			Return of C	Drganization E	Exempt	From I	nco	me Tax		OMB No. 1545-0047
Forr	g	90	Under section 501(c), 52	7, or 4947(a)(1) of the Ir	- nternal Reve	nue Code (e	except	private founda	tions)	2015
	-	of the Treasury		Social Security number		-	-	-	,	Open to Public
		enue Service	Information a	bout Form 990 and its	instructions i	is at <i>www.irs</i>	s.gov/f	orm990.		Inspection
AF	or th	e 201 <u>5</u> calen	dar year, or tax year begiı	nning 07	/01, <b>2015</b> ,	and endin	ng		06/	30, <b>20</b> 16
R c	heck if ap	- Kankley	of organization					D Employer id	entifica	tion number
	Addre	MCN	AY ART MUSEUM					<b>E</b> 4 1 1 6 1		
	chang	ge Doing	Business As	not delivered to street addres	20)	Deem/auite		74-119		
	-		er and street (or P.O. box if mail is BOX 6069		55)	Room/suite		E Telephone n		69
	-	City	r town, state or province, country, a	and ZIP or foreign postal code				(210) 02	4-55	
	Termi Amen	nded SAN	ANTONIO, TX 78209		•			G Gross receip	ts \$	34,814,902.
	Applic	cation F Name	and address of principal officer:	RICHARD ASTE	, PH.D.			H(a) Is this a gro	up return	
	_ pendi		E AS C ABOVE					subordinates H(b) Are all subord		uded? Yes No
I	Tax-ex	empt status:	X 501(c)(3) 501(c) (	) ┥ (insert no.)	4947(a)(1) o	or 52	7	If "No," atta	ch a list. (	(see instructions)
-			ICNAYART.ORG					H(c) Group exem	ption nun	nber 🕨
		of organization:	X Corporation Trust	Association Other	•	L Year of	f format	ion: 1952 <b>M</b>	State of	f legal domicile: TX
Pa	art I	Summary								
	1		e the organization's mission o					EUM ENGAG	ES A	DIVERSE
nce			Y IN THE DISCOVERY	AND ENJOYMENT	OF THE V	ISUAL A	RTS.			
Governance	2	Chock this has	★ I if the organization d	incontinued its operation				of its not speet		
Šoč			ing members of the governing						s. 3	20.
~	4	Number of ind	lependent voting members of t	the governing body (Part	VI. line 1b)		• • •		4	20.
Activities &			of individuals employed in cale						5	138.
tivi			of volunteers (estimate if neces						6	313.
Ă	7a	Total unrelate	d business revenue from Part V	III, column (C), line 12					7a	0.
			business taxable income from						7b	0.
								Prior Year	_	Current Year
ne	8	Contributions a	and grants (Part VIII, line 1h)		COPY	( FOR		5,901,45		4,668,005.
Revenue			ce revenue (Part VIII, line 2g)			SPECTION		284,96		283,166. 651,562.
Re			come (Part VIII, column (A), line		. L			610,28		392,664.
			e (Part VIII, column (A), lines 5, - add lines 8 through 11 (musi					12,142,89		5,995,397.
			milar amounts paid (Part IX, col	· · ·				, , ,	0.	0.
			to or for members (Part IX, colu						0.	0.
ş			r compensation, employee ben					4,269,05	59.	4,558,464.
Expenses	16a	Professional f	undraising fees (Part IX, columr	n (A), line 11e)					0.	0.
ă.			ing expenses (Part IX, column (		857,329					
			es (Part IX, column (A), lines 11					6,366,42		6,102,108.
			s. Add lines 13-17 (must equal					10,635,48		10,660,572.
rc SS	19	Revenue less	expenses. Subtract line 18 from				Begin	ning of Current		End of Year
Net Assets or Fund Balances	20	Total assets (P	Part X, line 16)				Login	86,555,35		81,355,669.
Ass I Bal	21		(Part X, line 26)					1,491,26		1,383,350.
Func	22		fund balances. Subtract line 21					85,064,09	90.	79,972,319.
Pa	rt II	Signature								
Une	der per	nalties of perjury,	I declare that I have examined th Declaration of preparer (other than	is return, including accomp	anying schedu	les and staten	nents, a	and to the best o	f my kn	owledge and belief, it is
	, 00110									
Sig	n	Signature	e of officer					12/0 Date	1/20	16
He					CULEE		· ت			
		BRYAN	print name and title		CHIEF	OF OPER	αr	11N		
		Print/Type prep		Preparer's signature		Date		Check	if PT	
Paic	i	JOY REI						self-employ	] "	01224777
	parer		▶ BDO USA LLP	1						381590
Use	Only	1	▶ 9901 IH-10, SUIT	E 500 SAN ANTO	NIO, TX	78230		Phone no.		342-8000
Мау	the I		s return with the preparer show				<u></u> .		<u> </u>	X Yes No
-			on Act Notice, see the separat							Form <b>990</b> (2015)

For Paperwork Reduction Act Notice, see the separate instructions.

For	m 990 (2015) Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MCNAY ART MUSEUM ENGAGES A DIVERSE COMMUNITY IN THE DISCOVERY AND
	ENJOYMENT OF THE VISUAL ARTS.
	ENCOMENT OF THE VISUAL ARTS.
<u></u>	Did the organization undertake any significant program services during the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
5	services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 6,279,946. including grants of \$ ) (Revenue \$ 236,530. )
	COLLECTION AND EXHIBITION OF MODERN AND CONTEMPORARY ART FOR THE
	GENERAL PUBLIC'S ENJOYMENT AND EDUCATION
4b	(Code: ) (Expenses \$ 2,306,617. including grants of \$ ) (Revenue \$ 202,911. )
	EDUCATIONAL PROGRAMS AND RESOURCE LIBRARY DESIGNED TO OFFER
	LEARNING OPPORTUNITIES TO THE PUBLIC; ART WORKSHOPS FOR CHILDREN
	AND ADULTS; OPERATION OF MUSEUM STORE WHICH HELPS PROMOTE ART
	ENJOYMENT
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
	Total program service expenses ►       8,586,563.
JSA 5E1	020 1.000 Form <b>990</b> (2015)
	7434DM B99T 11/30/2016 12:17:19 PM V 15-7F 0197000 PAGE 4

Form 9	90 (2015)		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	X	
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	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			37
	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			v
	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		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	A	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12-	Х	
L	Schedule D, Parts XI and XII	12a	A	
b		126		х
12	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	12b 13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
U U	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		Х

Form 990 (2015)

Page 4

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? 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		
C	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			37
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
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			v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	20-		х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28b		х
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
С	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 more than \$25,000 in hor cash contributions in res, complete schedule M.	23		
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,			
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-		
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	192 Note, All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2015)

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Check if Schedule O contains a response or note to any line in this Part V       Image: Control of Control of Control OSE. Energing the intervention of Control OSE. Control OSE in the organization comply with backup withholding rules for reportable payments to vendors and reportable graining (ambing) winnings to prave winners?       Image: Control OSE intervention of Control OSE intervention of Control OSE intervention.       Image: Control OSE intervention of Control OSE intervention.       Image: Control OSE intervention.	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
1a         Enter the number reported in Box 3 of Form 1006. Enter -0- if not applicable.         11         101           b         Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.         11         101           2         Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners?         11         12         13           2         Enter the number of emptyces reported in Form W-3. Transmital of Wage and Tax         13         12         13           2         Enter the number of emptyces reported in Form W-3. Transmital of Wage and Tax         13         28         X           3         Did the organization have and inter 2a, did the organization have and inter 2a, did uring the year?         3a         X         3a           4         At any time during the calend year, did the organization have an interest in a Schedule 0.         3b         2a         X           5         See instructions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         3a         X         X           6         Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction 1300.000, and did the organization neave an tot ax deductible as charlable contributions or diffs were not tax deductible.         5a         X           8         W as the organization n		Check if Schedule O contains a response or note to any line in this Part V			_
1       10       10       10       10       10       10         2       10       10       10       10       10       10         2       10       10       10       10       10       10       10         2       10 <td< th=""><th></th><th></th><th></th><th>Yes</th><th>No</th></td<>				Yes	No
b Inter the function of points in Seg inducted in the intermed to the parameter to vendors and reportable garning (gambing) winnings to prize winners?       it       it       x         2 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.       it       it       it         3 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.       it       it       it         3 Did the organization have unitested business gross income of \$10.00 or more different employment tax returns?       it       it<					
reportable gaming (gambling) winnings to prize winner?       It	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.       2a       138         2b If at least on is reported on Ine 2a, dithe organization hile all required the derail employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-life</i> (see instructions).       2b       X         3b Did the organization have unnellated business gross income of 31.000 or more to derain during the search at At any time during the calendar year, did the organization have an interest in or a signature or other rathering vor, a financial account in a foreign country text as a bank account, socurities account, or other financial account?       3b         4a At any time during the calendar year, did the organization have an interest in or a signature or other authority over, a financial account?       5a       X         5e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a Uses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any continuous that were not tax deductible as charable contributions?       5a       X         5b If Yes," did the organization hile Yes of Stro ade partly as a contribution and partly for goods and services provided to the payor?       7b       X         6b If Yes," did the organization solid the organization and were solid the organization and payor for which it was required to file form 8282?       7c       X         7	С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Statements, field or the calendar year ending with or within the year covered by this return		reportable gaming (gambling) winnings to prize winners?	1c	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-/file (see instructions).       3a         X       Did the organization have unreleted buisness gross income of 031,000 or more during the year?       3a         X       TYes: ^ has if field a Form 390-T for this year? // '' No'' to line 3b, provide an explanation in Schedule 0.       3b         A tar sy time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?       3b         A tar sy time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?       5a         Se instructions for filing requirements for FnCEN Form 114, Report of Foreign Bank and Financial Account?       5a         Sa Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization hick we annual gross receipts that are normally greater than \$100,000, and did the organization neal any time 886-17.       5a         B Uf "Yes" (d) the organization hist were not tax deductible a charitable contributions?       7b       X         J Uf Yes" (d) the organization stat were not tax deductible as charitable contributions or gressonal benefit contract?       7b       X         J Uf Yes, 'I di the organization neal yies a party to a prohibited tax sheller transactor?       7b       X         J Uf Yes, 'I di the organization neceve a payment in excess	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
a to back other state and a large data the pace of the state interpace of the state interpace of the state of the state interpace of the state of the state interpace of the state of					
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         b If "Yes," has If lida 6 Form 990-Tro this year?       3b       X         4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.       4a       X         b If "Yes," enter the name of the foreign country.       X       4a       X         b If "Yes," enter the name of the foreign country.       X       5a       X         b If "Yes," enter the aname of the foreign country.       X       5a       X         b If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         b If "Yes," of the organization include with every solicitation an express statement that such contributions of the organization include with every solicitation an express statement that such contributions of aff were not tax deductible contributions and express provided 1 the payor?       5a       X         b If "Yes," did the organization nelify the donor of the value of the goods or services provided?       7b       X         c If due organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to fine form 3222?       7b       X         c If the organization needwe any pay remiums, directly or indirectly, to a prohibited function that ware remota tax deductible contacities of appressing analys an equiret of the	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a bit the dright state of parts of the set of		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bark account, securities account, or other financial account)?         b If "Yes," enter the name of the foreign country: b         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax shelter transaction?         6 If Yes," to line 5a or 5b, did the organization file Form 886-72.         6 If Yes," to did the organization is that twas or is a party to a prohibited tax shelter transaction?         6 Ca Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization induce with every solicitation an express statement that such contributions?         7 Organization solid: any contributions that were not tax deductible as charitable contributions and partly for goods and services provided to the payor?       7b         7 Organization found the donor of the value of the goods or services provided?       7b         8 If "Yes," indicate the number of Form 8282? filed during the year       7d         70 Id the organization netwer shows basines holdings at any time during the vear?       8         9 Did the organization exerces of strone and the donor divised fund.       7d         71 K       7d         72 Did the organization cervice any premiums. divised strones, or a personal benefit contract?       7d	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
ever, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       4a       x         b If Yes, * enter the name of the foreign country: >       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       Xa         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5a Was the organization action that was or is a party to a prohibited tax shelter transaction?       5c       Xa         5a Was the organization action that was or is a party to a prohibited tax shelter transaction?       5c       Xa         6a Does the organization neare annual gross receipts that are normally greater than \$100,000, and did the organization socked a payment in excess of \$75 made partly as a contributions or gifts were not tax deductible?       6b         7 Organization scheduke?       7a       X       7b       X         b If Yes, 'id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       7b       X         c Did the organization scheduke acyment in excess of \$75 made partly as a contribution and partly for good and services provided to the payor?       7a       X         c Did the organization network of forms 8282 filed during the year       7d       7d       7b       X         g If the organization receive any purentums, directly or indirectly, on a	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
account)?       4a       X         b If "Yes," ener the name of the toreign country: b	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
b If Yes," enter the name of the foreign country.		over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).       Sa         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       Sa       X         5b       dary taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       Se       So       X         5a       dary taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       Se       So       X         5a       dary taxable party notify the organization take annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       So       X         5b       To Organizations that may receive deductible contributions under section 170(c).       A       Did the organization notify the donor of the value of the goods or services provided to the payor?       Ta       X         7b       X       Td       Ta       Z       Z       Z       Z       Z         7b       Did the organization notify the donor of the value of the goods or services provided to the payor?       Ta       Z       Z       Z       Z       Z       Z       Z       Z       Z       Z       Z       Z       Z       Z       Z       Z       Z       Z			4a		X
(FBAR),       5a       Xa       x         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5a       Was the organization aparty to a prohibited tax shelter transaction?       5b       X         5a       X       5c       5c       X         5a       X       5c       X       5c       X         5a       X       X       5c       X       5c       X         5a       X       X       5c       X       5c       X         6a       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization neclew a ayment in excess of \$75 made partly as a contributions and partly for goods and services provided to the payor?       7c       X	b	If "Yes," enter the name of the foreign country: ►			
5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax shelter transaction?       5a       X         b       Did any taxable party notify the organization file Form 888-17,       5c       X         6a       Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization necture was deatrable contributions?       6a       X         6a       Dees the organization necture annual gross receipts that are normally greater than \$100,000, and did the organization necture annual gross receipts that are normally greater than \$100,000, and did the organization nective a payment in excess of \$75 made partly as a contributions or gifts were not tax deductible contributions under section 170(c).       a)       b) if 'Yes,'' did the organization notify the donor of the value of the goods or services provided?       7a       X         7       Or granization shat amy receive deductible contributions under section 170(c).       a)       b) if 'Yes,'' indicate the number of Forms 8282 filed during the year.       [7d]       7a       X         7       D) if the organization notify the donor of the value of the goods or services provided?       7r       X         7       D) if the organization intig the year, heap yremiums, idrectly or indirectly, to pay premiums on a personal benefit contract?       7r       X         7       D) if the organization neceive any funds, directly or indirectly, on a personal benefit contract?       7r       X		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       b Did any taxable party notify the organization thave annual gross receipts that are normally greater than \$100,000, and did the organization nake and gross receipts that are normally greater than \$100,000, and did the organization nake and gross receipts that are normally greater than \$100,000, and did the organization nake and tax deductible contributions and party for goods         6 Does the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods       ra         7 Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods       ra         7 Did the organization notify the donor of the value of the goods or services provided?       rb         7 Did the organization selit, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$282?       rd         7 Did the organization neceive any fund, directly or indirectly, to pay premiums on a personal benefit contract?       rt         7 Did the organization make any taxable distributions under section 4966?       mos mosoring organization make any taxable distributions under section 4966?       Ba         9 Did the sponsoring organization make any taxable dist		(FBAR).			
b Dot any taxable party floarly the organization file form 8886-17,       if "kes" to line 5a or 5b, did the organization file form 8886-17,         6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solut any contributions that were not tax deductible carbritable contributions?       6a         7 Organizations that may receive deductible contributions and express statement that such contributions or gifts were not tax deductible as charitable contribution and partly for goods and services provided to the payor?       6b         a Did the organization notify the donor of the value of the goods or services provided?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       X         c Did the organization notify the donor of the value of the goods or services provided?       7a       X         c Did the organization (ning the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         d If "Yes," indicate the number of Forms 8282 filed during the year.       2d       7a       X         f Did the organization neceived a contribution of qualified intelectual property, did the organization file Form 8398 as required?       7f       X         g If the organization have excess business holdings at any time during the year?       9a       9b       9b       9b       9b       9b       9b       9b       9b       9b       9					
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?.       6b       6b         7 Organizations that may receive deductible contributions under section 170(c).       8d       X       6b         9 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7b       X         c Did the organization neetive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         d If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g If the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization receive any funds, directly or indirectly or indirectly or and services from 889 as required?       7h       1         h g benosning organization make any taxable distributions under section 4966?       9a       9a       9b         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         10 benosing organization make any taxable distributions under section 4966?	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
organization solicit any contributions that were not tax deductible as charitable contributions?          [6] X X			5c		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?	6a				
gifts were not tax deductible?.       6b         7 Organizations that may receive deductible contributions under section 170(c).       a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 5282 filed during the year       7d       X       7c       X         g If the organization receive any node, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g If the organization received a contribution of cars, boast, airplanes, or other vehicles, did the organization fee 808-927       7h       X         8 Sponsoring organization make any taxable distributions under section 4966?.       9a       9a       9b         9 Sponsoring organization make any taxable distributions under section 4966?.       9a       9a       9b         10 d the sponsoring organization make any taxable distributions under section 4966?.       9a       9b       9b       10a       11a       10a			6a		X
7       Organizations that may receive deductible contributions under section 170(c).       a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         g If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       8       9         Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9a         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         10 at the sponsoring organizations. Enter:       10a       10b       10b       11a         12 Section 501(c)(7) organizations. Enter:       11a       12a       12a       12a         12	b				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," idit the organization notify the donor of the value of the goods or services provided?       7c       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 098-07       7h       X         7 B       X       7g       7h       X         7 Did the organization maintaining donor advised funds.       1d a form 098-07       7h       X         8 Sponsoring organization make any taxable distributions under section 49667.       9a       9a       9a       9b       9a       9a       9b       9a       9a       9b       9a       9a       9b       9a       9			6b		
and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         f Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1089-07       7f       X         g If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 496?       9a       9a         9 Sponsoring organizations maintaining donor advised funds.       10a       10a       9b       9b         10 Section 501(c)(7) organizations. Enter:       10a       10a       10b       10b       10b         11 Section 501(c)(12) organizations. Enter:       11a       10a       10b       11a       10b       11a       10a       11a       10b       11b       12a       10b       11b       12a       10b       12a       10b       11b       12a       12a       12a<					
bit "Yes," did the organization notify the donor of the value of the goods or services provided?       17b       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," didicate the number of Forms 8282 filed during the year       7d       7c       X         d If "Yes," didicate the number of Forms 8282?       7c       X       7c       X         d If "Yes," didicate the number of Forms 8282?       7c       X       7c       X         d If "Yes," indicate the number of Forms 8282?       7c       X       7c       X         d If "Yes," divide the number of Forms 8282?       7c       X       7c       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h       X         8 Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         9 Sponsoring organizations. Enter:       10a       10b       10b       10b       10c         11 Section 501(c)(17) organizations. Enter:       11a       10b       10c	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
b in Test, but the organization houry the during the value of the globus of services provided 1					
required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7g       7h         8 Sponsoring organizations maintaining donor advised funds.       0       a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         9 Did the sponsoring organizations.       Bate       9         9 Sponsoring organizations.       Enter:       a linitiation fees and capital contributions included on Part VIII, line 12       10a         10 Section 501(c)(12) organizations.       Enter:       a Gross income from members or shareholders       11a       11a         12 Section 501(c)(12) organization file heres treceived or accrued during the year.       12a       11a       12a         13 Section 501(c)(12) organizations.       Enter:       a listhe organization file form 4000.       12a       12a         14 Section 501(c)(12) qualified nonprofit health insurance issuers.       11			7b	X	
If Yees," indicate the number of Forms 8282 filed during the year	С				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7d       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1096-C?       7h       X         8 Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization have excess business holdings at any time during the year?       7h       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b       9b <td></td> <td></td> <td>7c</td> <td></td> <td>X</td>			7c		X
bit the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7h       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7h       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2       7h       X         g Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organizations maintaining donor advised funds.       X       Y       Y         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9b       Y         10 section 501(c)(7) organizations. Enter:       10a       10a       10b       10b       10b       10b       10b       10b       11a       11a       11a       11a       11a       11b       12a       13a       13a       13a	d	If "Yes," indicate the number of Forms 8282 filed during the year			
In the organization, during the year, pay premiums, directly of indirectly of inding indirectly of indirectly of indirectly o	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9 Sponsoring organizations maintaining donor advised funds.       9       9a         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a         9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9a         9 Section 501(c)(7) organizations. Enter:       10a         a Gross income from members or shareholders.       11a         11 Section 501(c)(12) organizations. Enter:       11b         a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12 Section 501(c)(12) organization literest received or accrued during the year.       12b         13 Section 501(c)(2) qualified nonprofit health insurance issuers.       11b         13a       13a         14a       X         14a       X	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       a         9       Sponsoring organizations maintaining donor advised funds.       a         9       Sponsoring organizations maintaining donor advised funds.       a         9       Sponsoring organization make any taxable distributions under section 4966?.       9a         9       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12.       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       11b       11a         a       Gross income from members or shareholders.       11b       11b       11b         12       Section 501(c)(12) organizations. Enter:       11b       11b       11b       12a         b       Gross income from members or shareholders.       11b       11b       11b       12a         12       Section 501(c)(2) organization the therest received or accrued during the year.       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a<	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?.       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         12       Section 501(c)(12) organizations. Enter:       11a       11b       12a         a Gross income from members or shareholders       11b       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         13       Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         14a	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
9       Sponsoring organizations maintaining door advised funds.         a       Did the sponsoring organization make any taxable distributions under section 4966?.       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?.       9a         10       Section 501(c)(7) organizations. Enter:       a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       9b         11       Section 501(c)(12) organizations. Enter:       a       10b       11a       10b         12       Section 501(c)(12) organizations. Enter:       a       11a       11b       11a         b       Gross income from members or shareholders.       11a       11b       11b       12a         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         13       Note. See the instructions for additional information the organization must report on Schedule O.       13a         14a       X       13c       14a       X         14b       Title       14a       X	8				
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bit the sponsoring organization make a distribution to a door, door advisor, or related person?	9	Sponsoring organizations maintaining donor advised funds.			
10       Section 501(c)(7) organizations. Enter:         a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.       10b         11       Section 501(c)(12) organizations. Enter:       11a         a Gross income from members or shareholders.       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 501(c)(12) organization therest received or accrued during the year.       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         13a       13a         14a       14a       14a         14a       X         15 b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14a	а	Did the sponsoring organization make any taxable distributions under section 4966?			
a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.       10b         11 Section 501(c)(12) organizations. Enter:       11a         a Gross income from members or shareholders.       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         13a       13a         C Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         14b       14b       14b       14b	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.       10b         11       Section 501(c)(12) organizations. Enter:       11a         a       Gross income from members or shareholders.       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         13a       Image: Section 1041?       12b         14a       X       13b       13c         14a       X       14a       X					
1       Section 501(c)(12) organizations. Enter:         a       Gross income from members or shareholders.         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?         11b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c       14a         X       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X	а				
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b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b					
against amounts due or received from them.)       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c       14a         X       b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b	а	Gross income from members or shareholders			
12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c       14a         X       b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b	b				
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year.       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b			4.5		
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b			12a		
a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a         x       b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b	b				
Note. See the instructions for additional information the organization must report on Schedule O.       Image: Comparization is licensed to issue qualified health plans         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: Comparized to issue qualified health plans         c Enter the amount of reserves on hand       Image: Comparized to reserve any payments for indoor tanning services during the tax year?       Image: Comparized to report these payments? If "No," provide an explanation in Schedule O         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       Image: Comparized to iterative and the states in the organization receive any payments for indoor tanning services during the tax year?       Image: Image: Image: Comparized to iterative and the states in the					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c Enter the amount of reserves on hand       13c       14a       X         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b	а		13a		
the organization is licensed to issue qualified health plans					
c Enter the amount of reserves on hand .       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b	b				
14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0       14b					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0					v
					Ā
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Form 9	990 (2015) MCNAY ART MUSEUM 74-119	5277	F	Page <b>6</b>
Part	<b>WI</b> Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	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 20			
	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				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-	Х	
_	any other officer, director, trustee, or key employee?	2	Λ	
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		х
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 70	Did the organization have members or stockholders?	<b>–</b>		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		х
h	one or more members of the governing body?			
U	stockholders, or persons other than the governing body?	7b		х
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	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	э.)	
			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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
а	The organization's CEO, Executive Director, or top management official	15a	X X	
b	Other officers or key employees of the organization	15b	A	
	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	10-		Х
	with a taxable entity during the year?	16a		21
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ NONE	E01/4	N(2)a	o nh ı)
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)
	X       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	aract	nolia	/ and
19	financial statements available to the public during the tax year.	GIESL	policy	, anu
20		s: ►		
	State the name, address, and telephone number of the person who possesses the organization's books and record MCNAY ART MUSEUM 6000 N NEW BRAUNFELS SAN ANTONIO, TX 78209			
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Part VII	Compensation of Officers	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contractors								
	Check if Schedule O contain	s a response	e or note to	anv lir	he in this Part	VII			X

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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	s pe	ition more rson	e than o is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)TOM FROST	1.00									
CHAIRMAN	0.	х		Х				0.	0.	0.
(2)SARAH E HARTE	10.00									
PRESIDENT	0.	X		Х				0.	0.	0.
(3)CONNIE MCCOMBS MCNAB	1.00									
VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(4)LUCILLE OPPENHEIMER TRAVIS	1.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(5) BARBIE O'CONNOR	2.00									
TREASURER	0.	Х		Х				0.	0.	0.
(6)TOBY CALVERT	1.00									
MEMBER	0.	Х						0.	0.	0.
(7) JOHN W FEIK	1.00									
MEMBER	0.	X						0.	0.	0.
(8)DON FROST	1.00									
MEMBER	0.	Х						0.	0.	0.
(9)WALTON GREGORY	1.00									
MEMBER	0.	Х						0.	0.	0.
(10)JOAN BUZZINI HURD	1.00									
MEMBER	0.	Х						0.	0.	0.
(11) HARMON W KELLEY, MD	1.00	-						_		_
MEMBER	0.	Х						0.	0.	0.
(12)JOHN C KERR	1.00	-						_		_
MEMBER	0.	X						0.	0.	0.
(13) SHON J MANASCO	1.00									2
MEMBER	0.	X						0.	0.	0.
(14) DAVID OPPENHEIMER	1.00							-		2
MEMBER (JAN-JUNE)	0.	Х						0.	0.	0.

Part VII	Section A. Officers, Directors, Tr	ustees, Ke	y Em	plo	yee	es, a	and H	lig	hest Compensat	ed Employees (c	ontinu	ed)	
	(A) Name and title	(B) Average hours per week (list any hours for	box, office	iot ch unles r and	s per La di	tion more rson irect	e than o is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	ar com	<b>(F)</b> stimated nount o other npensati	of ion
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	rom the ganizatio d relate anizatio	on d
5) BRA	AD PARMAN	1.00											
MEN		0.	Х						0.	0.			
6) CAF	ROLYN JEFFERS PATERSON	1.00											
MEN		0.	Х						0.	0.			
7) HAF	RRIET ROMO, PHD	1.00											_
MEN		0.	х						0.	0.			
8) KIF	RK SAFFELL	1.00											
MEN		0.	х						0.	0.			
9) GEC	DRGE F SCHROEDER	1.00											-
	1BER	······	x						0.	0.			
0) AMY	STIEREN SMILEY	1.00											-
	1BER ( JAN–JUNE )	0.	x						0.	0.			
	LIAM J CHIEGO	60.00											-
	RECTOR	0.			x				292,414.	0.		38,5	73
	AN DOME	60.00											-
	LEF OF OPERATIONS & FINANCE	0.			x				171,216.	0.		27,2	10
	LEEN KELLY	60.00							,			,	_
	LEF DEVELOPMENT OFFICER	0.					x		134,009.	0.		23,2	29
	JE BARILLEAUX	60.00										,	-
	EF CURATOR	0.					x		141,216.	0.		21,5	5 -
0111												,	_
		+											
1b Sub-	total								0.	0.			-
	I from continuation sheets to Part VII, S	oction A			• •	• •		5	738,855.	0.	1	10,7	71
	I (add lines 1b and 1c)	-				• •		5	738,855.	0.		10,7	_
	number of individuals (including but not								-				-
	rtable compensation from the organizatio		4		uau	000	<i>5)</i> whe	510		φ100,000 0I			
				-								Yes	Г
	the energiantice list over former offic			4	- 4				lavaa ay biybaay			163	
	the organization list any former office oyee on line 1a? If "Yes," complete Sched										3		
•											3		
	any individual listed on line 1a, is the												
	nization and related organizations gr											v	
	idual										4	X	╞
	any person listed on line 1a receive or	accrue co	mpen	satic	on fi	rom	n anv	un	related organization	on or individual			
	ervices rendered to the organization? If "Y								0		5		

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
ATTACHMENT 1		
2 Total number of independent contractors (including but not limited to tho more than \$100,000 in compensation from the organization ► 2	se listed above) who received	
194		- 000

,	== : : ;	MCNAY ART N	IUSEUM			74-1195	5277 Pag
rt VIII							Г
	Check if Schedule O cc	ontains a respor	ise or note to an	y line in this Part VII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under section 512-514
1a	Federated campaigns	1a					
b	Membership dues	1b	751,973.				
c	Fundraising events	1c	563,263.				
d	Related organizations	1d					
e	Government grants (contribu	itions) 1e					
1a b c d e f	All other contributions, gifts, and similar amounts not included	-	3,352,769.				
g	Noncash contributions included i						
<u>h</u>	Total. Add lines 1a-1f	<u></u>		4,668,005.			
	ADMIGGION BEEG		Business Code	100 471	100 471		
2a	ADMISSION FEES PHOTOGRAPHY FEES		900099 900099	198,471.	198,471.		
b	MEMBERSHIP DUES		900099	37,081.	37,081.		
C	EDUCATIONAL PROGRAMS		611710	9,555.	9,555.		
d			011/10	2,000.	2,000.		
e							
g	All other program service rev Total. Add lines 2a-2f		<b></b>	283,166.			
3	Investment income (inc			203,100.			
3	and other similar amounts).	0		1,110,741.			1,110,
4	Income from investment of		. [	0.			
5	Royalties			69,539.			69,
		(i) Real	(ii) Personal				
6a	Gross rents	311,106.					
b	Less: rental expenses						
C S	Rental income or (loss)	311,106.					
d	Net rental income or (loss)			311,106.			311,
7a	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory	26,459,812.	1,602,892.				
Ь	Less: cost or other basis						
	and sales expenses	27,787,674.	734,209.				
c	Gain or (loss)	-1,327,862.	868,683.				
d	Net gain or (loss)		<u></u> ▶	-459,179.			-459,
8a	Gross income from fundra	aising					
	events (not including \$		ATCH 2				
	of contributions reported on	line 1c).					
	See Part IV, line 18	a	8,750.				
b	Less: direct expenses	b	153,006.				
C	Net income or (loss) from fu	indraising events.	AICH 3	-144,256.			-144,
9a	Gross income from gaming						
	See Part IV, line 19						
b	Less: direct expenses			0.			
c	Net income or (loss) from g	-	· · · · · · · •	υ.			
10a	Gross sales of inventor returns and allowances	a	300,891.				
b c	Less: cost of goods sold A Net income or (loss) from sa	hat C finite to the b		156,275.	156,275.		
	Miscellaneous Revenu		Business Code	10,215.	130,273.		
		-					
							1
11a							
b							
b c							
b				0.			

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<b>Part IX</b> Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mus	t complete all columns			
Check if Schedule O contains a resp		1		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic	0.			
individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	Ο.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	514,468.	432,765.	28,606.	53,097.
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	3,202,250.	2,693,707.	178,047.	330,496.
8 Pension plan accruals and contributions (include		145 000		
section 401(k) and 403(b) employer contributions)	174,541.	146,823.	9,704.	18,014.
9 Other employee benefits	378,419.	318,323.	21,041.	39,055.
10 Payroll taxes	288,786.	242,924.	16,057.	29,805.
11 Fees for services (non-employees):	0.			
a Management	68,350.	29,847.	26,877.	11,626.
b Legal	21,989.	9,602.	8,647.	3,740.
c Accounting	0.	570021	0,01,1	37710.
d Lobbying e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	162,333.		162,333.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	603,682.	263,612.	237,387.	102,683.
12 Advertising and promotion	118,546.	118,546.		
13 Office expenses	400,814.	198,982.	65,872.	135,960.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	541,611.	471,722.	59,139.	10,750.
17 Travel	169,505.	143,252.	19,647.	6,606.
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.		10.007	
19 Conferences, conventions, and meetings	93,491.	39,705.	13,605.	40,181.
20 Interest	0.			
21 Payments to affiliates		1 000 274	220 644	11 572
22 Depreciation, depletion, and amortization	2,078,590. 209,726.	1,808,374. 205,065.	228,644. 4,661.	41,572.
23 Insurance	209,120.	203,003.	4,001.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aEXHIBITIONS	1,167,826.	1,167,826.		
MAINTENANCE_OF_COLLECTION	76,808.	76,808.		
cPROGRAM_SUPPLIES	174,874.	89,537.	75,386.	9,951.
dCONCERTS & AUDIO TOURS	40,505.	40,505.		
e All other expenses	173,458.	88,638.	61,027.	23,793.
25 Total functional expenses. Add lines 1 through 24e	10,660,572.	8,586,563.	1,216,680.	857,329.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here 🕨 🔲 if				
following SOP 98-2 (ASC 958-720)	0.			

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	rt X	Balance Sheet			Faye II
Pa	rt A	Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	4,015.	1	3,515.
	2	Savings and temporary cash investments	1,039,837.	2	992,536.
	3	Pledges and grants receivable, net	588,402.	3	545,908.
	4	Accounts receivable, net	80,150.	4	98,235.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
			0.	5	0.
	6	Complete Part II of Schedule L 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.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	116,494.	8	119,609.
1	9	Prepaid expenses and deferred charges	279,155.	9	228,806.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D <b>10a</b> 51, 531, 700.			
	b	Less: accumulated depreciation <b>10b</b> 23,667,317.	30,146,024.	10c	27,864,383.
	11	Investments - publicly traded securities	54,211,775.	11	49,993,785.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	89,500.	15	1,508,892.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	86,555,352.	16	81,355,669.
	17	Accounts payable and accrued expenses	558,572.	17	651,591.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	932,690.	19	731,759.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
ŝ	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
lide		disqualified persons. Complete Part II of Schedule L	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	1,491,262.	26	1,383,350.
ses		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	49,118,040.	27	44,554,041.
Bal	28	Temporarily restricted net assets	3,739,697.	28	3,270,990.
p	29	Permanently restricted net assets	32,206,353.	29	32,147,288.
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	
Å	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	85,064,090.	33	79,972,319.
_	34	Total liabilities and net assets/fund balances	86,555,352.	34	81,355,669.
					Form <b>990</b> (2015)

Form 99	90 (2015)				Pa	ge <b>12</b>
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1			95,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2		10,6		
3	· · · · · · · · · · · · · · · · · · ·					.75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8			90.
5	Net unrealized gains (losses) on investments	5		1	27,9	902.
6	Donated services and use of facilities	6				0.
7		7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-5	54,4	198.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	-	79,9	72,3	319.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			r		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	n in 🛛			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were 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?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a 🛛			
	separate basis, consolidated basis, or both:					
	X       Separate basis       Consolidated basis       Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in 🛛			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

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-EZ.

Depa	rtment of the Tr al Revenue Ser	easury	Information		Attach to Form 990 or			is at www.irs.gov/form9	Open to Public 90. Inspection
	e of the orga		mormation	about Schedule A	(FOIII 990 01 990-EZ) a		Siructions	-	tification number
	AY ART M								-1195277
Par			ublic Cha	rity Status (All o	rganizations must	complet	e this pa	art.) See instructions	
				•	is: (For lines 1 throu			/	
1			-		tion of churches desc	-	-		
2					. (Attach Schedule E				
3					rganization described	-			
4			-	-	-			n section 170(b)(1)(A)	(iii). Enter the
			city, and st	-					. ,
5	An org	anization	operated f	or the benefit of	a college or universi	ty owne	d or ope	rated by a governme	ntal unit described in
	section	n 170(b)(1	)(A)(iv). (C	omplete Part II.)					
6	🔄 A feder	al, state,	or local go	vernment or gove	rnmental unit describe	ed in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X An org	anization	that norma	ally receives a sub	stantial part of its su	upport fr	om a go	vernmental unit or fro	m the general public
	describ	ed in sec	tion 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8	A comr	nunity tru	st describe	d in section 170(b	)(1)(A)(vi). (Complete	e Part II.)			
9				•				contributions, member	
									re than 331/3% of its
		-						e (less section 511	tax) from businesses
		-	-		75. See section 509		-		
10			•		usively to test for publ				
11			-		-	-		functions of, or to car	
		•	• • • •	•		. , .	•	ion 509(a)(2). See sec	
								and complete lines 11e	
а				-	-	-		orted organization(s),	
			-			elect a m	ajority o	f the directors or trust	ees of the supporting
b	-			omplete Part IV, S		nnoction	with ite	supported organization	on(c) by boying
b								is that control or man	
			-		Sections A and C.	the sam	e persor		sge the supported
С	-			-		ated in c	onnectio	n with, and functional	v integrated with
•					s). You must comple				y mogratoù man,
d			-					ection with its support	ed organization(s)
			-			-		oution requirement and	
			-		omplete Part IV, Sect	-			
е	Chec	k this box	if the orga	nization received	a written determinatio	on from t	he IRS t	hat it is a Type I, Type I	, Type III
					ionally integrated sup			ion.	
f	Enter the r	number of	supported	organizations					
g	Provide the	e following	g informatio		orted organization(s).	1		1	
	(i) Name of su	pported orga	nization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-9		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))		ment?	instructions)	instructions)
						Yes	No		
						163	NO		
(A)									
(B)									
(0)									
(C)									
(D)									
(E)									
Tota	l								

OMB No. 1545-0047

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ent of the Treasury Revenue Service	►Information about Schee

Schedule A (Form 990 or 990-EZ) 2015

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) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,811,082.	4,803,560.	6,201,594.	5,576,579.	4,668,005.	31,060,820.
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	9,811,082.	4,803,560.	6,201,594.	5,576,579.	4,668,005.	31,060,820.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
~	shown on line 11, column (f)						6,688,671.
$\frac{6}{2}$	Public support. Subtract line 5 from line 4.						24,372,149.
	tion B. Total Support ndar year (or fiscal year beginning in) ►	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	9,811,082.	4,803,560.	6,201,594.	5,576,579.	4,668,005.	31,060,820.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,176,024.	1,449,893.	1,577,722.	1,225,211.	1,491,386.	6,920,236.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						37,981,056.
12	Gross receipts from related activities, etc. (s	ee instructions)				12	3,406,539.
13	First five years. If the Form 990 is for organization, check this box and stop here	<u> </u>	<u></u>				
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2015 (li					14	64.17%
15	Public support percentage from 2014					15	61.82%
16a	331/3% support test - 2015. If the o						
	this box and <b>stop here.</b> The organization						•••
b	331/3% support test - 2014. If the o						
170	check this box and <b>stop here</b> . The orga						
17a	<b>10%-facts-and-circumstances test - 2</b> 10% or more, and if the organization						
	Part VI how the organization meets t						
	organization			-	-		
h	10%-facts-and-circumstances test - 2						
~	15 is 10% or more, and if the orga	•					
	Explain in Part VI how the organization						-
	supported organization				•	•	· · · ·
18	Private foundation. If the organization						
	instructions	<u></u>		<u></u>	<u></u>	<u></u>	<u> </u>

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

#### 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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(2) 2011	<b>(b)</b> 2012	(a) 2012	(d) 2014	(a) 2015	(f) Total
	ndar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
lou	payments received on securities loans,						
	rents, royalties and income from similar						
h	sources Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is regularly						
10	carried on Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is the		tion's first, seco	nd, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here						►
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8	, column (f) divide	ed by line 13, colur	mn (f))		15	%
16	Public support percentage from 2014 Sch	edule A, Part III, lin	ne 15			16	%
Sec	tion D. Computation of Investme					1	
17	Investment income percentage for 2015 (I					17	%
18	Investment income percentage from 2014					18	%
19 a	331/3% support tests - 2015. If the or						
_	17 is not more than 331/3%, check th	-	-				
b	331/3% support tests - 2014. If the organization						
	line 18 is not more than 331/3%, check		•	•			
20 JSA	Private foundation. If the organization	ulu not check a	a DUX ON IINE	14, 19a, or 19b		ox and see instr Schedule A (Form 9	
	<sup>1 1.000</sup> 7434DM B99T 11/30/2016 1	2:17:19 PM	V 15-7F	0	197000		PAGE 1

#### Part IV **Supporting Organizations**

(Complete only if you checked a box in 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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disgualified persons (as defined in line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

74-1195277

10b Schedule A (Form 990 or 990-EZ) 2015

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Schedu	le A (Form 990 or 990-EZ) 2015			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 <b>Part VI</b> .	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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? <i>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.</i>	2		
Secti	on C. Type II Supporting Organizations		14	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control		res	No
	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			
Secti			Voc	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	103	
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i> .	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? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> <i>the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations	1		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see			
~			Yes	
2 a	Activities Test. <i>Answer (a) and (b) below.</i> 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 <i>Part VI identify</i> <i>those supported organizations and explain</i> 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? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in <b>Part VI.</b></i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.</i>	3b		

JSA

Schedule A (Form 990 or 990-EZ) 2015

MCNAY ART MUSEUM Schedule A (Form 990 or 990-EZ) 2015		71	1195277 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
other Type III non-functionally integrated supporting organizations must con	nplete	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
<b>4</b> 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			

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

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

Schedule A (Form 990 or 990-EZ) 2015

6

Schedu Part	Ie A (Form 990 or 990-EZ) 2015 V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	Page 7
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer			
-	organizations, in excess of income from activity		64	
3	Administrative expenses paid to accomplish exempt purpo	ses 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 <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsiva	
0	(provide details in <b>Part VI</b> ). See instructions.		013100	
9	Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
 C				
	From 2013			
e	From 2014			
 f	Total of lines 3a through e			
 g	Applied to underdistributions of prior years			
9 h				
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
-	D, line 7: \$			
	Applied to underdistributions of prior years			
a	Applied to 2015 distributable amount			
5	Remaining underdistributions for years prior to 2015, if			
J	any. Subtract lines 3g and 4a from line 2 (if amount			
-	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
C				
d				
e	Excess from 2015			A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

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).

Schedule A (Form 990 or 990-EZ) 2015

### 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-E	Z, or Form 99	0-PF.	
on abou	It Schedule B (	Form 990, 990-	EZ. or 990-PF)	and its instructio	ns is at www.ir	s.aov/form990.

2015

Name u	1 UI	eorg	amzation	
MCNAY	YA	RT :	MUSEUN	4

74-1195277

Employer identification number

Organization	type	(check	one):
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Informati

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 for 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) (2015)

Name of organization MCNAY ART MUSEUM

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_1		\$571,365.	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		\$329,429.	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		\$250,000.	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		\$191,500.	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		\$176,000.	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		\$140,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization MCNAY ART MUSEUM

(a)	(b)	(c)	(d)
No.	(D) Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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ne	of organiz	ation	MCNAY	ART	MUSEUM	

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Nan

Employer identification number

74-1195277

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

e of organi	zation MCNAY ART MUSEUM		Employer identification number
			74-1195277
(10 the cor	) that total more than \$1,000 for t	<b>he year from any one c</b> ons completing Part III, en e year. (Enter this informa	ations described in section 501(c)(7), (8), or ontributor. Complete columns (a) through (e) ater the total of <i>exclusively</i> religious, charitable, tion once. See instructions.) $\triangleright$ \$
) No. rom 'art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gif	
-	Transferee's name, address, an		Relationship of transferor to transferee
) No. rom vart I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	   it
	Transferee's name, address, an		Relationship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(d) Description of how gift is held

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

(a) No. from (b) Purpose of gift Part I

(e) Transfer of gift

(c) Use of gift

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

SCHEE	DULE	D
(Form	990)	

# Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

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

Attach to Form 990.

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number MCNAY ART MUSEUM 74-1195277 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Yes **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements ..... 2a а 2b b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) С d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax vear 🕨 Number of states where property subject to conservation easement is located **>** 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? No Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 No and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and q balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet b works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1..... ▶ \$ \_ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 а ▶ \$ b ▶ \$ For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2015

OMB No. 1545-0047

Open to Public

74-1195277

Schor	dule D (Form 990) 2015	AI ARI MOBLON	L				71	11))	211	Р	age <b>2</b>
Par		a Collections of	f Art Histor	rical Treas	ires	or Oth	er Similar A	seets	(con		<u> </u>
3	Using the organization's acquisition	-									,
Ū	collection items (check all that apply			, one on any	or the		ing that are a	orgrini	ount a	00 0	1 110
а	X Public exhibition	/-	d X	Loan or exc	hange	program	ns				
b	X Scholarly research		e	Other	nango	program					
c	X Preservation for future genera	ations									
4	Provide a description of the organi		s and explain	how they f	urther	the orc	anization's ex	empt r	ournos	≏ in	Part
-	XIII.			now they i	untilor			ompt p	Juipoo	0 111	i uit
5	During the year, did the organization	solicit or receive	donations of a	art historical	treasu	ires or c	ther similar				
U	assets to be sold to raise funds rathe								Yes	X	No
Par	t IV Escrow and Custodial Arr			or the organ	Zation	00100		•	100		
i ai	Complete if the organizatio		s" on Form 9	90 Part IV	line 9	) or rer	ported an am	ount c	n For	n	
	990, Part X, line 21.			,00, i aitiv,		, 01 10		ounto			
1a	Is the organization an agent, trustee	e, custodian or oth	er intermedia	rv for contrib	utions	or other	assets not				
	included on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in	Part XIII and com	plete the follow	wing table:				•	]		]
				ing tablet			Amou	int			
с	Beginning balance				. 1c						
	Additions during the year										
e	Distributions during the year										
f	Ending balance										
	Did the organization include an amo	ount on Form 990.	Part X. line 2	1. for escrov	v or cu	stodial a	account liability	?	Yes		No
	If "Yes," explain the arrangement in										1
Par								<u></u>			
	Complete if the organization	on answered "Ye	s" on Form 9	90, Part IV	, line <sup>-</sup>	10.					
		(a) Current year	(b) Prior ye		Fwo yea		(d) Three years b	oack (	e) Four	years	back
1 9	Beginning of year balance	49,829,333.	51,331,	439. 43	,964	,005.	34,042,15	54.	28,6	70,	523.
	Contributions	8,285.	31,	750.	380	,868.	95,43	12.	5,4	18,	235.
	Net investment earnings, gains,										
U	and losses	-320,903.	710,	642. 8	,880	,894.	63,59	95.		30,	661.
Ч	Grants or scholarships										
	Other expenditures for facilities										
C	and programs	3,228,401.	2,244,	498. 1	,894	,328.	49,49	95.		77,	265.
f	Administrative expenses										
	End of year balance	46,288,314.	49,829,	333. 51	,331	,439.	34,151,60	56.	34,0	42,	154.
2	Provide the estimated percentage of	of the current year	end balance (	line 1a colum	າກ (ລ))	held as:					
a	Board designated or quasi-endowing	ent  24.020	0 %	into rg, oolan	iii (u))	noid do.					
b	Permanent endowment  69.4	500 %									
с	Temporarily restricted endowment										
	The percentages on lines 2a, 2b, an										
3a	Are there endowment funds not in the	he possession of t	he organizatio	on that are h	eld an	d admin	istered for the				
	organization by:		•						١	/es	No
	(i) unrelated organizations							[	3a(i)	Х	
	(ii) related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related								3b		
4	Describe in Part XIII the intended us	•	•					L	I		
Par	t VI Land, Buildings, and Equir	oment.									
	Complete if the organizat		1								
	Description of property		r other basis ( stment)	b) Cost or other (other)	basis		umulated eciation	<b>(a)</b> I	Book valı	le	
1a	Land			585,9	962.				58	5,9	62.
b	Buildings			47,802,5	570.	21,50	03,363.	2	26,29	9,2	07.
с	Leasehold improvements										
d	Equipment			459,0	072.	22	20,041.		23	9,0	31.
е	Other			2,684,0	)96.	1,94	43,913.		74	0,1	83.
Tota	I. Add lines 1a through 1e. (Column		m 990, Part X,	column (B),	line 10	)c.)	►		27,86	4,3	83.
								chedule	D (For	n 990	) 2015

Schedule D (F	Form 990) 2015			Page 3
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	), Part IV, line 11b. See Form 990, Part X, line	e 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financi	al derivatives			
	r-held equity interests			
( ^ )				
(B)				
(D)				
(E)				
(F)				
<u>(G)</u>				
<u>(H)</u>				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	"Vos" on Form 000	), Part IV, line 11c. See Form 990, Part X, line	0.12
	(a) Description of investment			e 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)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990	), Part IV, line 11d. See Form 990, Part X, line	e 15.
	(a) Des	cription	(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
	umn (b) must equal Form 990, Part X, col. (B) lir	ne 15.)	•	
Part X	Other Liabilities.			
		"Yes" on Form 990	), Part IV, line 11e or 11f. See Form 990, Par	τX,
1.	(a) Description of liability	(b) Book valu	e e	
(1) Feder	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
· Jun (Colum	пп (а, ган А, сон. (b) ше 20.)			

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

MCNAY ART M	USEUM
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Schedu	le D (Form 990) 2015		Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	6,105,582.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
- a	Net unrealized gains (losses) on investments		
a b	Donated services and use of facilities		
C		-	
d	Other (Describe in Part XIII.)	2e	127,902.
е	Add lines 2a through 2d	3	5,977,680.
3	Subtract line 2e from line 1	3	3,577,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	investment expenses not included on Form 990, Part Vill, line 75	-	
b			10 010
С	Add lines 4a and 4b	4c	17,717.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,995,397.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	10,642,855.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
Č	Other losses.		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	10,642,855.
3		-	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	investment expenses not included on Form 990, Part Vill, line 75		
b			17,717.
° c	Add lines <b>4a</b> and <b>4b</b>	4c 5	10,660,572.
5 Dort	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,000,072.
Part	XIII Supplemental Information.		

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

SEE PAGE 5

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Schedule D (Form 990) 2015

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.

MCNAY ART MUSEUM

#### 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

JSA

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, 2016 AND 2015, THE MUSEUM DID NOT RECOGNIZE ANY INTEREST OR PENALTIES IN THE FINANCIAL STATEMENTS.

TAX YEARS 2015-2013 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: -144,616

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART XII, LINE 4B COST OF GOODS SOLD: -144,616

Schedule D (Form 990) 2015

	EDULE G n 990 or 990-EZ)		tal Information R ne organization answer organization entered r	OMB No. 1545-0047				
•			•		or Form 990			Open to Public
	Department of the Treasury nternal Revenue Service       Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.							Inspection
Name	lame of the organization Employer identifica							
MCNA	AY ART MUSEUM						74-119527	
Part		ng Activities. Com				"Yes" on Form	990, Part IV, line	17.
	- Form 990	)-EZ filers are not i	I					
1		the organization rais	-		-			
a	Mail solicitat		e			non-government g		
b		email solicitations	f			government grants	5	
c d	Phone solicit		g		cial fundra	ising events		
	-	tion have a written o	r oral agroomont w	ith any in	dividual (in	oluding officers d	liroctore tructooe	
24		s listed in Form 990,						Yes No
b	If "Yes," list the t	en highest paid indi	viduals or entities				-	fundraiser is to be
	compensated at I	east \$5,000 by the o	organization.					
				1				
	(i) Name and addre	ess of individual	(ii) A otivity		draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
	or entity (fur	ndraiser)	(ii) Activity	custody or control of contributions?		from activity	fundraiser listed in col. (i)	organization
				Yes	No			
1				100				
2								
3								
4								
5								
6								
0								
7								
'								
8								
9								
10								
Total					<u> </u>			
3	List all states in registration or lice	which the organizat ensing.	ion is registered o	or licensed	to solicit	contributions or	has been notified	it is exempt from

.

0197000

#### Schedule G (Form 990 or 990-EZ) 2015

Page 2

Part II	Func
	thom

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

			(a) Event #1 GALA (event type)	(b) Event #2 SPRING PARTY (event type)	(c) Other events 1. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	509,425.	56,498.	6,090.	572,013.
К	2	Less: Contributions	509,425.	47,748.	6,090.	563,263.
	3	Gross income (line 1 minus line 2)		8,750.	0.	8,750.
	4	Cash prizes				
	5	Noncash prizes				
suses	6	Rent/facility costs				
<b>Direct Expenses</b>	7	Food and beverages	44,502.	8,493.	3,712.	56,707.
Direc	8	Entertainment	17,600.	9,630.	800.	28,030.
	9	Other direct expenses	54,115.	11,827.	2,327.	68,269.
	10	Direct expense summary. Add lines	through 9 in column (d	)		153,006. -144,256.
Ра		Net income summary. Subtract line 1 Gaming. Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y			
nue		• • • • • • • • • • • • • • • • • • • •	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))

Revenue		<b>(a)</b> Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))						
Rev	1 Gross revenue										
es	2 Cash prizes										
Direct Expenses	3 Noncash prizes										
Direct E	4 Rent/facility costs										
	5 Other direct expenses										
	6 Volunteer labor	Yes%	Yes%	Yes%							
	7 Direct expense summary. Add lines 2 through 5 in column (d)										
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)										
9	Enter the state(s) in which the organizati	ion conducts gaming ac	tivities:								

а	I Is the organization licensed to conduct gaming activities in each of these states?	Yes _	No
b	If "No," explain:		

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

Schedule G (Form 990 or 990-EZ) 2015

Sched	Jule G (Form 990 or 990-EZ) 2015	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity conducted in:	
a	The organization's facility 13a	%
b	An outside facility 13b	<u> </u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	/0
14	records:	
	Name ►	
	Address ►	
15 0	Does the organization have a contract with a third party from whom the organization receives coming	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	No
h	revenue? Yes If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the	
D		
_	amount of gaming revenue retained by the third party ► \$	
C	If "Yes," enter name and address of the third party:	
	Name ►	
	Address ►	
16	Gaming manager information:	
	Name	
	Gaming manager compensation ► \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
4-	Mars determined and the second	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	<b>—</b>
	retain the state gaming license?	No
b	• • • • • • • • • • • • • • • • •	
	or spent in the organization's own exempt activities during the tax year <b>s</b>	
Par	<b>t IV</b> Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	
_		

Schedule G (Form 990 or 990-EZ) 2015

SCHEDULE J		Compen	sa	tion Information	1	OMB No.	1545-0	047			
(Form 990) For certain Officers, Directors, Trustees, Key Employees, an				, Trustees, Key Employees, and Highest		2015					
Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						公U IJ Open to Public					
	Department of the Treasury										
	Revenue Service	Information about Schedule J (Fo	rm 99	90) and its instructions is at <i>www.irs.gov/f</i>	orm990. Employer identificati		ectio	n			
	of the organization	FIIM			74-11952		1				
Part		is Regarding Compensation			74 11/52	//					
Tari	Question						Yes	No			
1a	Check the app	propriate box(es) if the organization pro	vide	d any of the following to or for a pers	on listed on Forr	n					
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.										
		ss or charter travel		Housing allowance or residence for							
	X Travel fo	or companions		Payments for business use of person	nal residence						
	Tax inde	emnification and gross-up payments	X	Health or social club dues or initiation	on fees						
	Discretio	onary spending account		Personal services (e.g., maid, chauffe	eur, chef)						
b	or reimburse	boxes on line 1a are checked, did th ment or provision of all of the ex	pens	es described above? If "No," com	plete Part III t	0					
-							X				
2	-	anization require substantiation prior			-						
		directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?									
•						2	X				
3		n, if any, of the following the filing organ CEO/Executive Director. Check all that									
		ization to establish compensation of th									
	X Comper	sation committee	X	Written employment contract							
	Indepen	dent compensation consultant	X	Compensation survey or study							
	Form 99	00 of other organizations	Х	Approval by the board or compensa	tion committee						
4	During the year	ar, did any person listed on Form 990, or a related organization:	Part	VII, Section A, line 1a, with respect to	o the filing						
а	Receive a sev	verance payment or change-of-control page	ayme	ent?		4a		Х			
b	-	, or receive payment from, a suppleme						Х			
С		or receive payment from, an equity-ba				4c		X			
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovid	e the applicable amounts for each it	em in Part III.						
	Only costion	501(c)(3), 501(c)(4), and 501(c)(29) or									
5		isted on Form 990, Part VII, Section A	-	-	anv						
3		n contingent on the revenues of:	mie	ra, did the organization pay of accide	any						
а	•	ion?				5a		X			
		rganization?						Х			
	-	e 5a or 5b, describe in Part III.	-								
6		isted on Form 990, Part VII, Section A	line	1a, did the organization pay or accrue	any						
		n contingent on the net earnings of:									
		ion?				6a		Х			
b	-	rganization?	• •			6b		X			
		e 6a or 6b, describe in Part III.									
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.							x			
8		described on lines 5 and 6? If "Yes," d ounts reported on Form 990, Part VII,				7		^			
0		contract exception described in				<u>م</u>					
			-					x			
9		ine 8, did the organization also foll									
-		ection 53.4958-6(c)?									

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

#### Page 2

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
WILLIAM J CHIEGO	(i)	292,414.	0.	0.	31,615.	7,124.	331,153.	0.
1 <sup>DIRECTOR</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
BRYAN DOME	(i)	171,216.	0.	0.	20,496.	6,607.	198,319.	0.
2 <sup>CHIEF OF OPERATIONS &amp; FINANCE</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
COLLEEN KELLY	(i)	134,009.	0.	0.	16,978.	6,316.	157,303.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
RENE BARILLEAUX	(i)	141,216.	0.	0.	16,750.	4,827.	162,793.	0.
4 CHIEF CURATOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
_14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2015

Page 3

Schedule J (Form 990) 2015

#### 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 30.

Attach to Form 990.

Information	ahout	Schedule M	(Form	990)	and its	instructions	is at	www.irs.e	nov/form990
mormation	about	Schedule W		330)	anu ita	manuchona	ις αι	W W W.II 3.9	<i>yov/101111330</i> .

Department of the Treasury Internal Revenue Service Name of the organization

MCNAY ART MUSEUM

Employer identi	fication number	
74-11	95277	

Part I	Types	of	Property

1Art - Works of artX508.0.2Art - Historical treasures3Art - Fractional interests4Books and publications5Clothing and household goods6Cars and other vehicles	
3 Art - Fractional interests	
4       Books and publications	
5       Clothing and household goods       Image: Clothing and household goods       Image: Clothing and other vehicles         6       Cars and other vehicles       Image: Clothing and other vehicles       Image: Clothing and other vehicles	
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 ►()	
26       Other ►()         27       Other ►()	
28 Other ►()	
29 Number of Forms 8283 received by the organization during the tax year for contributions for	~
which the organization completed Form 8283, Part IV, Donee Acknowledgement	8.
	Yes No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through	
28, that it must hold for at least three years from the date of the initial contribution, and which is not required	
to be used for exempt purposes for the entire holding period?	X
<b>b</b> If "Yes," describe the arrangement in Part II.	
31 Does the organization have a gift acceptance policy that requires the review of any non-standard	
contributions?	X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	
contributions?	X
b If "Yes," describe in Part II.	
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,	
describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (For	

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.

Schedule M (Form 990) (2015)

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 OTHER BOARD MEMBERS AT THE NEXT REGULAR MEETING.

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 STUDIES WERE PERFORMED IN APRIL 2015.

Schedule O (Form 990 or 990-EZ) 2015		Page
Name of the organization		dentification number
MCNAY ART MUSEUM	74	1195277
FORM 990, PART VI, SECTION C, LINE 19		
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POL	ICY, FINANCIAL	
STATEMENTS, AND FORM 990 ARE MADE AVAILABLE UPON	REQUEST.	
THE FINANCIALS STATEMENTS AND FORM 990 ARE AVAILA	BLE ON THE	
ORGANIZATION'S WEBSITE.		
FORM 990, PART XI, LINE 9		
COLLECTION ITEMS PURCHASED NOT CAPITALIZED: -55	4,498	
	ATTACHMI	ENT 1
990, PART VII- COMPENSATION OF THE FIVE HIGHEST F	AID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION

MACHADO AND SILVETTI ASSOCIATES, LLC 560 HARRISON AVE, SUITE 301 BOSTON, MA 02118

DONOHUE MEDIA 4047 BROADWAY SAN ANTONIO, TX 78209

FORM 990, PART V	III - EXCLUDED CONTRIBUTIONS	ATTACHMENT 2	
DESCRIPTION	AMOUNT		
FUNDRAISING	563,263.		
TOTAL	563,263.		

ARCHITECTS

ADVERT/PUBLICITY

Schedule O (Form 990 or 990-EZ) 2015

269,201.

220,898.

Name of the organization		Employer ide	ntification number
MCNAY ART MUSEUM		74-11	L95277
		ATTACHMEN	JT 3
FORM 990, PART VIII - FUNDRA	ISING EVENTS		
	GROSS	DIRECT	NET
DESCRIPTION	INCOME	EXPENSES	INCOME
FUNDRAISING	8,750.	153,006.	-144,256
	8,750.	153,006.	-144,256

	ATTACHMENT 4
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD	
GROSS SALES LESS RETURNS AND ALLOWANCES	300,891.
INVENTORY AT BEGINNING OF YEAR	116,494.
PURCHASES	147,731.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	264,225.
MINUS ENDING INVENTORY	119,609.
COST OF GOODS SOLD	144,616.