I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

990-T

Department of the Treasury Internal Revenue Service

> Check box if address changed

> > Print

Type

H Describe the organization's primary unrelated business activity.

Part | Unrelated Trade or Business Income

Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)

623701 11-22-17 LHA For Paperwork Reduction Act Notice, see instructions.

F Group exemption number (See instructions.)

1661636389. G Check organization type ► X 501(c) corporation

If "Yes," enter the name and identifying number of the parent corporation.

7220(e)

__530(a)

The books are in care of

Cost of goods sold (Schedule A, line 7)

Gross profit. Subtract line 2 from line 1c

4a Capital gain net income (attach Schedule D)

1a Gross receipts or sales b Less returns and allowances

B Exempt under section

X 501(c)(3

] 408(e) F

___408A [

529(a) C Book value of all assets

=									
EXTENDED TO MA Exempt Organization Bus (and proxy tax under	ine er se	ss Income Tection 6033(e))		· 1	OMB No. 1545-0687				
calendar year 2016 or other tax year beginning JUL 1,				<u>7</u>	2016	•			
► Information about Form 990-T and its instruct		-		ŀ	Open to Public Inspection for 50 1(c)(3) Organizations Only	0			
Do not enter SSN numbers on this form as it may	_		tion is a 501(c)(3).		501(c)(3) Organizations Only over identification number	- <			
Name of organization (Check box if name ch	nangeo	and see instructions.)		(Empl	oyees' trust, see ctions)	•			
t THE MUSEUM OF FINE ARTS	3. :	HOUSTON	7	4-1109655	,				
Number, street, and room or suite no. If a P.O. box			-	E Unrek	ated business activity codes	- (
P.O. BOX 6826									
City or town, state or province, country, and ZIP or	foreig	ın postal code]					
HOUSTON, TX 77265-6826	5			<u>523</u>	000	_			
oup exemption number (See instructions.)	<u> </u>					- Q # *			
eck organization type 🕨 🛛 X 501(c) corporation		501(c) trust	401(a) trust		Other trust	-11			
mary unrelated business activity.	EE	STATEMENT 1				_			
orporation a subsidiary in an affiliated group or a paren	t-subs	idiary controlled group?	▶ (Ye	s 🗶 No	1			
entifying number of the parent corporation.	_			112	620 8566	-			
JULIA R. PETTY	_		one number > 7			_			
ade or Business Income		(A) Income	(B) Expense:	<u>*</u>	(C) Net	-			
				1,2					
s c Balance	16					- `			
le A, line 7) from line 1c	3			i.	<u> </u>	-			
ach Schedule D)	4a	2,920,071.		83% 83%	2,920,071.	-			
Part II, line 17) (attach Form 4797)	4b	2,320,071			2/320/0/11	-			
rusts	4c		1.33	. Vijek		-			
ships and S corporations (attach statement)	5	-3,109,825.	STMT	2	-3,109,825.	_			
	6					_			
ome (Schedule E)	7					_			
, and rents from controlled organizations (Sch. F)	8					_			
tion 501(c)(7), (9), or (17) organization (Schedule G)	9	ļ	<u> </u>			-			
(O-bd-1-1)	4.0	1							

-189,

15

16

17

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22b

23

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754

-189,754. Form **990-T** (2016

-189,754.

-189,754.

1,000.

Schedule A - Cost of Goods	S Sold. Enter	method of inver	ntory v	aluation N/A						
1 Inventory at beginning of year	1			Inventory at end of year			6			
2 Purchases	2		7	Cost of goods sold. Su	ubtract i	line 6	Š			
3 Cost of labor	3		1	from line 5. Enter here	and in l	Part I,	3			
4a Additional section 263A costs			7	line 2			7			
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	Yes No			
b Other costs (attach schedule)	4b		7	property produced or a	acquired	for resale) apply to	N. W. Carlo			
5 Total. Add lines 1 through 4b	5		7	the organization?	•	, , , ,	Name / Anthony commitments that it			
Schedule C - Rent Income	From Real I	Property and	Per	sonal Property L	ease	d With Real Prope	rty)			
(see instructions)							- 			
1. Description of property										
(1)										
(2)										
(3)					_					
(4)										
	2. Rent receive	ed or accrued				1				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for p	personal	onal property (if the percental property exceeds 50% or if ed on profit or income)	ge	ge 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)										
(2)										
(3)]				
(4)		'								
Total	0.	Total			0.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	1 (A)	>	-		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.			
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ictions)						
			2	2. Gross income from		3. Deductions directly conne to debt-finance				
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)										
(2)										
(3)										
(4)										
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis flocable to nced property schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)			1	%						
(2)			1	%						
(3)				%						
(4)			1	%						
						inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)			
Totals						0.	0.			
Total dividends-received deductions in	icluded in column	8				•	0.			
							Form 990-T (2016)			

Schedule F - Interest,	Hillulues, Roy	aities, ar		Controlled O			uons	(see ins	tructions	:)
1. Name of controlled organizat	ıde	Employer ntification number	3. Net unr	elated income i instructions)	4. To	tal of specified ments made	includ	t of column 4 t ed in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
(2)										
(3)			ļ							
_(4)			<u></u>		<u> </u>					
Nonexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrelated in (see instruct		9. Total	of specified payr made	nents	10 Part of colur in the controlli gross	nn 9 tha ng organ i income	ization's		uctions directly connected income in column 10
(1)										
(2)										
(3)										
_(4) _										
						Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 re and on page 1, Part I, ine 8, column (B)
Totals						<u> </u>		0.	<u></u>	0.
Schedule G - Investme		a Section	501(c)(7	'), (9), or (17) Org	ganization				
(see inst	ructions)									
1. Desc	ription of income			2. Amount of	income	 Deduction directly conne 	cted	4. Set-	asides chedule)	Total deductions and set-asides
				 -		(attach sched	ule)	(attach s		(col 3 plus col 4)
(1)				ļ				ļ		
(2)				ļ				ļ		
(3)				 -				 		
Totals				Enter here and Part I, line 9, co	lumn (A)					Enter here and on page 1, Part I line 9, column (B)
Schedule I - Exploited	Exempt Activi	ty Incom	e, Other	Than Adv	0. vertisin	a Income	4." %	<u>k " " " " " </u>	<u>* </u>	1
(see instru			•			•				
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pr of ur	xpenses connected roduction related ss income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		5. Gross income from activity that is not unrelated business income		6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		 		i						
(2)				<u> </u>						1
(3)										1
(4)										
Totals	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, I, col (B)							Enter here and on page 1, Part II, line 26
Schedule J - Advertision		e instructio				, w × × × ×		W 2)		·
Part Income From	Periodicals Re	ported o	n a Cons	solidated	Basis					
1. Name of periodical	2. Gross advertisir income	ig adv	3. Direct vertising costs	or (loss) (co col 3) If a ga cols 5 th	ain, comput rough 7	5. Circulat income		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2) (3) (4)									,	
		0.	0	-						^
Totals (carry to Part II, line (5))	<u> </u>	<u> </u>		•1						0. Form 990-T (2016)

Form 990-T (2016) THE MUSEUM OF FINE ARTS, HOUSTON 74-11096

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income		3. Direct advertising costs		4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5. Circulation income		. Reade costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)										-		
(4)			-									
Totals from Part I	▶	0.		0.	1 9	13.7	10.7	i Č	1	:3		0
	1 6	ter here and on page 1, Part I, ne 11, col (A)	pag	here and on ge 1, Part I, 11, col (B)							Enter here and on page 1, Part II, line 27	İ
otals, Part II (lines 1-5)	▶	0.		0.		+61. Jan.		#				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Neme	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2016)

-88,028.

-583,513.

-770,464.

45,959.

-57,853.

-351,664.

-3,109,825.

-61,744.

99,300.

-8,234.

5,436. -269.

STATEMENT 2

BLACK STONE MINERALS, LP(SUBORDINATED SHARES)

RIVERSTONE GLOBAL ENERGY AND POWER FUND VI, L.P.

RIVERSTONE GLOBAL ENERGY AND POWER FUND VI (CAYMAN), L.P.

RIVERSTONE GLOBAL ENERGY AND POWER FUND VI (MMS), L.P.

ENCAP ENERGY CAPITAL FUND X, LP

RIVERSTONE TE PARTNERS V LP

KAYNE ANDERSON ENERGY FUND VII, L.P.

TOTAL TO FORM 990-T, PAGE 1, LINE 5

KAYNE PRIVATE ENERGY INCOME FUND , L.P.

FORM 990-T

RCP FUND X

RCP FUND XI

RCPDIRECT II, LP

AND S CORPORATIONS	
DESCRIPTION	AMOUNT
BLACK STONE MINERALS CO., LP	-50,336.
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP	9,250.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VII, LP	-13,319.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII, LP	188,845.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, LP	-46,031.
COMMONFUND CAPITAL VENTURE PARTNERS VIII, LP	1,353.
HALSTATT REAL ESTATE PARTNERS FUND I, L.P.	-9,396.
HAMILTON LANE PRIVATE EQUITY FUND VI LP	-7,916.
KAYNE ANDERSON ENERGY FUND V (QP), L.P.	-560,935.
KAYNE ANDERSON ENERGY FUND VI, L.P.	-293,176.
RCP FUND IX, LP	-161,102.
MIT PRIVATE EQUITY FUND II, LP	318.
MIT PRIVATE EQUITY FUND III, LP	-37,732.
MIT PRIVATE EQUITY FUND IV, LP	5,691.
RCP FUND V, LP	14,155.
2200 & ASSOCIATES	135.
CINCO, LTD.	-52.
ENCAP ENERGY CAPITAL FUND IX, L.P.	418,659.
ENCAP FLATROCK MIDSTREAM FUND III, LP	-427,853.
HALSTATT REAL ESTATE PARTNERS FUND II, L.P.	-369,504.
AG REALTY FUND IX, LP	195.

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT(S) 2

Form , 4562

Department of the Treasury

Internal Revenue Service Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562

2016

990

Business or activity to which this form relate

23

Attachment Sequence No 179

OMB No 1545-0172

THE MUSEUM OF FINE ARTS, HOUSTON 74-1109655 FORM 990 PAGE 10 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 500,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,010,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2017 Add lines 9 and 10, less line 12 ▶ 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2016 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and year placed in service (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction 3-year property 19a 5-year property * b Ŵ 4 7-year property \$ * è 10-year property * 15-year property 1/2 20-year property 25-year property Ž. 25 yrs S/L a MM 27.5 yrs S/L h Residential rental property 27 5 yrs MM S/L MM 39 yrs. S/L i Nonresidential real property MM Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System 20a Class life **%**. S/L ¥ 12-year b 12 yrs S/L 40-year 40 yrs MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 0. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 22 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Form	4562 (2016)	THE	MUSEUM	OF	FINE	ARI	S, H	OUST	ron _			74-	1109	655	Page 2
Par				ertain oth	ner vehic	les, ce	rtaın aırcı	aft, ce	rtain comp	uters, ar	nd prope				
	recreation, or a Note: For any	vehicle for w	hich you are u					r dedu	cting lease	expens	e, comp	olete on	ly 24a, 2	24b, colu	umns
	(a) through (c)									<u> </u>					
		-	on and Other					_							
<u>24a</u> L	Do you have evidence to s	(b)	(c)	int use co		7	Yes	NO	24b lf "Y (f)		g)	T :	<u>en, / </u>	_l Yes ∟ I	<u>No</u> (i)
	(a) Type of property	Date	Business/		(d) Cost or		asis for depr		Recovery		thod/	,	ciation	Ele	ected
	(list vehicles first)	placed in service	investment use percenta		ther basis	(6	usiness/inve use onl		period	Conv	ention	dedi	iction		on 179 ost
25 S	pecial depreciation alle	owance for q	ualified listed	property	placed	n servi	ce during	the ta	x year and	<u></u>				٠,٥٠٠.	7. B.
us	sed more than 50% in	a qualified by	usiness use								25			<i>7</i> 4. : _	
26 P	roperty used more tha	n 50% in a q	ualified busine	ess use					T						
		<u> </u>		%						ļ	_	<u> </u>			
		ļ		<u>%</u>		_			ļ	<u> </u>		-		<u> </u>	
		<u> </u>		%		L			<u> </u>	Ĺ		İ		<u> </u>	
27 P	roperty used 50% or le	ess in a qualif		_T					Γ	Γ		Τ		^ ^	\$ 4 F
		 		<u>%</u>		-+			<u> </u>	S/L·			 -		
		 		%		-				S/L - S/L -					
29 A	dd amounts in column	/h) lines 25		, , ,	e and on	June 21	nage 1		L	3/L-	28	 		3	\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	dd amounts in column		_				, page 1				_ 28	-	29	77,778,882	<u>G</u> fe'
25 /	ad amounts in column	1 (1), 11110 20. L					on Use	of Veh	icles						
Comp	olete this section for ve	ehicles used t								related	person	If you pr	ovided v	vehicles	
	ır employees, fırst ans														
					•		·								
			<u>-</u>		a)	ì	(b)		(c)	(4	 d)	(≘)	(f)
30 To	otal business/investment	miles driven d	uring the	Ve	hicle	V	ehicle	\ \ \	/ehicle	Veh	ıcle	Ver	ııcle	Veh	hicle
yε	ear (don't include commu	iting miles)						ļ						<u> </u>	
31 To	otal commuting miles	driven during	the year	<u> </u>				1							
32 T	otal other personal (no	ncommuting) miles	1						ŀ				ļ	
	riven			<u> </u>				-						├	
	otal miles driven during	•													
	dd lines 30 through 32					ļ.,	т	 		\		 _	·	 	
	as the vehicle availab	le for persona	al use	Yes	No	Yes	No.	Yes	No.	Yes	No	Yes	No_	Yes	No_
	uring off-duty hours? Vas the vehicle used p	rimarily by a i	more	<u> </u>				 -		-			<u> </u>		
	nan 5% owner or relate		IIIOIG	1	1		1	1		Ì		ł		}	ł
	another vehicle availa	•	nal		\vdash		 	 	_			_	<u> </u>		
	se?				}							ļ		İ]
		Section C	- Questions	or Emp	loyers W	/ho Pro	ovide Vel	nicles 1	for Use by	Their E	mploye	es			
Answ	er these questions to	determine if y	ou meet an e	xception	to com	oleting	Section I	3 for ve	hicles use	d by em	ployees	who a	ren't mo	re than	5%
owne	rs or related persons										_		_		
37 D	o you maintain a writte	en policy stat	tement that pr	ohibits a	ıll persor	al use	of vehicle	es, ınclı	uding com	ımutıng,	by your			Yes	No
er	mployees?													<u> </u>	
	o you maintain a writte		•					-			our				
	mployees? See the ins					icers, o	directors,	or 1%	or more o	wners					+
	o you treat all use of v	-					4							-	+
	o you provide more th		-	•		ntorma	tion from	your e	mpioyees	about					
	ne use of the vehicles, o you meet the require					manatr	ation uso	2						\vdash	+
	ote: If your answer to		• .						wered veh	ıcles				2	
Par		<u>07, 00, 09, 4</u>	0, 01 41 15 16	55,_UOI1	r compie	ite Oec	LIOIT D IOI	the oc	vereu veri	icies					<u></u>
	(a)			(b)	1	(c)		\neg	(d)	1	(e)	$\neg \tau$		(f)	
	Description o	f costs	Date	amortization begins		Amortiz	able		Code section		Amortiza period or per	ation	Ai fo	mortization or this year	
42 A	mortization of costs th	at begins du	ring your 2010		ar							·•* L_			
										T					
					L										
43 A	mortization of costs th	at began bef	fore your 2016	tax yea	r							43			
<u>44 To</u>	otal. Add amounts in o	column (f) Se	e the instruct	ions for	where to	report						44			
616252	12-21-16												F	orm 456	2 (2016)

Form 4626 Department of the Treasury Internal Revenue Service

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

OMB No 1545-0123

THE MUSEUM OF FINE ARTS, HOUSTON 74-1109655 Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e). <u>-189,754.</u> Taxable income or (loss) before net operating loss deduction Adjustments and preferences: 4,011. a Depreciation of post-1986 property b Amortization of certified pollution control facilities 2b c Amortization of mining exploration and development costs 2c Amortization of circulation expenditures (personal holding companies only) 2d -574e Adjusted gain or loss 2e f Long-term contracts 2f g Merchant marine capital construction funds 20 h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) 2h i Tax shelter farm activities (personal service corporations only) 2i Passive activities (closely held corporations and personal service corporations only) 2j 2k Depletion 21 m Tax-exempt interest income from specified private activity bonds 2m n Intangible drilling costs 2n 35,894 STATEMENT 4 o Other adjustments and preferences 20 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20 3 Adjusted current earnings (ACE) adjustment; a ACE from line 10 of the ACE worksheet in the instructions -150,423. b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions 4b c Multiply line 4b by 75% (0.75). Enter the result as a positive amount 4c d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive) e ACE adjustment. If line 4b is zero or more, enter the amount from line 4c If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount -150Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT 5 Alternative tax net operating loss deduction. See instructions STATEMENT 5 6 Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions Exemption phase-out (If line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c): a Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-8b **b** Multiply line 8a by 25% (0.25) c Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-8¢ Subtract line 8c from line 7. If zero or less, enter -0-Multiply line 9 by 20% (0.20) 10 11 Alternative minimum tax foreign tax credit (AMTFTC). See instructions 11 12 Tentative minimum tax. Subtract line 11 from line 10 12 13 Regular tax liability before applying all credits except the foreign tax credit 13 Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return JWA For Paperwork Reduction Act Notice, see separate instructions. Form 4626 (2016)

-150,423.

Adjusted Current Earnings (ACE) Worksheet ► See ACE Worksheet Instructions. -150,423. Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 2 ACE depreciation adjustment a AMT depreciation b ACE depreciation: 2b(1) (1) Post-1993 property 1 (2) Post-1989, pre-1994 property 2b(2) (3) Pre-1990 MACRS property 2b(3) (4) Pre-1990 original ACRS property 2b(4) (5) Property described in sections 168(f)(1) through (4) 2b(5) (6) Other property 2b(6) (7) Total ACE depreciation. Add lines 2b(1) through 2b(6) c ACE depreciation adjustment. Subtract line 2b(7) from line 2a 20 Inclusion in ACE of items included in earnings and profits (E&P): a Tax-exempt interest income **b** Death benefits from life insurance contracts 3b c All other distributions from life insurance contracts (including surrenders) 3с d Inside buildup of undistributed income in life insurance contracts 3đ e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e 3f Disallowance of items not deductible from E&P: a Certain dividends received b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P L 113-295, Div A, section 221(a)(41)(A), Dec 19, 2014, 128 Stat 4043) c Dividends paid to an ESOP that are deductible under section 404(k) 4c d Nonpatronage dividends that are paid and deductible under section 1382(c) e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e 4f Other adjustments based on rules for figuring E&P: a Intangible drilling costs b Circulation expenditures 5b V c Organizational expenditures 5с d LIFO inventory adjustments 54 e Installment sales 5e Ä. f Total other E&P adjustments. Combine lines 5a through 5e 5f Disallowance of loss on exchange of debt pools 6 Acquisition expenses of life insurance companies for qualified foreign contracts 7 8 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property 9

Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of

Form 4626

FORM 4626	OTHER AMT ADJUSTMENTS	STATEMENT 4
DESCRIPTION		TOUOMA
OTHER AMT ADJUSTMENTS		35,894.
TOTAL TO FORM 4626, LINE	20	35,894.

DAY VEAD	LOGG GUGEATNED	LOSS PREVIOUSLY	LOSS	
PAX YEAR	LOSS SUSTAINED	APPLIED	REMAINING	
06/30/07	360,821.	0.	360,821.	
06/30/08	6,063.	0.	6,063.	
06/30/09	259,930.	0.	259,930.	
06/30/10	400,241.	0.	400,241.	
6/30/11	133,754.	0.	133,754.	
06/30/12	822,214.	0.	822,214.	
06/30/13	1,090,084.	0.	1,090,084.	
06/30/14	2,600,330.	0.	2,600,330.	
6/30/15	17,973.	0.	17,973.	
06/30/16	4,049,309.	0.	4,049,309.	
MT NOL CA	RRYOVER AVAILABLE	THIS YEAR	9,740,719.	

SCHEDULE D-(Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No 1545-0123

Name

Employer identification number

THE MUSEUM OF FINE		74-1109655			
Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8945 Part I, line 2, column (g)	Э,	(h) Gain or (loss) Subtract column (a) from column (d) and combine the result with column (g)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on Form(s) 8949 with Box B checked					_
3 Totals for all transactions reported on Form(s) 8949 with Box C checked					4,883.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4	
5 Short-term capital gain or (loss) from like-kin	•			5	
6 Unused capital loss carryover (attach comput				6	(
7 Net short-term capital gain or (loss). Combin	,	h		7	4,883.
Part II Long-Term Capital Gai			n One Year	-	
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 8949	1	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g)		combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked		<u> </u>			
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					2,915,188.
11 Enter gain from Form 4797, line 7 or 9				_11	
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	7		12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine		n h		15	2,915,188.
Part III Summary of Parts I and	d II				
16 Enter excess of net short-term capital gain (li	ne 7) over net long-term capita	l loss (line 15)		16	4,883.
17 Net capital gain. Enter excess of net long-term	n capital gain (line 15) over net	short-term capital loss (lin	ie 7)	17	2,915,188.
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pro	pper line on other returns. I	f		
the corporation has qualified timber gain, also	complete Part IV			18	2,920,071.
Note: If losses exceed gains see Canital loss	es in the instructions		_		

Schedule D (Forth 1120) 2016 THE MUSEUM OF FINE ARTS, HOUSTON 74-1109655 Page 2 Alternative Tax for Corporations with Qualified Timber Gain. Complete Part IV only if the corporation has qualified timber gain under section 1201(b). Skip this part if you are filing Form 1120-RIC. See instructions. 19 Enter qualified timber gain (as defined in section 1201(b)(2)) 20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line of your tax return 21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or (c) the amount on Part III, line 17 22 Multiply line 21 by 23.8% (0.238) 23 Subtract line 17 from line 20. If zero or less, enter -0-24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed 25 Add lines 21 and 23

28 Add lines 22, 24, and 27
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the

return with which Schedule D (Form 1120) is being filed

30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule J, line 2, or the applicable line of your tax return

26 Subtract line 25 from line 20. If zero or less, enter -0-

27 Multiply line 26 by 35% (0.35)

Schedule D (Form 1120) 2016

Department of the Treasure

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate instructions is at www irs gov/form8949 File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

THE MUSEUM OF FINE ARTS, HOUSTON 74-1109655 Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your roker and may even tell you which hox to check Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount (d) (e) (h) Proceeds Cost or other Description of property Date acquired Date sold or Gain or (loss). ın column (g), enter a code ın (sales price) basis. See the Subtract column (e) (Example 100 sh. XYZ Co) (Mo, day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr) (g) Amount of combine the result see Column (e) ır Code(s) the instructions with column (a) adjustment COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VII 181. COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII 2,598. COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII <113. HAMILTON LANE PRIVATE EQUITY FUND VI LP 2,217 Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

above is checked), or line 3 (if Box C above is checked)

4,883.

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification no.

THE MUSEUM OF FINE ARTS, HOUSTON

74-1109655

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part'll Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions not reported to you on Form 1099-B

(a)

(b)

(c)

(d)

(e)

Adjustment, if any, to gain or loss. If you enter an amount

Gain or (loss)

1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If ve	rt, if any, to gain or ou enter an amount	(h) Gain or (loss).
	(Example 100 sh XYZ Co.)	(Mo., day, yr)	disposed of	(sales price)	basis. See the	in column	(g), enter a code in . See instructions.	Subtract column (e)
	,	1 ' '''	(Mo , day, yr.)		Note below and	(f)	(g)	from column (d) &
		1			see Column (e) In the instructions	Code(s)	Amount of	combine the result with column (g)
\overline{CO}	MMONFUND CAPITAL	 		<u> </u>	170 1700 10010	 	adjustment	, mar doranni (g)
	TERNATIONAL			-	 	 		
	RTNERS VI							15,415.
	MMONFUND CAPITAL			· · ·				13,1131
	TURAL RESOURCES							
	RTNERS VII				 	 		72,777.
	MMONFUND CAPITAL							
	TURAL RESOURCES							
	RTNERS VIII				1			<12,205.>
	MMONFUND CAPITAL							
	IVATE EQUITY							
	RTNERS VII				1			255,118.
HA	LSTATT REAL							
ES	TATE PARTNERS							
FU	ND I, L.P.							1851952.
HA	LSTATT REAL						-	
ES	TATE PARTNERS						-	
FU	ND II, L.P.							817,374.
HA	MILTON LANE				1			
PR	IVATE EQUITY							
FU.	ND VI LP							25,832.
ΜI	T PRIVATE EQUITY							
FU	ND III							<111729.>
	T PRIVATE EQUITY							
FU.	ND IV							654.
			·					
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				·	<u> </u>		· ·	
		<u></u>						
2	Totals. Add the amounts in colu	mns (d), (e), (g) a	nd (h) (subtract					
	negative amounts) Enter each to	otal here and inc	lude on your		[
	Schedule D, line 8b (if Box D ab	ove is checked),	line 9 (if Box E	•	}			
	above is checked), or line 10 (if	Box F above is o	hecked)	<u> </u>	<u> </u>	<u> </u>		2915188.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.