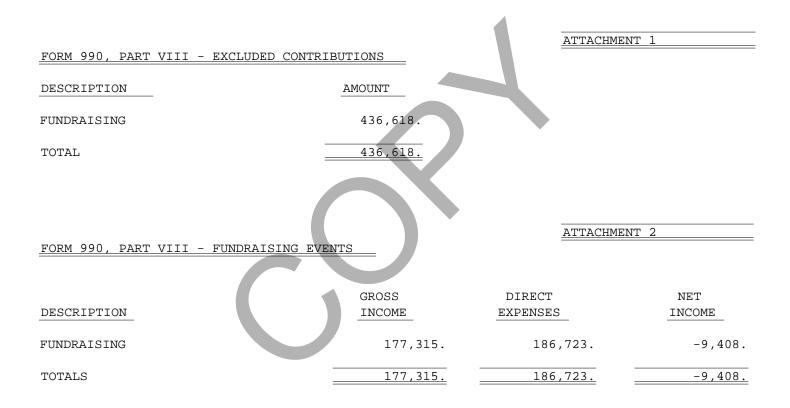
THE STAFF CALCULATES SALARY RANGES FOR ALL EMPLOYEES BASED ON INDUSTRY-WIDE SALARY SURVEYS: AAMD SALARY SURVEY FOR PROFESSIONALS AND WERLING LOCAL SURVEY FOR NON-PROFESSIONALS. THESE RANGES ARE APPROVED BY THE BUSINESS AFFAIRS COMMITTEE AS PART OF THE ANNUAL BUDGET PROCESS. THE INFORMATION USED AND THE DECISIONS MADE ARE DOCUMENTED IN THE MINUTES OF THE BUSINESS AFFAIRS COMMITTEE. THE MUSEUM'S LAST COMPENSATION STUDY WAS PERFORMED IN SEPTEMBER 2014.

edule O (Form 990 or 990-EZ) 2014			
Name of the organization	Employer identification number		
MCNAY ART MUSEUM	74-1195277		

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.

FORM 990, PART XI, LINE 9

COLLECTION ITEMS PURCHASED NOT CAPITALIZED: -356,177



PAGE 42

Schedule O (Form 990 or 990-EZ) 2014	Page 2
Name of the organization	Employer identification number
MCNAY ART MUSEUM	74-1195277
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD	ATTACHMENT 3
GROSS SALES LESS RETURNS AND ALLOWANCES	364,272.
INVENTORY AT BEGINNING OF YEAR	155,093.
PURCHASES	146,471.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	301,564.
MINUS ENDING INVENTORY	116,494.
COST OF GOODS SOLD	<u>185,070.</u>

Schedule O (Form 990 or 990-EZ) 2014