CORPORATION OF THE FINE ARTS MUSEUMS PUBLIC DISCLOSURE COPY RETURN OF EXEMPT ORGANIZATION PERIOD ENDED JUNE 30, 2022

		PUBLIC DISCLOSURE COPY - STATE RE	GISTRA	TION NO. 069	017
		QUALIFIED FOR DISASTER RELIEF - EXTEN	IDED TO	OCTOBER 16	, 2023
	•	Return of Organization Exempt I	From I	ncome Tax	OMB No. 1545-0047
For	mУ	90 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			s) 2021
		Do not enter social security numbers on this form	-		Open to Public
		Def the Treasury Indue Service Go to www.irs.gov/Form990 for instructions and	-	-	Inspection
AF	or th	e 2021 calendar year, or tax year beginning $ { m JUL}1,2021$ and	ending J	UN 30, 2022	
Β	Check if	C Name of organization		D Employer identific	ation number
а	pplicab				
	Addre	e CORPORATION OF THE FINE ARTS MUSEUMS			
	Name chang Initial	Doing business as		94-304594	48
	return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Final return termii			415-750-8	
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	55,571,796.
	return Applie	SAN FRANCISCO, CA 94118-4501		H(a) Is this a group re	
	tion pendi	F Name and address of principal officer: IIIOMAS CAMP DELL		for subordinates	
		empt status: $X 501(c)(3) 501(c) () \blacktriangleleft$ (insert no.) 4947(a)(1)	or 527	H(b) Are all subordinates in	cluded? Yes No list. See instructions
		te: \blacktriangleright WWW.FAMSF.ORG	01 521	H(c) Group exemption	
		f organization: X Corporation Trust Association Other	I Vear		State of legal domicile: CA
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: PROV	IDE A	RICH AND DIV	VERSIFIED
Governance		EXPERIENCE OF ART AND CULTURE.			
'nar	2	Check this box if the organization discontinued its operations or disposed in the organization disposed	sed of more	than 25% of its net ass	ets.
	3	Number of voting members of the governing body (Part VI, line 1a)		3	46
	4	Number of independent voting members of the governing body (Part VI, line 1b)			46
Activities &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			332
viti	6	Total number of volunteers (estimate if necessary)		6	291
Acti					0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
an	8	Contributions and grants (Part VIII, line 1h)		29,170,137. 3,015,533.	<u>45,418,811.</u> 4,744,708.
Revenue	9	Program service revenue (Part VIII, line 2g)		-246,042.	90,212.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,264,605.	1,066,828.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		33,204,233.	51,320,559.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,094,039.	1,446,613.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	40	Solarias, other componentian, ampleives benefits (Part IV, column (A), lines 5.10)		20,179,801.	26,308,667.
Ise	16a	Professional fundraising fees (Part IX, column (A), line 11e)		206,714.	977,379.
Expenses	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	38.		
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,103,781.	16,169,542.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		35,584,335.	44,902,201.
		Revenue less expenses. Subtract line 18 from line 12		-2,380,102.	6,418,358.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
ssets	20	Total assets (Part X, line 16)		25,314,782.	24,118,141.
et As	21	Total liabilities (Part X, line 26)		22,125,737.	13,317,392.
		Net assets or fund balances. Subtract line 21 from line 20 Signature Block		3,189,045.	10,800,749.
	art II	alties of perjury, I declare that I have examined this return, including accompanying schedule:	a and atatama	nto and to the heat of my	knowledge and belief it is
	-	ct, and complete. Declaration of preparer (other than officer) is based on all information of wi			kilowieuge allu bellei, it is
uuo	, сопс	PUBLIC DISCLOSURE COPY		nas any knowledge.	
Sig	n	Signature of officer		Date	
Her		JASON SEIFER, CFO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	i	TRACY S. PAGLIA TRACY S. PAGLIA	0	7/27/23 self-employe	P00366884
Prep	barer	Firm's name MOSS ADAMS LLP		Firm's EIN 🕨	91-0189318
Use	Only	Firm's address 3121 W MARCH LN, STE 200			
		STOCKTON, CA 95219-2367		Phone no. 20	9-955-6100

May the IRS dis	scuss this return with the preparer shown above? See instructions	
132001 12-09-21	LHA For Paperwork Reduction Act Notice, see the separate in	structions.

Form	990 (2021) CORPORATION OF THE FINE ARTS MUSEUMS	94-3045948	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE CORPORATION OF THE FINE ARTS MUSEUMS (COFAM) IS A NO		
	BENEFIT CORPORATION FORMED IN 1987 RESPONSIBLE TO OPERAT		
	MUSEUM AND THE LEGION OF HONOR AND TO RAISE AND MAINTAIN		
	MUSEUMS' SUPPORT. COFAM CONDUCTS THIS WORK ON BEHALF OF	THE FINE ART:	5
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
2	If "Yes," describe these new services on Schedule O.	Yes	X
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	
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 other		hd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$16, 782, 967. including grants of \$) (Reven	ue\$ 4,501,	198.)
	EXHIBITIONS - COFAM PRESENTED 17 EXHIBITIONS IN THE DE Y		/
	OF HONOR DURING FYE JUNE 30, 2022. THIS WAS A INCREASE F		
	YEAR, LARGELY DUE TO THE 2021 MUSEUM'S COVID CLOSURE FOR	ALMOST 6	
	MONTHS OF THE FISCAL YEAR AND REDUCED ATTENDANCE REQUIRE	MENTS. THE W	IDE
	RANGE OF EXHIBITIONS REFLECTS THE ENCYCLOPEDIC NATURE OF	THE MUSEUMS	
	AND INCLUDED: JUDY CHICAGO: A RETROSPECTIVE; ALICE NEEL:	PEOPLE COME	
	FIRST; PATRICK KELLY: RUNWAY OF LOVE; THE OBAMA PORTRAIT	S; LAST SUPP	ER
	IN POMPEI: FROM THE TABLE TO THE GRAVE; COLOR INTO LINE:	PASTELS FROM	М
	THE RENAISSANCE TO PRESENT; AND GUO PEI: COUTURE FANTASY	. THE MUSEUM	S
	WELCOMED 772,000 GUESTS IN FISCAL 2022, WHICH WAS MORE T	HAN TWICE AS	
	MANY THAN IN THE PRIOR YEAR. THIS WAS DUE TO THE SUCCESS	FUL GUO PEI	
	EXHIBIT IN FISCAL 2022 WHICH EXCEEDED ATTENDANCE EXPECTA		
4b	(Code:) (Expenses \$10,970,594. including grants of \$) (Reven		760.)
	COLLECTIONS RESEARCH, CARE AND CONSERVATION - COFAM'S ST		
	CURATORS, REGISTRARS AND CONSERVATORS WHO HANDLE, RESEAR		FOR
	THE CITY'S SIGNIFICANT PERMANENT COLLECTIONS HOUSED AND		
	THE DE YOUNG AND LEGION OF HONOR, AS WELL AS WORKS BORRO		
	INSTITUTIONS AND PRIVATE COLLECTIONS FOR SPECIAL EXHIBIT	IONS. CARE A	ND
	RESEARCH EXTEND TO A ROBUST PROGRAM OF NEW ACQUISITIONS.		
4c	(Code:) (Expenses \$5, 393, 757. including grants of \$0.) (Reven	ue\$ 2,341,	812.)
	EDUCATION AND PUBLIC PROGRAMS - COFAM OFFERS AN EXTENSIV		<u> </u>
	EDUCATION AND PUBLIC PROGRAMS, INCLUDING FREE SATURDAYS,		
	GROUP VISITS AND PROGRAMMING, AND FAMILY PROGRAMS. WE PA		
	COMMUNITY GROUPS, ADVISORS AND ARTISTS TO CREATE HIGH QU		
	RELEVANT PROGRAMS. WE ALSO PROVIDE EDUCATIONAL TRAINING,		
	MATERIALS AND CURRICULA, AND SUPPORT TO ART PROFESSIONAL		
	RESEARCHERS, AND TEACHERS. COFAM CONTINUES TO INNOVATE I	TS EDUCATION	
	AND PUBLIC PROGRAMS TO ASSURE EVERYONE FEELS WELCOME AND	COMFORTABLE	AT
	THE MUSEUMS, AND ABLE TO ACCESS AND DIGEST INFORMATION I	N A VARIETY (OF
	WAYS. THE MUSEUMS OFFER FREE ACCESS TO SPECIAL EXHIBITIO		
	TIMES EACH YEAR ON ACCESS MONDAYS RESERVED FOR VISITORS		
	DISABILITIES. THESE PROGRAMS SERVE OVER 200,000 VISITORS	EACH YEAR.	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 1,446,613. including grants of \$ 1,446,613.) (Revenue \$	0.)	
4e	Total program service expenses ► 34,593,931.		
		. Form 9	90 (2021)

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Form	990	(2021)
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			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	<u> </u>
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	_		v
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	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,	-		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	7		<u></u>
8		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101	v	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	x
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		 X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 22
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
-	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	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
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	X	
132003	12-09-21	Form	990	(2021)

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 Form 990 (2021)
 CORPORATION
 OF
 THE
 FINE
 ARTS
 MUSEUMS

 Part IV
 Checklist of Required Schedules
 (continued)
 Image: Continued (continued

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated 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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
D.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
~	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			- v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	00.		x
~	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		77	
	Part V, line 1	34	X	
	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		X
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 on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
1 ai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	V	
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a222Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
с	(ampling) winnings to prize winners?	1c	Х	
132004				l (2021)
132004	5	1 OIII		(2021)

2021.06010 CORPORATION OF THE FINE A 641291_1

021)	CORPORATION						
Statements	Regarding Other IR	S Fili	ngs ar	nd Tax C	Complia	nce	(continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 332		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e - <i>file</i> . See instructions.	0.		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 2h		
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country \blacktriangleright	Ha		- 11
Ď	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
а		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
č	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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 gifts			
	were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	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		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
_	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
D				
~	organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c			
		14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
U	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
;				
;	If "Yes," complete Form 4720, Schedule O.			
;	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

Form 990 (2021)

Part V

Form 990	(2021)
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CORPORATION OF THE FINE ARTS MUSEUMS

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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	46			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	46			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any o	other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct sup	pervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was file	d?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one	or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?		•	8a	Х	
	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 read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
bec [.]	tion B. Policies (This Section B requests information about policies not required by the Internal Rev			1 -		1
			0./		Yes	N
l0a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha			100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
				12a	Х	
l2a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			120		
C		,		12c	х	
2	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	X	
3 4	•			14	X	
14	Did the organization have a written document retention and destruction policy?			14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval	by indepe	endent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45	x	
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient with a				77
_	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	•	ipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					
	exempt status with respect to such arrangements?			16b		
bec.	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (s	ection 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of int	erest policy, an	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and rec	ords 🕨 🔜			
	JASON SEIFER - 415-750-3691					
	50 HAGIWARA TEA GARDEN DRIVE, SAN FRANCISCO, CA 94	118 - 4	501			
				Γ	9 90	(000

Form 990 (2021)	CORPORATION	OF THE FINE	E ARTS MUSE	UMS 94-304594	8 Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees, and Independent Contractors										
Check if Sche	Check if Schedule O contains a response or note to any line in this Part VII									
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box, unless person		erson is both an		n an	compensation	compensation	amount of	
	week		cer an	id a di	recto	ctor/trustee)		from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	and related
	below	dual ti	ıtiona	~	nploy	st cor yee	-	1000 NEO		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatione
(1) THOMAS CAMPBELL	40.00									
DIRECTOR OF MUSEUMS	5.00			Х				692,491.	236,775.	70,309.
(2) JASON SEIFER	40.00									
CHIEF FINANCIAL OFFICER	10.00			Х				266,020.	0.	52,228.
(3) SUSAN MCCONKEY	40.00									
CHIEF ADMINISTRATIVE OFFICER	0.00				Х			253,560.	0.	18,847.
(4) MEGAN A. BOURNE	40.00									
SECRETARY/ CHIEF OF STAFF	0.00			Х				228,090.	0.	40,297.
(5) AMANDA RILEY	40.00									0 - 0 / /
DIRECTOR OF DEVELOPMENT	0.00				X			212,468.	0.	27,241.
(6) KRISTA BRUGNARA	40.00								•	
DIRECTOR OF EXHIBITIONS	0.00				X			205,398.	0.	22,030.
(7) CHRISTINE MOSS	40.00							100 000	0	40 481
DIRECTOR OF HUMAN RESOURCES	0.00					X		178,308.	0.	48,471.
(8) TIMOTHY BURGARD	40.00							105 210	0	
DISTINGUISHED SENIOR CURATOR	0.00					X		195,312.	0.	29,968.
(9) PATRICIA LACSON	40.00					x		190 040	0.	20 617
DIRECTOR OF FACILITIES (10) LINDA BUTLER	40.00							189,940.	0.	29,617.
DIRECTOR OF MARKETING/COMMUNICATION	0.00				x			206,009.	0.	8,599.
(11) STUART HATA	40.00				^			200,009.	0.	0,399.
DIRECTOR OF RETAIL OPERATIONS	0.00					x		162,396.	0.	36,801.
(12) PAUL PETERSON	40.00							102,350.		50,001.
DIRECTOR OF INFORMATION TECH.	0.00					x		161,769.	0.	7,209.
(13) JASON MOMENT	1.00									
CHAIR	1.00	х		х				0.	0.	0.
(14) DIANE B. WILSEY	1.00									
CHAIR EMERITA	1.00	Х		Х				0.	0.	0.
(15) JACK CALHOUN	1.00									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(16) CARL PASCARELLA	1.00									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(17) DAVID FRAZE	1.00									
TREASURER	0.00	Х		Х				0.	0.	0.
132007 12 00 21										Form 990 (2021)

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	ORPORATION	OF TH	ΈF	IN	ΕA	RTS	S MUSEUMS	94-30	4594	18	Page 8
Part VII Section A. Officers, I	Directors, Trustees, K	Key Emplo	yees,	and	High	est C	ompensated Employee	s (continued)			
(A) Name and title	Ave hou	rs per b	do not c ox, unle ífficer ar	ss pers	tion nore tha son is b	oth an	(D) Reportable compensation	(E) Reportable compensation	n	(F) Estima amour	ated nt of
	(list hou rel organ be	t any irs for izated izations elow ne)			Key employee Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	C/	othe compen from organiz and rel organiza	sation the ation ated
(18) BAKARI AYINDE ADAMS TRUSTEE		.00 .00 X					0.		0.		0.
(19) AIDA M. ALVAREZ TRUSTEE	1	.00 .00 X					0.		0.		0.
(20) ALEXANDRIA J. ASHDOWN TRUSTEE		.00 .00 X	Σ.				0.		0.		0.
(21) JANET BARNES TRUSTEE		.00 .00 X	ς				0.		0.		0.
(22) SHARON BELL TRUSTEE	0	.00 .00 X	<u> </u>				0.		0.		0.
(23) ZACHARY S. BOGUE TRUSTEE	0	.00 .00 X	<u> </u>				0.		0.		0.
(24) CAROL N. BONNIE TRUSTEE	0	.00 .00 X	<u> </u>				0.		0.		0.
(25) DAVID CHUNG TRUSTEE	0	.00 .00 X	<u> </u>				0.		0.		0.
(26) KATHERINE HARBIN CLAN TRUSTEE		.00 .00 X					0.		0.		0.
1b Subtotal c Total from continuation sh d Total (add lines 1b and 1c) 2 Total number of individuals		ion A					2,951,761. 0. 2,951,761. eccived more than \$100.	236,77 236,77 000 of reportable	0.	391, 391,	617. 0. 617.
compensation from the orga										Ye	50 s No
 3 Did the organization list any line 1a? <i>If</i> "Yes," <i>complete</i> \$ 4 For any individual listed on l	Schedule J for such inc ine 1a, is the sum of re	<i>lividual</i> eportable o	compe	ensat	ion ar	nd oth	ner compensation from t	he organization		3	<u>x</u>
 and related organizations gr Did any person listed on line rendered to the organization 	a receive or accrue	compensa	tion fi	rom a	any ur	nrelate	ed organization or individ	dual for services		4 X 5	X
Section B. Independent Contra 1 Complete this table for your	five highest compens	•							ensatio	n from	
the organization. Report cor	npensation for the cal (A) e and business addres		<u>endir</u>	ng wi	<u>th or v</u>	within	<u>the organization's tax y</u> (B) Description of s		Con	(C)	ion
ONE RHYTHM, LLC 414 1ST STREET E,	#6, SONOMA	, CA :	954	76			MEMBERSHIP C. CONSULTING	AMPAIGNS	Į	514,	343.
PJO WEST, LLC <u>4211 CHABOYA ROAD</u> MIKE WILLIAMS DRY		CA 9	514	8			BUSINESS SER	VICES	4	449,	454.
2223 HEARN AVENUE BUTLER, SHINE, ST	<u>, SANTA ROS</u> ERN & PARTN	ERS, I	LLC				CONSTRUCTION				500.
<u>20 LIBERTY SHIP W</u> MOSS ADAMS LLP PO BOX 101822, PA					5		ADVERTISING AUDIT & TAX PROFESSIONAL	s			<u>565.</u> 525.
2 Total number of independer \$100,000 of compensation	nt contractors (includin	ig but not l			hose 7					- , - ,	515.
SEE PART VII,			NUA	TIC	ON	SHE	ETS		Fc	orm 990) (2021)

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Part VII Section A. Officers, Directors,	<u>, Trustees, Key E</u> r	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				loyee		the	organizations	compensation
	(list any hours for	irecto				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or c	stee			satec		(00-2/1099-00130)		and related
	organizations	truste	al trus		yee	um per				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			Ū
	line)	Indiv	Insti	Officer	Key	High	Former			
27) JULIET DE BAUBIGNY	1.00									
TRUSTEE	0.00	Х						0.	0.	0
(28) STANLESS GATTI	1.00									
TRUSTEE	0.00	Х						0.	0.	0
(29) FRANKIE JACOBS GILLETTE	1.00								•	
TRUSTEE (THRU 04/22)	0.00	Х	<u> </u>					0.	0.	0
(30) MAX GLYNN	1.00								•	
TRUSTEE (31) WHEELER S. GRIFFITH	0.00	Х	-					0.	0.	0
RUSTEE	0.00	x						0.	0.	0
(32) CYNTHIA FRY GUNN	1.00	^	<u> </u>					0.	0.	0
RUSTEE	0.00	x						0.	0.	0
(33) LAUREN HALL	1.00	- 23								0
TRUSTEE	0.00	х						0.	0.	0
(34) LUCY YOUNG HAMILTON	1.00									
TRUSTEE	0.00	х						0.	0.	0
(35) HOLLY JOHNSON HARRIS	1.00									
TRUSTEE	0.00	Х						0.	0.	0
(36) WILLIAM R. HEARST	1.00									
TRUSTEE	1.00	Х						0.	0.	0
(37) GEORGE HECKSHER	1.00									
TRUSTEE	1.00	Х						0.	0.	0
(38) REBECCA REEVE HENDERSON	1.00								•	
TRUSTEE	0.00	Х						0.	0.	0
(39) DEBBIE JORGENSEN	1.00								0	
TRUSTEE	1.00	Х						0.	0.	0
(40) CARL KAWAJA TRUSTEE	1.00	v						0	0.	0
(41) GRETCHEN B. KIMBALL	0.00	Х						0.	0.	0
TRUSTEE	0.00	x						0.	0.	0
(42) YASUNOBU KYOGOKU	1.00	Δ						0.	0.	0
IRUSTEE	0.00	х						0.	0.	0
(43) KATHRYN LASATER	1.00								.	v
TRUSTEE (THRU 04/22)	0.00	х						0.	0.	0
(44) MICHAEL LINN	1.00									
TRUSTEE	0.00	х						0.	0.	0
(45) LESHELLE MAY	1.00									
RUSTEE	1.00	х						0.	0.	0
46) BRYAN MEEHAN	1.00									
RUSTEE	0.00	X	I					0.	0.	0

Form 990 CORPORA Part VII Section A. Officers, Directors	ATION OF 1 , Trustees, Key Er						est (5948
(A)	(B)		,	<u>(</u>		0		(D)	(E)	(F)
Name and title	Average			Pos		I I		Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or.				loyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em p		(W-2/1099-MISC)	(1099-10130)	organization
	related	ee or	istee			in sate				and related
	organizations	l trus	nal tri		oyee	om pe				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(/=``	line)	pul	Sul Sul	0ff	Ke	ĴĨ	For			
(47) LORNA F. MEYER TRUSTEE	1.00	x						0.	0.	0.
(48) VALERIE COLEMAN MORRIS	1.00	Δ						0.	0.	0.
IRUSTEE	0.00	х						0.	0.	0.
(49) LYNN ANDERSON POOLE	1.00							` .	••	
TRUSTEE	0.00	х						0.	0.	0.
(50) HEATHER PRESTON	1.00	1								
TRUSTEE	0.00	х						0.	0.	0.
(51) LISA SARDEGNA	1.00									
IRUSTEE (THRU 03/22)	0.00	Х						0.	0.	0.
(52) RICHARD SCHELLER	1.00									
IRUSTEE	0.00	Х						0.	0.	0.
(53) DAVID SHIMMON	1.00	37						0	0	0
IRUSTEE (54) DAVID SOWARD	0.00	Х						0.	0.	0.
IRUSTEE	1.00	x						0.	0.	0.
(55) DAVID SPENCER	1.00	~						0.	0.	0.
IRUSTEE	0.00	x						0.	0.	0.
(56) JEANA TONEY	1.00									
TRUSTEE	0.00	х						0.	0.	0.
(57) MARVIN TSEU	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(58) PAUL A. VIOLICH	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(59) DAVID WADHWANI	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(60) MARIANA GANTUS WALL	1.00								0	0
IRUSTEE	0.00	Х						0.	0.	0.
(61) LISA ZANZE TRUSTEE	1.00	x						0.	0.	0
IRUSIEE	0.00	Δ						0.	0.	0.
		1								
		-								
	I	I								

132201 04-01-21

Fa	rt V	/111	Statement of Rev	venue	•						
			Check if Schedule O c	ontain	s a respo	nse (or note to any line		(D)		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns		1a						
ran un			Membership dues				9,495,301.				
G G		с	Fundraising events		1c		2,611,692.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations				3,301,868.				
s, s		е	Government grants (contril	bution	s) 1e		14,269,331.				
r Si		f	All other contributions, gifts, g	grants, a	and						
ibut			similar amounts not included	above	1f		15,740,619.				
dut		g	Noncash contributions included in li	ines 1a-1	f 1g	5	1,825,884.				
<u> </u>		h	Total. Add lines 1a-1f					45,418,811.			
							Business Code				
e Ce	2		ADMISSIONS & EVENTS				713990	3,988,186.	3,988,186.		
er vi		b	LECTURES, TOURS, PUB	BLICAT	IONS		713990	756,522.	756,522.		
n S /eni		С									
jrar Be∖		d									
Program Service Revenue		e									
-			All other program service r Total. Add lines 2a-2f					4,744,708.			
	3		Investment income (includi					-,,,,			
	Ŭ		other similar amounts)	-				2,551.			2,551.
	4		Income from investment of					,			,
	5		Royalties				-				
			,		(i) Rea		(ii) Personal				
	6	а	Gross rents	6a	370,9	925.					
		b	Less: rental expenses	6b	262,3	804.					
		с	Rental income or (loss)	6c	108,6	521.					
		d	Net rental income or (loss)				►	108,621.			108,621.
	7	а	Gross amount from sales of		i) Securit	ies	(ii) Other				
			assets other than inventory	7a	87,6	561.					
		b	Less: cost or other basis								
anc			and sales expenses			0.					
Revenue			. ,	7c	87,6			07.001			07.000
			Net gain or (loss)				····· 🕨	87,661.			87,661.
Other	8	а	Gross income from fundraisin								
0					92. of						
			contributions reported on I				251,360.				
		h	Part IV, line 18 Less: direct expenses			8a 8b	-				
			Net income or (loss) from f					-1,454,156.			-1454156.
			Gross income from gaming		-			_ / _ ~ _ / _ ~ ~			
	•		Part IV, line 19			9a	89,856.				
		b	Less: direct expenses			9b	6,555.				
			Net income or (loss) from g			s		83,301.			83,301.
	10	а	Gross sales of inventory, le	ess reti	urns						
			and allowances			10a	4,605,924.				
		b	Less: cost of goods sold			10b	2,276,862.				
		с	Net income or (loss) from s	sales o	f invento	у	►	2,329,062.	2,329,062.		
۵							Business Code				
Miscellaneous Bevenue	11	а									
ellanec evenue		b									
cell Sevi		С									l
Mis			All other revenue								
			Total. Add lines 11a 11d				····· •	E1 300 FF0		-	1170000
	12	-09-:	Total revenue. See instruction	ris			🕨	51,320,559.	7,073,770.	0.	-1172022. Form 990 (2021

CORPORATION OF THE FINE ARTS MUSEUMS

Form 990 (2021)

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Form 990 (2021)

CORPORATION OF THE FINE ARTS MUSEUMS Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Da	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	1 446 612	1 446 612		
	and domestic governments. See Part IV, line 21	1,446,613.	1,446,613.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	2 226 227	1 100 975	884,955.	251 /07
~	trustees, and key employees	2,336,327.	1,199,875.	004,955.	251,497
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	18,195,479.	14,255,146.	2,252,797.	1,687,536
7 0	Other salaries and wages	±0,±33,4/3•	17,2JJ,140.	4,434,131.	т,007,000
8	Pension plan accruals and contributions (include	776,155.	636,469.	104,790.	34,896
9	section 401(k) and 403(b) employer contributions) Other employee benefits	3,290,675.	2,700,836.	373,620.	216,219
-		1,710,031.	1,322,897.	219,872.	167,262
10 11	Payroll taxes Fees for services (nonemployees):	±,,±0,03±•	1,544,031.	217,0720	107,2020
	,				
	Management				
		104,824.		104,824.	
	Accounting	104,024.		101,021.	
	Lobbying Professional fundraising services. See Part IV, line 17	977,379.			977,379
f	Investment management fees	511,515.			511,515
	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A), amount, list line 11g expenses on Sch O.)	3,394,249.	2,884,446.	509,803.	
12	Advertising and promotion	735,659.	734,631.	1,028.	
13	Office expenses	1,496,392.	1,288,075.	81,037.	127,280
14	Information technology	921,375.	709,459.	147,420.	64,496
15	Royalties	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,		01/100
16	Occupancy	2,234,700.	2,098,299.	50,912.	85,489
17	Travel	407,765.	274,098.	96,610.	37,057
18	Pavments of travel or entertainment expenses		_/_/ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		.,
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	481,545.	103,741.	71,813.	305,991
20	Interest	20,733.		20,733.	,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	492,257.	492,257.		
23	Insurance	321,072.	3,567.	317,505.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		2,236,189.	2,215,320.		20,869
b	EQUIPMENT RENTAL & MAIN	1,651,945.	1,284,352.	237,221.	130,372
c	PARTICIPATION FEES	658,498.	658,498.		•
d		•			
	All other expenses	1,012,339.	285,352.	724,592.	2,395
25	Total functional expenses. Add lines 1 through 24e	44,902,201.	34,593,931.	6,199,532.	4,108,738
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 Figure if following SOP 98-2 (ASC 958-720)				

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

Form 990 (2021)

Part X Balance Sheet

			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	2,418,556.	1	2,642,002.
	2	Savings and temporary cash investments	12,894,374.	2	11,610,581.
	3	Pledges and grants receivable, net	4,767,576.	3	3,680,747.
	4	Accounts receivable, net	1,810,302.	4	1,341,828.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	722,059.	8	1,288,924.
Ä	9	Prepaid expenses and deferred charges	1,213,188.	9	698,694.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 11,813,455.			
	b	Less: accumulated depreciation	1,488,727.	10c	2,855,365.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	04 110 141
	16	Total assets. Add lines 1 through 15 (must equal line 33)	25,314,782.	16	24,118,141.
	17	Accounts payable and accrued expenses	5,323,810.	17	5,538,299.
	18	Grants payable	2,554,260.	18	1,160,052.
	19	Deferred revenue	2,334,200.	19	1,100,052.
	20 21	Tax-exempt bond liabilities		20 21	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director,		21	
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
bilid		controlled entity or family member of any of these nervens		22	
Lia	23			22	
	24	Unsecured notes and loans payable to unrelated third parties	6,150,800.	24	0.
	25	Other liabilities (including federal income tax, payables to related third	.,	21	
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	8,096,867.	25	6,619,041.
	26	Total liabilities. Add lines 17 through 25	22,125,737.	26	13,317,392.
-		Organizations that follow FASB ASC 958, check here 🕨 🗴			
Ses		and complete lines 27, 28, 32, and 33.			
ano	27	Net assets without donor restrictions	-13,909,698.	27	-3,823,928.
Ba	28	Net assets with donor restrictions	17,098,743.	28	14,624,677.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here 🕨 📃			
г Г		and complete lines 29 through 33.			
s S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
tAŝ	31	Retained earnings, endowment, accumulated income, or other funds	2 100 045	31	
Ne	32	Total net assets or fund balances	3,189,045.	32	10,800,749.
	33	Total liabilities and net assets/fund balances	25,314,782.	33	24,118,141.

Form 990 (2021)

94-3045948 Page 11

Form	990 (2021) CORPORATION OF THE FINE ARTS MUSEUMS	94-3	045948	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	51,320		
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,902		
3	Revenue less expenses. Subtract line 2 from line 1	3	6,418		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,189	9,0	<u>45.</u>
5	Net unrealized gains (losses) on investments	5	- 9	9,8	<u>21.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,203	3,1	<u>67.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	10,800),7·	<u>49.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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 compiled 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 audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X 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 oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2021)

SC	HED	UL	ΕA	١

Department of the Treasury Internal Revenue Service

(Form 990)

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Employer identification number

94-3045948

Name of	th	e or	gani	zati	on														
													FINE						
Part I		Re	eas	on	for	Pub	lic C	harity	v Sta	tus.	(All o	rgar	nizations	must	t com	plete	this	part.) (
											<i>(</i> ;								``

Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.						
Гhe	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)							
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).						
2	\square	A school described in sect											
3	\square	A hospital or a cooperative				(b)(1)(A)(ii	i).						
4		A medical research organiz					•	the hospital's name.					
•		city, and state:		·)				·····,					
5		An organization operated for	or the benefit of a col	leae or university owned	l or operati	ed by a do	vernmental unit describe	ad in					
5		section 170(b)(1)(A)(iv). (C		lege of aniversity owned		cu by u go							
~							(A						
6 7		A federal, state, or local gov						and the state of the state of the					
1	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from the general p	Dudiic described in					
_		section 170(b)(1)(A)(vi). (C											
8		A community trust describe											
9		An agricultural research org				-	-	-					
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of the college	or					
		university:											
10		An organization that norma											
		activities related to its exem		•	. ,		••	•					
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acquii	red by the organization a	Ifter June 30, 1975.					
		See section 509(a)(2). (Con	•										
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functior	ns of, or to carry out the	purposes of one or					
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section 509(a)(3).	Check the box on					
		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), typically by	giving					
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	Ipporting					
		organization. You must o	omplete Part IV, Se	ctions A and B.									
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	ving					
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	d with,					
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	v integrated. A supp	orting organization oper	ated in cor	nnection w	ith its supported organiz	zation(s)					
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and an attentiv	/eness					
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II, Type III						
		functionally integrated, or	Type III non-functior	nally integrated supporting	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
g		vide the following information			(iv) to the error	nization listed							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other					
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					

Schedule A (Form 990) 2021 CORPORATION OF THE FINE ARTS MUSEUMS Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and

94-3045948 Page 2

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.)

6 Public support. Subtract line 5 from line 4. 23 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 7 Amounts from line 4 53053424.63122425.50712394.466481404.63322795.27 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 876,732.1186992.715,629.36,941.373,476.3 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 53,694. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 23 11 Total support. Add lines 7 through 10 25	(f) Total
membership fees received. (Do not include any "unusual grants.") 38121800. 47078047. 33986122. 29170137. 45418811. 15 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 38121800. 47078047. 33986122. 29170137. 45418811. 15 3 The value of services or facilities furnished by a governmental unit to the organization without charge 14931624. 16044378. 16726272. 17311267. 17903984. 82 4 Total. Add lines 1 through 3 53053424. 63122425. 50712394. 46481404. 63322795. 27 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11, column (f) 36 6 Public support. Subtractime 5 from line 4. 53053424. 63122425. 50712394. 46481404. 63322795. 27 8 Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital asets (Explain in Part VI) 876, 732. 1186992. 715, 629. 36, 941. 373, 476. 373 10 Other income. Do not include gain or loss from the sale of capital asets (Explain in Part VI) 27 11 Total support. Add lines 7 through 10 28 20 Gross receipts from related activities, etc. (see instructions) 12	
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6 Public support. Subtract line 5 from line 4. 23 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 876,732. 1186992. 715,629. 36,941. 373,476. 37 9 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 876,732. 1186992. 715,629. 36,941. 373,476. 37 11 Total support. Add lines 7 through 10 27 27 27 27 12 Gross receipts from related activities, etc. (see instructions) 12 54,9	
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Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 7 Amounts from line 4	38615794
 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 53053424.63122425.50712394.46481404.63322795.27 50712394.46481404.63322795.27 50712394.46481404.6481404.63322795.27 	
 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 53053424.63122425.50712394.46481404.63322795.27 50712394.46481404.63322795.27 50712394.46481404.6481404.63322795.27 	(f) Total
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activities, whether or not the business is regularly carried on 53,694. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions)	
business is regularly carried on	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 21 11 Total support. Add lines 7 through 10 22 12 Gross receipts from related activities, etc. (see instructions) 12 54, 54	53,694.
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assets (Explain in Part VI.)	
11 Total support. Add lines 7 through 10 21 12 Gross receipts from related activities, etc. (see instructions) 12 54, 52	
12 Gross receipts from related activities, etc. (see instructions)	79935906
	913,720.
organization, check this box and stop here	
Section C. Computation of Public Support Percentage	
	85.24 %
	83.28 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box as	
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this b	······································
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or r	
and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization	
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%	
more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the	,
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	
Schedule A (Fo	orm 990) 2021

132022 01-04-22

Schedule A			CORPORATION	-					94	-30
Part III	Support	Schedule for	Organizations De	scri	bed in	Section	i 509(a)	(2)		

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

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, 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 bus-								
	iness under section 513								
4	Tax revenues levied for the organ- ization'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								
	Amounts included on lines 1, 2, and 3 received from disqualified persons								
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
	Add lines 7a and 7b						_		
	Public support. (Subtract line 7c from line 6.) ction B. Total Support								
		() 0017	(1) 0010	() 0040	(1) 0000	() 0001	(0 T))		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
k	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for the	•					·		
0	check this box and stop here								
	ction C. Computation of Public								
	Public support percentage for 2021 (I	, (),	, , , , , , , , , , , , , , , , , , ,	(, , , , , , , , , , , , , , , , , , ,		15	%		
	Public support percentage from 2020 ction D. Computation of Invest			<u></u>		16	%		
	•			ing 10 agi uma (f))		17	0/		
	Investment income percentage for 20						%		
	18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not %								
	more than 33 1/3%, check this box at 33 1/3% support tests - 2021. If the	nd stop here. The	organization qual	fies as a publicly s	supported organiza	ation	►		
K	line 18 is not more than 33 1/3%, che	-							
20	Private foundation. If the organization								
	23 01-04-22						le A (Form 990) 2021		
							•		

18

1

2

Yes No

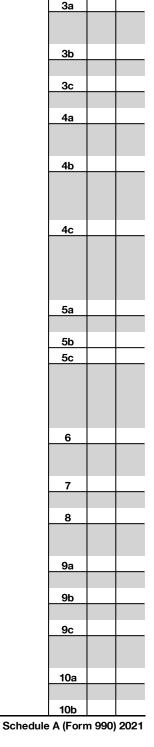
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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CORPORATION OF THE FINE ARTS MUSEUMS Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u>

Section B. Type I Supporting Organizations

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization describes have the power to require the organization of the organization of the organization of the organization of the organization had more than one supported organization of the organization o	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1

	porteu organ	12011011131.	
Section D.	All Type	III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a 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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes No

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20

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11c

1

2

Yes

No

Sche	dule A (Form 990) 2021 CORPORATION OF THE FIN			94-3045948 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on I	Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting or	rganization (see

instructions).

Schedule A (Form 990) 2021

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Schedule A		
D- IV	T	 ML .

CORPORATION OF THE FINE ARTS MUSEUMS

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued	<u>d)</u>	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021	CORPO	RATION OF	THE FIN	E ARTS I	MUSEUMS	94-3045948 Page 8
Part VI	Supplemental In Part IV, Section A, lin line 1; Part IV, Section Section D, lines 5, 6, (See instructions.)	formation. P es 1, 2, 3b, 3c, 4 n D, lines 2 and 3 and 8; and Part 1	rovide the explana b, 4c, 5a, 6, 9a, 9 3; Part IV, Section V, Section E, lines	ations required b b, 9c, 11a, 11b, E, lines 1c, 2a, 2 2, 5, and 6. Alse	by Part II, line 1 and 11c; Part 2b, 3a, and 3b; b complete this	I0; Part II, line 17a IV, Section B, line ; Part V, line 1; Pa s part for any add	a or 17b; Part III, line 12; as 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V, itional information.
132028 01-04-2	2			23			Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

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** PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

202[.]

Employer identification number

94-3045948

lame of the organization	

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

CORPORATION OF THE FINE ARTS MUSEUMS

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Name of organization

123452 11-11-21

08060727 146892 641291

CORPORATION OF THE FINE ARTS MUSEUMS

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 1,050,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 1,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 2,521,000. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 3,301,868. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 14,230,408. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

94-3045948

Page 2

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	STOCK		
		\$1,335,425.	06/30/22
(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
		\$	

CORPORATION OF THE FINE ARTS MUSEUMS

Name of organization

Employer identification number

94-3045948

Schedule B (Form 990) (2021)

123453 11-11-21

26

08060727 146892 641291

2021.06010 CORPORATION OF THE FINE A 641291_1

Schedule	B (Form 990) (2021)				Page 4					
Name of o	organization				Employer identification number					
CORPO	RATION OF THE FINE ARTS	MUSEUMS			94-3045948					
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations describe	d in section 50	1(c)(7), (8), or (10)						
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,	DOO or less for t	rganizations he year. (Enter this info. or	nce.) ► \$					
(a) No.	Use duplicate copies of Part III if additional	space is needed.								
from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Des	cription of how gift is held					
		(e) Transfer	of gift							
	-		-	- I - Maria - Maria - Maria						
	Transferee's name, address, a		R	elationship of tra	ansferor to transferee					
		-								
(a) No.										
from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Des	cription of how gift is held					
	(e) Transfer of gift									
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee					
		-								
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held					
Part I				()-						
		e) Transfer	of gift							
			or give							
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee					
		-								
(a) No										
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Des	cription of how gift is held					
		(e) Transfer	of gift							
	Turneferre la nome o debuce o	ad 7 1D - 4		alationakin of tw						
	Transferee's name, address, a	nu ∠IP + 4	R	elationship of tra	ansferor to transferee					
		[-								
123454 11-11	l 1-21				Schedule B (Form 990) (2021)					

08060727 146892 641291

27 2021.06010 CORPORATION OF THE FINE A 641291_1

SCHEDULE C	Po	olitical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047			
(Form 990)	2021								
	 For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. 								
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or For	m 990-EZ, Part V, line	e 46 (Political Campa	aign Act	ivities), then			
 Section 501(c)(3) org 	ganizations: Com	plete Parts I-A and B. Do not com	plete Part I-C.						
		01(c)(3)) organizations: Complete P	arts I-A and C below. I	Do not complete Part	I-B.				
 Section 527 organization 	•	•							
		Form 990, Part IV, line 4, or For							
		nave filed Form 5768 (election und nave NOT filed Form 5768 (electior		•					
		Form 990, Part IV, line 5 (Proxy				•			
Tax) (See separate inst					000 LL,				
• Section 501(c)(4), (5)	, or (6) organizat	ions: Complete Part III.							
Name of organization						er identification number			
		TION OF THE FINE .				94-3045948			
Part I-A Compl	ete if the org	anization is exempt under	r section 501(c) o	r is a section 52	7 orga	nization.			
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.					
2 Political campaign					▶\$_				
3 Volunteer hours for	political campai	gn activities							
Part I-B Compl	ete if the org	anization is exempt under	section 501(c)(3).					
		incurred by the organization under		<i>I</i> -	▶\$				
		incurred by organization managers							
		n 4955 tax, did it file Form 4720 fo				Yes No			
4a Was a correction m	ade?	·	•			Yes No			
b If "Yes," describe in	n Part IV.								
Part I-C Compl	ete if the org	anization is exempt under	r section 501(c), e	except section 5	01(c)(3	i).			
		by the filing organization for section	•		►\$_				
		ization's funds contributed to othe	er organizations for sec	ction 527					
exempt function ac					▶\$_				
	-	. Add lines 1 and 2. Enter here and			•				
		1100 DOL for this year?			▶\$_	Yes No			
		1120-POL for this year?	of all soction 527 polit						
		tion listed, enter the amount paid f							
	-	omptly and directly delivered to a s				-			
political action com	mittee (PAC). If a	additional space is needed, provid	e information in Part I\	<i>.</i>					
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid f	rom	(e) Amount of political			
				filing organization funds. If none, ente		ontributions received and promptly and directly			
				iunus. Ii none, ente	#r -0	delivered to a separate			
						political organization.			
						If none, enter -0			
				1					
E D	an Anthint	and the location of an Error OC			0.1	a duda O (Eauna 000) 0004			

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

Schedule C (Form 990) 2021

132041 11-03-21

			<u>E ARTS MUSEU</u>		3045948 Page 2
Part II-A Complete if the org	anization is exe	empt under section	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).					
00	•	• • •	n Part IV each affiliated g	group member's nam	ie, address, EIN,
	e of excess lobbying	, , ,	visions apply		
Limi	ts on Lobbying Exp			(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" means amo	ounts paid or incurred.)		totals	
1a Total lobbying expenditures to influ	ence public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influ	lence a legislative bo	ody (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure					
e Total exempt purpose expenditure	s (add lines 1c and 1	d)	·····		
f Lobbying nontaxable amount. Ente	er the amount from the	ne following table in bot	h columns.		
If the amount on line 1e, column (a) o	r (b) is: The lo	bbying nontaxable am	ount is:		
Not over \$500,000		f the amount on line 1e.	·		
Over \$500,000 but not over \$1,000		000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		000 plus 5% of the exce	<u>ss over \$1,500,000.</u>		
Over \$17,000,000	\$1,000	0,000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer					
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than ze			-		
reporting section 4911 tax for this					Yes No
		veraging Period Under			
(Some organizations th		501(h) election do not arate instructions for li		f the five columns b	elow.
	Lobbying Exp	enditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2. Lobbying pontoyable amount					
2a Lobbying nontaxable amount b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures		1	I	Calcad	ule C (Form 990) 2021

Schedule C (Form 990) 2021

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CORPORATION OF THE FINE ARTS MUSEUMS 94

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description				(b)	
of the lobbying activity.	Yes	N	lo	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?	X				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X				
c Media advertisements?	X			71	7,200.
d Mailings to members, legislators, or the public?			x		
e Publications, or published or broadcast statements?	X	<u> </u>		ť	5,935.
f Grants to other organizations for lobbying purposes?			x		
g Direct contact with legislators, their staffs, government officials, or a legislative body?					3,875.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					2,296.
i Other activities?	X				L,409.
j Total. Add lines 1c through 1i				261	L,715.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			x		
b If "Yes," enter the amount of any tax incurred under section 4912			-		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u> </u>			
Part III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), 0	r sec	tion	
501(c)(6).					
		r		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from t Part III-B Complete if the organization is exempt under section 501(c)(4), section			3		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."					3, is
1 Dues, assessments and similar amounts from members			1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical				
expenses for which the section 527(f) tax was paid).					
a Current year			2a		
b Carryover from last year			2b		
c Total			2c		
			3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical				
expenditure next year?			4		
5 Taxable amount of lobbying and political expenditures. See instructions			5		
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	p list); Part II·	A, line	es 1 ar	nd 2 (See	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
PART II-B, LINE 1, LOBBYING ACTIVITIES:					
ACCESS FOR ALL CAMPAIGN TO REOPEN THE MAIN ROAD (JFK)	ADJACI	ENT	то	THE	
DE YOUNG MUSEUM. REOPENING JFK PROVIDES INCREASED ACC	ESS FOR	r v	ISI	FORS	
AND ADDITIONAL ADA PARKING TO THE DE YOUNG MUSEUM AND	OTHER	SU	RROI	JNDING	<u>,</u>
ATTRACTIONS.					

132043 11-03-21

Schedule C (Form 990) 2021

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.

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 94-3045948

	organizations Maintaining Donor Advis organization answered "Yes" on Form 990, Part IV,						,	
			onor advise	d funde	1) Euro	ds and other a	
	Tatal success at and a first an		JUNUT AUVISE		, (i	J Fun	us and other a	
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year			lalia deres	 			
5	Did the organization inform all donors and donor advisors i	•						
_	are the organization's property, subject to the organization						Ye	s 🛄 N
6	Did the organization inform all grantees, donors, and donor							
	for charitable purposes and not for the benefit of the donor		-			•		
Dar	impermissible private benefit?	organization on	owarad "Va		Dort IV	lina 7	Ye	s [] N
				s" on Form 990	, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organiza		-	1 				
	Preservation of land for public use (for example, recr	eation or educa	ation)	7		-	important land	area
	Protection of natural habitat			Preservation	of a certif	ied his	storic structure	
_	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qua	alified conserva	ition contribi	ution in the forn	ו of a con ן	Iserva	Held at the End	
	day of the tax year.				ŀ	-	Helu al lile Ellu	
a						2a		
b					F	2b		
С	Number of conservation easements on a certified historic s					2c		
d								
	listed in the National Register					2d		
3	Number of conservation easements modified, transferred,	released, exting	guished, or t	erminated by th	ie organiz	ation	during the tax	
6	Staff and volunteer hours devoted to monitoring, inspectin	g, handling of v	violations, an	d enforcing co	nservatior	ı ease	ments during th	ne year
			ions. and en	forcing conserv	ation eas	ement	ts during the ye	ar
7	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violati						
7 B		ove satisfy the	requirement			-	Ye	s 🗌 I
	► \$ Does each conservation easement reported on line 2(d) ab	ove satisfy the	requirement					s 🗌 I
в	► \$ Does each conservation easement reported on line 2(d) ab and section 170(h)(4)(B)(ii)?	ove satisfy the ation easements	requirement s in its rever	ue and expens	e stateme	ent and	d	s 🗌 1
8 9	► \$ Does each conservation easement reported on line 2(d) ab and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserva balance sheet, and include, if applicable, the text of the foo organization's accounting for conservation easements.	ove satisfy the ation easements otnote to the or	requirement s in its rever ganization's	ue and expens financial stater	e stateme nents tha	ent and t desc	d cribes the	s 🗌 N
8 9	 \$ Does each conservation easement reported on line 2(d) ab and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the formation of the fo	ove satisfy the ation easements otnote to the or	requirement s in its rever ganization's	ue and expens financial stater	e stateme nents tha	ent and t desc	d cribes the	s 🗌 N
8 9	► \$ Does each conservation easement reported on line 2(d) ab and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserva balance sheet, and include, if applicable, the text of the foo organization's accounting for conservation easements.	ove satisfy the ation easements otnote to the or of Art, Histo	requirement s in its rever ganization's prical Tre a	ue and expens financial stater	e stateme nents tha	ent and t desc	d cribes the	s 🗌 M
8 9 Par	 \$	ove satisfy the ation easements otnote to the or of Art, Histo rm 990, Part IV,	requirement s in its rever ganization's prical Tre a , line 8.	nue and expens financial stater asures, or C	e stateme nents tha Other Si	ent and t desc mila l	d ribes the r Assets.	s 🗌 M
⁸ 9	 \$ Does each conservation easement reported on line 2(d) ab and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat balance sheet, and include, if applicable, the text of the focorganization's accounting for conservation easements. Int III Organizations Maintaining Collections Complete if the organization answered "Yes" on Formatting Conservation Complete if the organization answered "Yes" on Formatting Conservation Complete If the organization answered "Yes" on Formatting Conservation Complete If the organization answered "Yes" on Formatting Conservation Complete If the organization answered "Yes" on Formatting Conservation Complete If the organization answered "Yes" on Formatting Conservation Complete If the organization answered "Yes" on Formatting Conservation Complete If the organization answered "Yes" on Formatting Conservation Complete If the organization answered "Yes" on Formatting Conservation Complete If the organization answered "Yes" on Formatting Conservation Complete If the organization Complete III Conservation Complete III Conservation Complete III Conservation Complete III Conservation Conservation Complete III Conservation Complete III Conservation Conser	ove satisfy the ation easements otnote to the or of Art, Histo rm 990, Part IV, 958, not to repo	requirement s in its rever ganization's prical Tre a , line 8. ort in its reve	financial stater asures, or C	e stateme nents tha Other Si and bala	ent and t desc mila nce sh	d rribes the r Assets.	s 🗌 M
8 9 Par	 \$	ove satisfy the ation easements otnote to the or of Art, Histo rm 990, Part IV, 958, not to repo- public exhibition	requirement s in its rever ganization's prical Tre , line 8. ort in its reve , education,	financial stater asures, or C enue statement or research in	e stateme nents tha Other Si and balan	ent and t desc mila nce sh	d rribes the r Assets.	s 🗌 M
8 9 Par 1a	 \$	ove satisfy the ation easements othote to the or of Art, Histo rm 990, Part IV, 958, not to repo public exhibition nancial statement	requirement s in its rever ganization's prical Tre , line 8. ort in its reve n, education, nts that des	nue and expens financial stater asures, or C enue statement or research in cribes these ite	e stateme nents tha Other Si and balan furtherand ms.	ent and t desc milai nce sh ce of p	d rribes the r Assets.	s 🗌 M
9 9 1a	 \$	ove satisfy the ation easements otnote to the or of Art, Histo rm 990, Part IV, 958, not to repo- public exhibition nancial statement 958, to report in	requirement s in its rever ganization's Drical Tre , line 8. ort in its reve n, education, nts that des n its revenue	nue and expens financial stater asures, or C enue statement or research in cribes these ite e statement and	e stateme nents tha Other Si and balau furtherand ms. I balance	ent and t desc milai nce sh ce of p sheet	d pribes the r Assets. neet works public works of	s 🗌 M
9 9 1a	 \$ Does each conservation easement reported on line 2(d) ab and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat balance sheet, and include, if applicable, the text of the foor organization's accounting for conservation easements. Int III Organizations Maintaining Collections Complete if the organization answered "Yes" on Foor If the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for preservice, provide in Part XIII the text of the footnote to its firm on the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for preservice, provide in Part XIII the text of the footnote to its firm on the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for preservice, provide in Part XIII the text of the footnote to its firm on the organization elected, as permitted under FASB ASC of a preservice, provide in Part XIII the text of the footnote to its firm on the organization elected, as permitted under FASB ASC of a preservice, provide in Part XIII the text of the footnote to its firm on the organization elected, as permitted under FASB ASC of a preservice, provide in Part XIII the text of the footnote to its firm on the organization elected of a preservice as permitted under FASB ASC of a preservice as permitted as permitted under FASB ASC of a	ove satisfy the ation easements otnote to the or of Art, Histo rm 990, Part IV, 958, not to repo- public exhibition nancial statement 958, to report in	requirement s in its rever ganization's Drical Tre , line 8. ort in its reve n, education, nts that des n its revenue	nue and expens financial stater asures, or C enue statement or research in cribes these ite e statement and	e stateme nents tha Other Si and balau furtherand ms. I balance	ent and t desc milai nce sh ce of p sheet	d pribes the r Assets. neet works public works of	s 🗌 M
9 9 1a	 \$ Does each conservation easement reported on line 2(d) ab and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat balance sheet, and include, if applicable, the text of the focorganization's accounting for conservation easements. Int III Organizations Maintaining Collections Complete if the organization answered "Yes" on Four Complete if the organization answered "Yes" on Four If the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for preservice, provide in Part XIII the text of the footnote to its firm of the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for public service is the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for public service is the organization elected, as permitted under FASB ASC of art, historical treasures, or other similar assets held for public service is the organization elected, as permitted under FASB ASC or art, historical treasures, or other similar assets held for public service. 	ove satisfy the ation easements otnote to the or of Art, Histo rm 990, Part IV, 958, not to repo public exhibition nancial stateme 958, to report ir plic exhibition, e	requirement s in its rever ganization's prical Tre , line 8. ort in its reven , education, nts that des n its revenue education, or	aue and expens financial stater asures, or C enue statement or research in cribes these ite statement and research in fur	e stateme nents tha Other Si and balan furtherand ms. I balance therance	ent and t desc milai nce sh ce of p sheet of put	d rribes the r Assets. neet works public works of polic service,	
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		TION OF THE						94-30			_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	asures, o	r Othe	r Simila	r Asset	s (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the f	ollowing that	t make si	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🗌 L	_oan or excl	nange progra	am					
b	Scholarly research	е									
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how the	ev further th	e organizatio	on's exer	npt purpa	ose in Part	XIII.		
5	During the year, did the organization solicit of	-		•	-						
-	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			organization	anowered	100 011	1 0111 00	o, r arriv,	in ie e, ei		
19	Is the organization an agent, trustee, custod		iary for c	ontributions	or other ass	sets not i	included				
Ia									Yes		No
h	on Form 990, Part X?							∟	_ 165		
D		and complete the lon	iowing ta	able.					Amoun	•	
	De sinsis e la la se								Amoun		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on F						ity?	L	Yes	-	_ No
Par	If "Yes," explain the arrangement in Part XIII.							<u></u>			
I ai	t V Endowment Funds. Complete				(c) Two year	T		voare back	(e) Four	Voaro	back
		(a) Current year	(D) PI	rior year		IS DALK	(u) 11166	years Dack	(e) Four	years	Dack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that	are held an	d administer	ed for th	ie organiz	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endov	wment fu	inds.							
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV,	line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investn		(b) Cost basis (.ccumulat preciatior		(d) Boo	k valu	ə
4.	Land	· · · ·	i sing	54515		ue	Problation				
	Land										
	Buildings			0.2	2,729.		646,0	20	201	5,7	01
	Leasehold improvements										
	Equipment				1,317.		540,5),7 7,0	
	Other				9,409.		771,5		1,61		
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part J	X, colum	<u>n (B), line 1(</u>)c.)	<u></u>		. 🕨 🗌	2,85	5,3	55.

Schedule D (Form 990) 2021

Part VI Investments - Other Securities. Complete if the organization answered "Ves" or Form 900, Part IV, line 11b. See Form 900, Part X, line 12. (a) Discription of accelly or catagory rectargory error stackey, (b) Book value (c) Method of valuation: Coat or end-elyear market value (b) Experimentations (c) Method of valuation: Coat or end-elyear market value (c) Method of valuation: Coat or end-elyear market value (c) Cosely held equity interests (c) Method of valuation: Coat or end-elyear market value (c) Method of valuation: Coat or end-elyear market value (b) Cosely held equity interests (c) Method of valuation: Coat or end-elyear market value (c) Method of valuation: Coat or end-elyear market value (c) Method for Market value (c) Method of valuation: Coat or end-elyear market value (c) Method of valuation: Coat or end-elyear market value (d) Description of Investment (b) Book value (c) Method of valuation: Coat or end-elyear market value (d) Method for Market equition answered "Ves" or Form 900, Part IV, line 11c. See Form 900, Part X, line 15. (b) Book value (e) Method for Market equition answered "Ves" or Form 900, Part IV, line 11c. See Form 900, Part X, line 15. (c) Method for Market equition answered "Ves" or Form 900, Part IV, line 11c. See Form 900, Part X, line 15. (e) Method for Market equition answered "Ves" or Form 900, Part IV, line 11c. See Form 900, Part X, line 15.	Schedule D	(Form 990) 2021	CORPORATION	OF	THE	FINE	ARTS	MUSEUMS	94-3	3045948	Page 3
(a) DESCRIPTOR of Security or Category rescences rescences (b) Book value (c) Method of valuation: Cost or and of year market value (1) Financial derivatives (c) (2) Codely hald equip interests (c) (3) Other (c) (4) (c) (5) (c) (6) (c) (7) (c) (6) (c) (7) (c) (6) (c) (7) (c) (7) (c) (7) (c) (9) Description of investment (b) Book value (9) (c) Method of valuation: Cost or end of year market value (1) (c) Method of valuation: Cost or end of year market value (1) (c) Method of valuation: Cost or end of year market value (1) (c) Method of valuation: Cost or end of year market value (1) (c) Method of valuation: Cost or end of year market value (1) (c) Method of valuation: Cost or end of year market value (1) (c) Method of valuation: Cost or end of year market value (1) (c) Method of valuation: Cost or end of year market value (1) (c) Method of valuati	Part VII										
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(2) Closely held equity interests	(a) Descrip	tion of security or cate	GOLY (including name of security)	(b) Book	value	(c)	Method of valuation:	Cost or end-of-	year market va	alue
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(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15. Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) AGENCY FUNDS 1, 402, 628. (3) ACCRUED PENSION LIABILITY 5, 216, 413. (6) (6) (7) (6) (6) (7) (6) (7) (7) (7) (8) (9) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25. (6, 619, 041.											
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(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 6,619,041.											
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)											
		mn (b) must equal E	orm 990 Part X col (R) line	251						6,619.	041.
		., ,	, , , ,	,	t of the	footnote t	o the ora	anization's financial s	tatements that		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... 🚺

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 CORPORATION OF THE FINE A	ARTS MUSEUMS	94-3045948 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stater	nents With Revenue p	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Expenses	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	t 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.

PART X, LINE 2:

COFAM HAS OBTAINED A DETERMINATION LETTER FROM THE INTERNAL REVENUE

SERVICE AND THE CALIFORNIA FRANCHISE TAX BOARD TO THE EFFECT THAT IT

QUALIFIES AS A TAX-EXEMPT ENTITY UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVENUE AND TAX CODE,

RESPECTIVELY. ACCORDINGLY, THE PRIMARY OPERATIONS OF COFAM ARE CONSIDERED

EXEMPT FROM FEDERAL INCOME AND STATE FRANCHISE TAXES.

THE ORGANIZATION HAS EVALUATED ITS CURRENT TAX POSITION AND HAS CONCLUDED

THAT AS OF JUNE 30, 2022 AND 2021, IT DOES NOT HAVE ANY UNCERTAIN TAX

POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.

132054 10-28-21

Schedule D (Form 990) 2021	CORPORATION	OF THE	FINE	ARTS	MUSEUMS	94-3045948	Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Inform	mation (continued)						
						Schedule D (Form 99	90) 2021

35 2021.06010 CORPORATION OF THE FINE A 641291_1

132055 10-28-21

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047								
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or organization entered more than \$15,000 on Form 990-EZ, line 6a.							or if the	° 2021			
Department of the Treasury	► Attach to Form 990 or Form 990-EZ.							Open to Public			
Internal Revenue Service	► Go	o to www.irs.gov/Form990 for inst	ruction	s and	the latest information	on.		Inspection			
Name of the organization								r identification number 45948			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not											
· · · ·	complete this par										
 a X Mail solicitat b X Internet and c X Phone solicitat d X In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, P) highest paid indir	s f X Solicita g X Specia or oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra I (incluc professi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes				
(i) Name and addres or entity (fund		(ii) Activity	(iii) fund have c or cor contrib	ntrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization			
THE LUKENS CO - 280	0 0		Yes	No							
SHIRLINGTON ROAD, 9	9TH FLOOR,	TELEMARKETING		x	6,774,668.		239,319.	6,535,349.			
MERKLE RESPONSE SER	RVICES -										
100 JAMISON COURT,		TELEMARKETING		x	3,071,800.		40,153.	3,031,647.			
ONE RHYTHM - 414 19		MEMBERSHIP CAMPAIGNS									
E, #6, SONOMA, CA		CONSULTING		X	1,526,663.		679,322.	847,341.			
SD&A TELESERVICES, 5757 WEST CENTURY B		TELEMARKETING		x	33,226.		18,585.	14,641.			
Total 11,406,357.977 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt 1							977, 379.				
or licensing.	on the organizatio		Jonung	00015	Si nas been notined	11 13 1	stompt nom R	gotation			
CA											
	eduction Act Not	ice see the Instructions for Form	990 or	990-F			Schedul	e G (Form 990) 2021			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2021

132081 10-21-21

CORPORATION OF THE FINE ARTS MUSEUMS

94-3045948 Page 2

Т

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Other events (a) Event #1

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ON THE EDGE	вта	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	1,601,197.	605,741.	656,114.	2,863,052.
	2	Less: Contributions	1,524,937.	486,691.	600,064.	2,611,692.
	3	Gross income (line 1 minus line 2)	76,260.	119,050.	56,050.	251,360.
	4	Cash prizes				
(0	5	Noncash prizes				
benses	6	Rent/facility costs	177,184.		2,195.	179,379.
Direct Expenses	7	Food and beverages	222,529.	209,125.	112,121.	543,775.
ā	8	Entertainment	472,489.	35,554.	220,015.	728,058.
	9	Other direct expenses	65,316.		95,828.	254,304.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			1,705,516.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			-1,454,156.
Pa	nrt I	III Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
evenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
sve						

anue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue			89,856.	89,856.
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses			6,555.	6,555.
	6	Volunteer labor	└── Yes % └── No	Yes %	X Yes 100 %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	6,555.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	83,301.
9	En	ter the state(s) in which the organization condu	cts gaming activities: \underline{C}	A		
		the organization licensed to conduct gaming ac No," explain:				
		ere any of the organization's gaming licenses re			/ear?	Yes X No
b) If "	Yes," explain:				

132082 10-21-21

Schedule G (Form 990) 2021

Schedule G (Form 990) 2021	CORPORATION OF THE FINE ARTS MUSEUMS	94-3045948 Page 3
	aming activities with nonmembers?	Yes X No
	eficiary or trustee of a trust, or a member of a partnership or other entity formed	Yes X No
13 Indicate the percentage of gamin	a activity conducted in:	
	J J	13a 100.00 %
b An outside facility		<u>13b</u> .00 %
14 Enter the name and address of the	ne person who prepares the organization's gaming/special events books and record	IS:
Name 🕨 KIRA GABER		
Address 50 HAGIWAR	<u>A TEA GARDEN DRIVE - SAN FRANCISCO, CA 941</u>	18
15a Does the organization have a con	ntract with a third party from whom the organization receives gaming revenue? \dots	Yes X No
	ning revenue received by the organization <pre>\$ and the amo</pre>	unt
of gaming revenue retained by th c If "Yes," enter name and address	e third party \$	
Name 🕨		
Address 🕨		
16 Gaming manager information:		
Name CARRIE MONT	GOMERY	
	_	
Gaming manager compensation	▶ \$ <u>0.</u>	
	► EMPLOYEE WHO OVERSEES THE BOUQUETS TO AN	RT ANNUAL
EVENT AND FUNDRA	ISER WHICH INCLUDES A SMALL RAFFLE.	
Director/officer	X Employee Independent contractor	
17 Mandatory distributions:		
	r state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	required under state law to be distributed to other exempt organizations or spent in	Yes X No
organization's own exempt activit	· · · · · ·	
	rmation. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as	s applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I,	LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAI	SERS:
(I) NAME OF FUNDRAI	SER: THE LUKENS CO	
(I) ADDRESS OF FUND	RAISER:	
2800 SHIRLINGTON RO.	AD, 9TH FLOOR, ARLINGTON, VA 22206	
(I) NAME OF FUNDRAI	SER: MERKLE RESPONSE SERVICES	
(I) ADDRESS OF FUND	RAISER: 100 JAMISON COURT, HAGERSTOWN, MD	21740
132083 10-21-21	38	Schedule G (Form 990) 2021

2021.06010 CORPORATION OF THE FINE A 641291_1

Schedule G (Form 990) CORPORATION OF THE FINE ARTS MUSEUMS Part IV Supplemental Information (continued)	94-3045948 Page 4
(I) NAME OF FUNDRAISER: SD&A TELESERVICES, INC.	
(I) ADDRESS OF FUNDRAISER:	
5757 WEST CENTURY BLVD., SUITE 300, LOS ANGELES, CA 90045	
132084 11-18-21	Schedule G (Form 990)

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Department of the Treasury		•••••		Attach to For		,		Open to Public			
Internal Revenue Service			Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection			
Name of the organization		ON OF THE	FINE ARTS I	MUSEUMS				Employer identification number $94 - 3045948$			
Part I General In	formation on Grants a	nd Assistance									
criteria used to av	ation maintain records t ward the grants or assis	stance?									
Part II Grants and	IV the organization's pro d Other Assistance to I nat received more than \$	Domestic Organiz	ations and Domestic	Governments. C	complete if the org	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any			
	dress of organization rernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
FINE ARTS MUSEUMS 50 HAGIWARA TEA GA	ARDEN DRIVE	04 6006500		1 445 512							
SAN FRANCISCO, CA	94118	94-6096509	501(C)(3)	1,446,613.	0.	FMV		OPERATIONAL SUPPORT			
3 Enter total number	er of section 501(c)(3) and the section 501 (c)(3) and the sections of other organizations of other organizations of other sections of the section of the se										

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

Schedule I (Form 990) 2021

132102 10-26-21

Schedule I (Form 990) 2021

CORPORATION OF THE FINE ARTS MUSEUMS Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
			1		1

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

PART I, LINE 2:

GRANTS FUNDS ARE RELEASED ONCE EXPENDITURES HAVE BEEN INCURRED BY THE

RECIPIENT ORGANIZATION. THOSE EXPENDITURES HAVE TO MEET THE DONOR-IMPOSED

RESTRICTIONS PRIOR TO RELEASE.



Page 2

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	91	
		Compensated Employees		20		1
Dono	tmont of the Treesury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	ne of the organizatio	1		identificatio		nber
		CORPORATION OF THE FINE ARTS MUSEUMS	94-3	3045948	8	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o		nal use			
	Travel for com					
		ation and gross-up payments	S			
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or				
_	•			1b		<u> </u>
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
~						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
			ommittee			
	X Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-			4a		x
h		e payment or change-or-control payment? eive payment from a supplemental nonqualified retirement plan?				x
c	-	eive payment from an equity-based compensation arrangement?				x
Ŭ		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501()(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on			
	contingent on the r					
а	-					X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
b		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	\$			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)	2021

94-3045948

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

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

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

	(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) THOMAS CAMPBELL	(i)	692,491.	0.	0.	8,700.	910.	702,101.	0.
DIRECTOR OF MUSEUMS	(ii)	236,775.	0.	0.	0.	60,699.	297,474.	0.
(2) JASON SEIFER	(i)	266,020.	0.	0.	17,852.	34,376.	318,248.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUSAN MCCONKEY	(i)	253,560.	0.	0.	1,659.	17,188.	272,407.	0.
CHIEF ADMINISTRATIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MEGAN A. BOURNE	(i)	228,090.	0.	0.	15,966.	24,331.	268,387.	0.
SECRETARY/ CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AMANDA RILEY	(i)	212,468.	0.	0.	1,808.	25,433.	239,709.	0.
DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KRISTA BRUGNARA	(i)	191,865.	13,533.	0.	13,431.	8,599.	227,428.	0.
DIRECTOR OF EXHIBITIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHRISTINE MOSS	(i)	178,308.	0.	0.	12,482.	35,989.	226,779.	0.
DIRECTOR OF HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) TIMOTHY BURGARD	(i)	182,472.	12,840.	0.	12,773.	17,195.	225,280.	0.
DISTINGUISHED SENIOR CURATOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PATRICIA LACSON	(i)	177,453.	12,487.	0.	12,422.	17,195.	219,557.	0.
DIRECTOR OF FACILITIES	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LINDA BUTLER	(i)	206,009.	0.	0.	0.	8,599.	214,608.	0.
DIRECTOR OF MARKETING/COMMUNICATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) STUART HATA	(i)	162,396.	0.	0.	11,368.	25,433.	199,197.	0.
DIRECTOR OF RETAIL OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) PAUL PETERSON	(i)	161,769.	0.	0.	0.	7,209.	168,978.	0.
DIRECTOR OF INFORMATION TECH.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

Schedule J (Form 990) 2021

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.

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

2021 **Open to Public** Inspection

Employer identification number

94 - 3045948

Na	me	of th	e org	anization	

CORPORATION OF THE FINE ARTS MUSEUMS

Par	τι	Types of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of d noncash contrib	etermini	•	3
1	Art ·	Works of art							
2		Historical treasures							
3		Fractional interests							
4		ks and publications							
5		hing and household goods							
6		s and other vehicles							
7		ts and planes							
8		llectual property							
9	Sec	urities - Publicly traded	Х	24	1,825,884.	FMV			
10		urities - Closely held stock							
11		urities - Partnership, LLC, or							
	trus	t interests							
12	Sec	urities - Miscellaneous							
13	Qua	lified conservation contribution -							
44		oric structures							
14 15									
15 16		l estate - Residential							
16 17									
18		l estate - Other							
10 19		ectibles							
20		d inventory gs and medical supplies							
20 21									
21		idermy							
22		orical artifacts							
23 24		entific specimens neological artifacts							
2 4 25									
25 26	Oth								
20 27	Oth								
28	Oth								
29		nber of Forms 8283 received by the organiz	ation during	the tax year for co					
25		which the organization completed Form 828	-					0	
		which the organization completed form ozd	0, 1 art v, E	once Acknowledge	ement 29			Yes	No
30a	Duri	ing the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		103	
		t hold for at least three years from the date							
	exe	mpt purposes for the entire holding period?					30a		<u> </u>
b		es," describe the arrangement in Part II.							
31		s the organization have a gift acceptance p	-	-	•	tions?	31	X	
32a	Doe	s the organization hire or use third parties o	or related or	ganizations to solic	cit, process, or sell noncash				
		tributions?					32a		
b		′es," describe in Part II.							
33		e organization didn't report an amount in co	olumn (c) foi	r a type of property	r for which column (a) is cheo	cked,			
		cribe in Part II.							
LHA	Fo	or Paperwork Reduction Act Notice, see t	the Instruct	tions for Form 990).	Schedule I	M (Form	1 990)	2021

Schedule M			CORPORAT							
Part II	Supplem	ental	Information.	Provide	e the	informat	tion requir	ed by Par	t Llines 30h	32h

94 - 3045948Page 2 **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS

Schedule M (Form 990) 2021

132142 11-17-21

46 2021.06010 CORPORATION OF THE FINE A 641291_1 SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

Internal Revenue Service Name of the organization

FORM 990, PART III,

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 Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



94 - 3045948

CORPORATION OF THE FINE ARTS MUSEUMS

I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MUSEUM OF SAN FRANCISCO (FAMSF), WHICH IS A CHARITABLE TRUST DEPARTMENT

OF THE CITY AND COUNTY OF SAN FRANCISCO (CITY). THE CITY OWNS THE LAND

AND BUILDINGS IN WHICH THE MUSEUMS OPERATE, AND MOST OF THE

COLLECTIONS, AND PROVIDES PARTIAL OPERATING SUPPORT THROUGH AN ANNUAL

APPROPRIATION FOR THEIR CARE AND MAINTENANCE. COFAM ACCOMPLISHES THE

MISSION OF FAMSF THROUGH EXHIBITION OF THE PERMANENT COLLECTIONS,

SPECIAL EXHIBITIONS, SCHOLARLY PUBLICATIONS, EDUCATION PROGRAMS, CARE

AND RESEARCH OF THE COLLECTIONS, AND PUBLIC PROGRAMS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EXTENDED DUE TO ITS POPULARITY, AND THAT THE 2021 WAS AFFECTED BY

EXTENDED COVID CLOSURES AND RELATED STATUTORY LIMITS ON ATTENDANCE DUE

TO CITY REQUIREMENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TRANSFER TO FINE ARTS MUSEUMS FOUNDATION.

EXPENSES \$ 1,446,613. INCLUDING GRANTS OF \$ 1,446,613. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

MANAGEMENT REVIEWS AND APPROVES THE COMPLETED TAX RETURN THAT IS PREPARED

BY MOSS ADAMS. A FINAL DRAFT OF THE FORM 990 IS EMAILED TO THE ENTIRE BOARD PRIOR TO FILING.

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

 THE FINE ARTS MUSEUMS OF SAN FRANCISCO (FAMSF) FUNCTIONS AS A DEPARTMENT OF

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

08060727 146892 641291

47

2021.06010 CORPORATION OF THE FINE A 641291_1

Schedule O (Form 990) 2021 Name of the organization	Page 2
CORPORATION OF THE FINE ARTS MUSEUMS	94-3045948
THE CITY AND COUNTY OF SAN FRANCISCO AND IS SUBJECT TO CI	TY POLICY
REGULATIONS, INCLUDING THE FILING OF ANNUAL STATEMENTS OF	ECONOMIC
INTERESTS WITH THE ETHICS COMMISSION. THIS REQUIREMENT AP	PLIES TO TRUSTEES
AND KEY CITY EMPLOYEES, INCLUDING THE DIRECTOR OF MUSEUMS	•
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPENSATION OF THE DIRECTOR OF MUSEUMS IS THE RESPON	SIBILITY OF THE
BOARD MEMBERS WHO ARE ON THE COMPENSATION COMMITTEE. INDE	PENDENT
COMPENSATION STUDIES FROM COMPARABLE ORGANIZATIONS ARE RE	VIEWED BY THE
COMPENSATION COMMITTEE EVERY FEW YEARS, WHO THEN APPROVE	THE COMPENSATION
OF THE DIRECTOR.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE COMBINED FINANCIAL STATEMENTS ARE AVAILABLE ON THE MU	SEUMS' WEBSITE.
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE A	VAILABLE UPON
REQUEST THROUGH THE ADMINISTRATIVE OFFICES.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN ADDITIONAL MINIMUM PENSION LIABILITY	1,218,167.

PRIOR PERIOD PLEDGE WRITE-OFFS

TOTAL TO FORM 990, PART XI, LINE 9

Schedule O (Form 990) 2021

-15,000.

1,203,167.

132212 11-11-21

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

94-3045948

Department of the Treasury Internal Revenue Service

CORPORATION OF THE FINE ARTS MUSEUMS

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		512(b)(13) rolled
of related organization		foreign country)	section	status (if section	entity	ent	tity?
				501(c)(3))		Yes	No
FINE ARTS MUSEUMS FOUNDATION - 94-6096509							
50 HAGIWARA TEA GARDEN DRIVE							
SAN FRANCISCO, CA 94118-4501	SEE PART VII	CALIFORNIA	501(C)(3)	LINE 12		Х	
THE FINE ARTS MUSEUMS OF SAN FRANCISCO -							
94-6000417, 50 HAGIWARA TEA GARDEN DRIVE,							
SAN FRANCISCO, CA 94118-4501	SEE PART VII	CALIFORNIA					Х
	7						

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 CORPORATION OF THE FINE ARTS MUSEUMS

94-3045948 Page 2

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

	1 3	, .									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	amount in box 20 of Schedule	manag partn	l or ^{ing} ownershi
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
	-								
									<u> </u>

Schedule R (Form 990) 2021 CORPORATION OF THE FINE ARTS MUSEUMS

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s)	1s	X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FINE ARTS MUSEUMS FOUNDATION	В	1,446,613.	FMV
(2) FINE ARTS MUSEUMS FOUNDATION	с	3,301,868.	FMV
(3)			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2021 CORPORATION OF THE FINE ARTS MUSEUMS

94-3045948 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)		(e Are partne 501(i org Yes		(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late lions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership
			,	103	110			103	10			
		1										

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 CORPORATION OF THE FINE ARTS MUSEUMS 94-3045948 Page 5 Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

FINE ARTS MUSEUMS FOUNDATION

PRIMARY ACTIVITY: MANAGEMENT OF ENDOWMENT AND ART ACQUISITION FUNDS FOR

THE FINE ARTS MUSEUMS OF SAN FRANCISCO.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

THE FINE ARTS MUSEUMS OF SAN FRANCISCO

PRIMARY ACTIVITY: THE CITY AND COUNTY OF SAN FRANCISCO OWNS THE

MUSEUMS' BUILDINGS AND MOST OF THE COLLECTIONS AND PROVIDES AN ANNUAL

APPROPRIATION FOR SECURITY, CARE AND MAINTENANCE OF THE COLLECTIONS AND

FACILITIES.

132165 11-17-21

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	Taxpayer	Taxpayer identification number (TIN)							
print	CORPORATION OF THE FINE ART		94-3045948							
File by the due date fo filing your return. See	e date for Number, street, and room or suite no. If a P.O. box, see instructions. ng your 50 HAGTWARA ΨΕΑ GARDEN DRTVE									
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN FRANCISCO, CA 94118-4501										
Enter the Return Code for the return that this application is for (file a separate application for each return)										
Applicat	tion	Return	Application			Return				
ls For		Code	Is For			Code				
Form 99	0 or Form 990-EZ	01	Form 1041-A			08				
Form 47	20 (individual)	03	Form 4720 (other than individual)			09				
Form 99	0-PF	04	Form 5227			10				
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 99	0-T (trust other than above)	06	Form 8870			12				
Form 99	0-T (corporation)	07	GIWARA TEA GARDEN							
• If the • If this box 1 In th 2 If th 2	the tax year entered in line 1 is for less than 12 months, c	Group Exe and atta MAX anization's , an heck reaso	mption Number (GEN), 1 ch a list with the names and TINs of <u>Z</u> 15, 2023, to file return for: d ending	f this is fo all membe	r the whole g ers the exten npt organizati	roup, check this				
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.				
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and										
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b										
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by										
using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$										
Caution instruction	: If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	453-TE and	d Form 8879-	TE for payment				
LHA	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ctions.		Form 8	868 (Rev. 1-2022)				