

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

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

A For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

Form header section containing organization name (METROPOLITAN MUSEUM OF ART), EIN (13-1624086), address (1000 FIFTH AVENUE, NEW YORK, NY 10028-0198), and officer information (THOMAS CAMPBELL).

Part I Summary

Summary table with columns for line number, description, Prior Year, and Current Year. Includes sections for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block for JAMIE KELLEHER, VP, CFO & TREASURER, dated 02/02/2017. Includes 'E-FILED' stamp.

Preparer information for TRAVIS L PATTON, dated 02/02/2017, representing PRICEWATERHOUSECOOPERS LLP.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions.

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METROPOLITAN MUSEUM OF ART

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Part 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 METROPOLITAN MUSEUM OF ART COLLECTS, STUDIES, CONSERVES, AND PRESENTS SIGNIFICANT WORKS OF ART ACROSS ALL TIMES AND CULTURES IN ORDER TO CONNECT PEOPLE TO CREATIVITY, KNOWLEDGE, AND IDEAS.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 166,464,777. including grants of \$ 2,292,316. ) (Revenue \$ 5,314,602. ) CURATORIAL DEPARTMENTS, INCLUDING OPERATION OF THE MET CLOISTERS, OPERATION OF THE MET BREUER, CONSERVATION, CATALOGUING AND SCHOLARLY PUBLICATIONS (INCLUDES FELLOWSHIP AWARDS AND TRAVEL STIPENDS IN THE AMOUNT OF \$2,292,316) - SEE SCHEDULE O FOR MORE INFORMATION

4b (Code: ) (Expenses \$ 73,645,043. including grants of \$ 0. ) (Revenue \$ 0. ) GUARDIANSHIP AND MAINTENANCE OF THE MUSEUM AND ITS ART COLLECTION - SEE SCHEDULE O FOR MORE INFORMATION

4c (Code: ) (Expenses \$ 54,574,735. including grants of \$ 0. ) (Revenue \$ 4,877,977. ) ACQUISITIONS AND SALES OF ART - SEE SCHEDULE O FOR MORE INFORMATION

4d Other program services (Describe in Schedule O.) ATTACHMENT 1 (Expenses \$ 99,930,443. including grants of \$ ) (Revenue \$ 2,615,627. )

4e Total program service expenses 394,614,998.

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Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-19 detailing various organizational requirements and their status.

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**Part IV Checklist of Required Schedules (continued)**

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), values, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and Form 8282.

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

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

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes questions 1a through 9 regarding governing body members and relationships.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for line number, description, and Yes/No checkboxes. Includes questions 10a through 16b regarding organizational policies and procedures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records:

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DANIEL BRODSKY ELECTIVE TRUSTEE & CHAIRMAN	5.00 0.	X		X				0.	0.	0.
(2) RUSSELL L. CARSON ELECTIVE TRUSTEE & VICE CHAIR	2.00 0.	X		X				0.	0.	0.
(3) RICHARD L. CHILTON, JR. ELECTIVE TRUSTEE & VICE CHAIR	2.00 0.	X		X				0.	0.	0.
(4) LULU C. WANG ELECTIVE TRUSTEE & VICE CHAIR	2.00 0.	X		X				0.	0.	0.
(5) CANDACE K. BEINECKE ELECTIVE TRUSTEE	2.00 0.	X						0.	0.	0.
(6) LEON D. BLACK ELECTIVE TRUSTEE TO 9/2015	1.00 0.	X						0.	0.	0.
(7) WELLINGTON Z. CHEN ELECTIVE TRUSTEE	1.00 0.	X						0.	0.	0.
(8) MARK FISCH ELECTIVE TRUSTEE	1.00 0.	X						0.	0.	0.
(9) MARINA KELLEN FRENCH ELECTIVE TRUSTEE	1.00 0.	X						0.	0.	0.
(10) JEFFREY W. GREENBERG ELECTIVE TRUSTEE	2.00 0.	X						0.	0.	0.
(11) CHARLES N. ATKINS ELECTIVE TRUSTEE	1.00 0.	X						0.	0.	0.
(12) J. TOMILSON HILL ELECTIVE TRUSTEE	1.00 0.	X						0.	0.	0.
(13) BONNIE B. HIMMELMAN ELECTIVE TRUSTEE	1.00 0.	X						0.	0.	0.
(14) PHILIP H. ISLES ELECTIVE TRUSTEE	1.00 0.	X						0.	0.	0.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) HAMILTON E. JAMES ELECTIVE TRUSTEE	2.00 0.	X					0.	0.	0.	
( 16) DEBRA BLACK ELECTIVE TRUSTEE FROM 11/2015	1.00 0.	X					0.	0.	0.	
( 17) STEPHEN M. CUTLER ELECTIVE TRUSTEE	1.00 0.	X					0.	0.	0.	
( 18) JOYCE FRANK MENSCHER ELECTIVE TRUSTEE TO 9/15	1.00 0.	X					0.	0.	0.	
( 19) BIJAN MOSSAVAR-RAHMANI ELECTIVE TRUSTEE	1.00 0.	X					0.	0.	0.	
( 20) JEFFREY M. PEEK ELECTIVE TRUSTEE	2.00 0.	X					0.	0.	0.	
( 21) BLAIR EFFRON ELECTIVE TRUSTEE	2.00 0.	X					0.	0.	0.	
( 22) JOHN PAULSON ELECTIVE TRUSTEE	1.00 0.	X					0.	0.	0.	
( 23) SAMANTHA BOARDMAN ROSEN ELECTIVE TRUSTEE	2.00 0.	X					0.	0.	0.	
( 24) SIR PAUL RUDDOCK ELECTIVE TRUSTEE	1.00 0.	X					0.	0.	0.	
( 25) WILLIAM C. RUDIN ELECTIVE TRUSTEE	1.00 0.	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							12,692,373.	0.	2,123,007.	
<b>d Total (add lines 1b and 1c)</b>							12,692,373.	0.	2,123,007.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **300**

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **26**



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) BONNIE J. SACERDOTE ----- ELECTIVE TRUSTEE	2.00 0.	X					0.	0.	0.	
( 27) ALEJANDRO SANTO DOMINGO ----- ELECTIVE TRUSTEE	2.00 0.	X					0.	0.	0.	
( 28) ANDREW M. SAUL ----- ELECTIVE TRUSTEE	2.00 0.	X					0.	0.	0.	
( 29) JAMES E. SHIPP ----- ELECTIVE TRUSTEE	2.00 0.	X					0.	0.	0.	
( 30) ANDREW SOLOMON ----- ELECTIVE TRUSTEE	1.00 0.	X					0.	0.	0.	
( 31) ANN G. TENENBAUM ----- ELECTIVE TRUSTEE	1.00 0.	X					0.	0.	0.	
( 32) SHELBY WHITE ----- ELECTIVE TRUSTEE TO 9/2015	1.00 0.	X					0.	0.	0.	
( 33) BEATRICE STERN ----- ELECTIVE TRUSTEE	1.00 0.	X					0.	0.	0.	
( 34) BARRIE A. WIGMORE ----- ELECTIVE TRUSTEE	1.00 0.	X					0.	0.	0.	
( 35) ANNA WINTOUR ----- ELECTIVE TRUSTEE	1.00 0.	X					0.	0.	0.	
( 36) JAMES BREYER ----- ELECTIVE TRUSTEE	1.00 0.	X					0.	0.	0.	

**1b Sub-total** . . . . . ▶

**c Total from continuation sheets to Part VII, Section A** . . . . . ▶

**d Total (add lines 1b and 1c)** . . . . . ▶

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 300

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) CAROLINE DIAMOND HARRISON ELECTIVE TRUSTEE	1.00 0.	X						0.	0.	0.
( 38) HOWARD MARKS ELECTIVE TRUSTEE	1.00 0.	X						0.	0.	0.
( 39) N. ANTHONY COLES ELECTIVE TRUSTEE	1.00 0.	X						0.	0.	0.
( 40) ALVARO SAIEH ELECTIVE TRUSTEE	1.00 0.	X						0.	0.	0.
( 41) COLVIN GRANNUM ELECTIVE TRUSTEE FROM 9/2015	1.00 0.	X						0.	0.	0.
( 42) PHILIP F. MARITZ ELECTIVE TRUSTEE FROM 3/2016	1.00 0.	X						0.	0.	0.
( 43) BILL DE BLASIO EX-OFFICIO TRUSTEE	1.00 0.	X						0.	0.	0.
( 44) TOM FINKELPEARL EX-OFFICIO TRUSTEE	1.00 0.	X						0.	0.	0.
( 45) SCOTT STRINGER EX-OFFICIO TRUSTEE	1.00 0.	X						0.	0.	0.
( 46) MELISSA MARK-VIVERITO EX-OFFICIO TRUSTEE	1.00 0.	X						0.	0.	0.
( 47) MITCHELL J. SILVER EX-OFFICIO TRUSTEE	1.00 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 300

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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13-1624086

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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48) THOMAS P. CAMPBELL DIR & CEO, EX-OFFICIO TRUSTEE	35.00 0.			X			1,069,909.	0.	359,026.	
( 49) DANIEL H. WEISS PRES&COO FROM 7/15,EX-OF TRUST	35.00 0.			X			781,939.	0.	36,173.	
( 50) CLYDE B. JONES SVP INST. ADVMNT. FROM 7/2015	35.00 0.			X			245,742.	0.	28,172.	
( 51) CARRIE R. BARRATT DEPUTY DIR COLLECTIONS/ADMIN.	35.00 0.			X			349,516.	0.	58,323.	
( 52) JENNIFER RUSSELL ASSOC DIR. OF EXHIB. TO 6/16	35.00 0.			X			375,251.	0.	39,045.	
( 53) SHARON H. COTT SR VP, SEC & GEN COUNSEL	35.00 0.			X			428,543.	0.	58,213.	
( 54) HAROLD L. HOLZER SR VP, PUBLIC AFFAIRS TO 10/15	35.00 0.			X			349,660.	0.	54,481.	
( 55) OLENA M. PASLAWSKY SR VP, CFO & TREASURER TO 6/16	35.00 0.			X			484,520.	0.	46,874.	
( 56) NINA MCN. DIEFENBACH VP DEVEL. & MEMBSHP. TO 6/16	35.00 0.			X			349,558.	0.	58,324.	
( 57) TOM JAVITS VP CONSTRUCTION & FACILITIES	35.00 0.			X			357,480.	0.	58,344.	
( 58) JO PROSSER VP MERCHANDISING & RETAIL	35.00 0.			X			409,916.	0.	55,429.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **300**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 59) DEBRA A. MCDOWELL VP FOR HUMAN RESOURCES	35.00 0.			X				308,433.	0.	46,133.
( 60) ELYSE TOPALIAN VP FOR COMMUNICATIONS	35.00 0.			X				250,690.	0.	56,111.
( 61) SUZANNE E. BRENNER SVP & CHIEF INVESTMENT OFFICER	35.00 0.			X				1,224,028.	0.	359,525.
( 62) JEFFREY BLAIR ASST. SEC&SR ASSOC. COUN. TO 2/16	35.00 0.			X				225,535.	0.	40,406.
( 63) CYNTHIA ROUND SVP, MKTING & EXT. RELS TO 6/16	35.00 0.			X				386,402.	0.	58,412.
( 64) LAUREN A. MESERVE CHIEF INVESTMENT OFFICER	35.00 0.			X				1,121,674.	0.	330,101.
( 65) JEFFREY SPAR CHIEF TECHNOLOGY OFFICER	35.00 0.			X				347,639.	0.	57,290.
( 66) ELAINE MCHUGH CHIEF ADVISOR TO PRESIDENT	35.00 0.					X		274,551.	0.	43,443.
( 67) STEPHEN MANZI CHIEF DEVELOPMENT OFFICER	35.00 0.					X		264,733.	0.	57,919.
( 68) KEN M. WEINSTEIN GM MERCH FIN, OPS & SYSTEM	35.00 0.					X		284,833.	0.	57,813.
( 69) SREE SREENIVASAN CHIEF DIGITAL OFFICER	35.00 0.					X		282,911.	0.	57,800.

**1b Sub-total** . . . . . ▶

**c Total from continuation sheets to Part VII, Section A** . . . . . ▶

**d Total (add lines 1b and 1c)** . . . . . ▶

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 300

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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





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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	2,287,066.	2,287,066.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	5,250.	5,250.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	11,300,999.	3,199,164.	7,506,535.	595,300.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	125,703,000.	112,365,617.	7,584,390.	5,752,993.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,906,425.	17,246,778.	1,996,691.	662,956.
9 Other employee benefits . . . . .	37,008,717.	32,070,386.	3,706,935.	1,231,396.
10 Payroll taxes . . . . .	9,756,577.	8,456,043.	976,144.	324,390.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	1,750,074.	350,741.	1,399,333.	
c Accounting . . . . .	1,062,698.	20,000.	1,042,698.	
d Lobbying . . . . .	92,982.	92,982.		
e Professional fundraising services. See Part IV, line 17.	206,313.			206,313.
f Investment management fees . . . . .	19,525,501.		19,525,501.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	13,830,292.	9,694,175.	3,583,900.	552,217.
12 Advertising and promotion . . . . .	6,278,946.	5,909,428.	6,584.	362,934.
13 Office expenses . . . . .	47,109,342.	43,507,404.	1,431,825.	2,170,113.
14 Information technology . . . . .	3,099,508.	988,983.	1,943,123.	167,402.
15 Royalties . . . . .	1,537.	1,537.		
16 Occupancy . . . . .	3,079,084.	3,078,794.		290.
17 Travel . . . . .	3,728,661.	3,395,339.	167,659.	165,663.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	374,214.	291,232.	57,575.	25,407.
20 Interest . . . . .	12,225,258.	11,634,582.	505,099.	85,577.
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	53,795,217.	48,651,380.	5,043,191.	100,646.
23 Insurance . . . . .	2,699,732.	1,917,883.	781,785.	64.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PURCHASES OF ART	54,574,735.	54,574,735.		
b RESTAURANT SERVICES & SUPPLI	22,343,634.	22,343,634.		
c REPAIRS & MAINTENANCE	5,193,486.	5,190,877.	2,609.	
d CATERING SERVICES	4,484,609.	3,535,934.	404,975.	543,700.
e All other expenses	4,451,523.	3,805,054.	556,726.	89,743.
25 Total functional expenses. Add lines 1 through 24e	465,875,380.	394,614,998.	58,223,278.	13,037,104.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

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METROPOLITAN MUSEUM OF ART

13-1624086

Form 990 (2015)

Page 11

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing . . . . .	2,749,717.	1	7,237,908.
	2	Savings and temporary cash investments . . . . .	0.	2	0.
	3	Pledges and grants receivable, net . . . . .	136,865,857.	3	144,519,181.
	4	Accounts receivable, net . . . . .	15,777,522.	4	12,685,488.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	6	0.
	7	Notes and loans receivable, net . . . . .	0.	7	0.
	8	Inventories for sale or use . . . . .	10,790,809.	8	9,711,431.
	9	Prepaid expenses and deferred charges . . . . .	10,565,240.	9	10,830,587.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a 111,227,973.		
	b	Less: accumulated depreciation. . . . .	10b 698,202,965.		
			429,711,867.	10c	414,076,769.
	11	Investments - publicly traded securities . . . . .	2,454,590,659.	11	2,399,037,345.
	12	Investments - other securities. See Part IV, line 11 . . . . .	865,770,392.	12	760,492,215.
	13	Investments - program-related. See Part IV, line 11 . . . . .	0.	13	0.
	14	Intangible assets . . . . .	0.	14	0.
15	Other assets. See Part IV, line 11 . . . . .	75,607,594.	15	70,130,600.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	4,002,429,655.	16	3,828,721,524.	
Liabilities	17	Accounts payable and accrued expenses . . . . .	79,192,502.	17	83,065,990.
	18	Grants payable . . . . .	0.	18	0.
	19	Deferred revenue . . . . .	6,003,795.	19	5,372,877.
	20	Tax-exempt bond liabilities . . . . .	172,271,267.	20	185,497,941.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties . . . . .	24,525,000.	23	22,522,000.
	24	Unsecured notes and loans payable to unrelated third parties . . . . .	248,570,139.	24	248,618,472.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	188,514,449.	25	247,819,509.
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	719,077,152.	26	792,896,789.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets . . . . .	870,496,807.	27	687,449,710.
	28	Temporarily restricted net assets . . . . .	1,469,878,587.	28	1,388,377,528.
	29	Permanently restricted net assets . . . . .	942,977,109.	29	959,997,497.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds . . . . .		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33	<b>Total net assets or fund balances</b> . . . . .	3,283,352,503.	33	3,035,824,735.
	34	<b>Total liabilities and net assets/fund balances</b> . . . . .	4,002,429,655.	34	3,828,721,524.

Form 990 (2015)



**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	425,009,982.
2	Total expenses (must equal Part IX, column (A), line 25)	2	465,875,380.
3	Revenue less expenses. Subtract line 2 from line 1	3	-40,865,398.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,283,352,503.
5	Net unrealized gains (losses) on investments	5	-144,531,509.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-62,130,861.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,035,824,735.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2015)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization METROPOLITAN MUSEUM OF ART	Employer identification number 13-1624086
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2015

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METROPOLITAN MUSEUM OF ART

13-1624086

Schedule A (Form 990 or 990-EZ) 2015

Page 2

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	193,652,342.	310,234,475.	294,489,131.	255,926,608.	259,945,100.	1,314,247,656.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	16,151,301.	16,025,751.	15,278,239.	16,715,169.	17,715,465.	81,885,925.
4 <b>Total.</b> Add lines 1 through 3. . . . .	209,803,643.	326,260,226.	309,767,370.	272,641,777.	277,660,565.	1,396,133,581.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						87,439,453.
6 <b>Public support.</b> Subtract line 5 from line 4.						1,308,694,128.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4 . . . . .	209,803,643.	326,260,226.	309,767,370.	272,641,777.	277,660,565.	1,396,133,581.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	29,759,757.	47,256,240.	49,728,101.	43,474,530.	38,288,913.	208,507,541.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .		3,983,699.	10,402,549.			14,386,248.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0.
11 <b>Total support.</b> Add lines 7 through 10. . . . .						1,619,027,370.

12 Gross receipts from related activities, etc. (see instructions) . . . . . **12** 425,583,867.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	80.83%
15 Public support percentage from 2014 Schedule A, Part II, line 14 . . . . .	<b>15</b>	80.47%
16a <b>33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1 through 5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b. . . . .						
8 Public support. (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). . . . .	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15. . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17 . . . . .	18	%

19a **33 1/3% support tests - 2015.** 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 and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including status, control, and support details.

**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 in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

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

**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?		
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).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**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):
- a  The organization satisfied the Activities Test. Complete line 2 below.
  - b  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

		Yes	No
2	Activities Test. Answer (a) and (b) 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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
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? 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.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

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METROPOLITAN MUSEUM OF ART

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Schedule A (Form 990 or 990-EZ) 2015

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2015 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)		
3	Excess distributions carryover, if any, to 2015:		
a			
b			
c			
d	From 2013 . . . . .		
e	From 2014 . . . . .		
f	<b>Total of lines 3a through e</b>		
g	Applied to underdistributions of prior years		
h	Applied to 2015 distributable amount		
i	Carryover from 2010 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2015 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2015 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).		
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).		
7	<b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a			
b			
c	Excess from 2013 . . . . .		
d	Excess from 2014 . . . . .		
e	Excess from 2015 . . . . .		

Schedule A (Form 990 or 990-EZ) 2015



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Schedule A (Form 990 or 990-EZ) 2015

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

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Table with 2 columns: Name of organization (METROPOLITAN MUSEUM OF ART) and Employer identification number (13-1624086)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures.
3 Volunteer hours.

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955.
2 Enter the amount of any excise tax incurred by organization managers under section 4955.
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities.
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990 or 990-EZ) 2015

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**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .		18,989.	
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		320,250.	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		339,239.	
<b>d</b> Other exempt purpose expenditures . . . . .		522,429,451.	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		522,768,690.	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.	
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0.	0.
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0.	0.
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	268,238.	259,178.	333,119.	339,239.	1,199,774.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	17,001.	16,819.	18,573.	18,989.	71,382.

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 of the lobbying activity.

Table with 3 columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities? j Total. Add lines 1c through 1i. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 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?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members. 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions).

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 group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for supplemental information.

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METROPOLITAN MUSEUM OF ART

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Schedule C (Form 990 or 990-EZ) 2015

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**Part IV** Supplemental Information *(continued)*

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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

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METROPOLITAN MUSEUM OF ART

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Schedule D (Form 990) 2015

Page 2

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2700466038.	2656291524.	2371491241.	2181790580.	2313067614.
b Contributions	20,417,352.	55,893,860.	38,131,683.	28,031,302.	24,912,568.
c Net investment earnings, gains, and losses	-26,064,305.	131,623,264.	384,102,896.	301,511,700.	-2,340,878.
d Grants or scholarships	3,149,811.	2,949,425.	2,940,410.	2,502,016.	2,675,861.
e Other expenditures for facilities and programs	167,979,975.	140,393,185.	134,493,886.	137,340,325.	151,171,863.
f Administrative expenses					
g End of year balance	2523689299.	2700466038.	2656291524.	2371491241.	2181791580.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  30.0000 %
  - b Permanent endowment  38.0000 %
  - c Temporarily restricted endowment  32.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes                      | No                                  |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,015,000.		1,015,000.
b Buildings		36,558,629.	27,494,333.	9,064,296.
c Leasehold improvements		998,266,220.	608,664,688.	389,601,532.
d Equipment		76,439,885.	62,043,944.	14,395,941.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				414,076,769.

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, Other (A) PRIVATE EQUITY, (B) REAL ASSETS, (C), (D), (E), (F), (G), (H), and Total.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes, ANNUITY & SPLIT-INT OBLIGS., PENSION AND OTHER ACCRUED RTRM, (4), (5), (6), (7), (8), (9), and Total.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII





**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART III, LINE 1A

SFAS 116 FOOTNOTE

IN CONFORMITY WITH ACCOUNTING POLICIES GENERALLY FOLLOWED BY ART MUSEUMS, THE VALUE OF THE MUSEUM'S COLLECTIONS HAS BEEN EXCLUDED FROM THE STATEMENT OF FINANCIAL POSITION, AND GIFTS OF ART OBJECTS ARE EXCLUDED FROM REVENUE IN THE STATEMENT OF ACTIVITIES. PURCHASES OF ART OBJECTS BY THE MUSEUM ARE RECORDED AS DECREASES IN NET ASSETS IN THE STATEMENT OF ACTIVITIES. PURSUANT TO STATE LAW AND MUSEUM POLICY, PROCEEDS FROM THE SALE OF ART AND RELATED INSURANCE SETTLEMENTS ARE RECORDED AS TEMPORARILY RESTRICTED NET ASSETS FOR THE ACQUISITION OF ART.

SCHEDULE D, PART III, LINE 4

DESCRIPTION OF ORGANIZATION'S COLLECTIONS & FURTHERANCE OF EXEMPT PURPOSE  
THE MUSEUM'S WORLD-CLASS ART COLLECTION SPANS THE GLOBE AND RANGES IN DATE FROM ANCIENT TO CONTEMPORARY ART. THEY OFFER A SURVEY OF CONSIDERABLE BREADTH OF ART FROM THE ANCIENT CIVILIZATIONS OF ASIA, AFRICA, SOUTH AMERICA, THE PACIFIC ISLANDS, EGYPT, THE NEAR EAST, AND GREECE AND ROME TO THE PRESENT TIME. THE MUSEUM'S COLLECTIONS INCLUDE EUROPEAN PAINTINGS, MEDIEVAL ART AND ARCHITECTURE, ARMS AND ARMOR, PRINTS, PHOTOGRAPHS, DRAWINGS, COSTUMES, MUSICAL INSTRUMENTS, SCULPTURE, TEXTILES, AND DECORATIVE ARTS FROM THE RENAISSANCE TO THE PRESENT TIME, AS WELL AS ONE OF THE FOREMOST COLLECTIONS OF AMERICAN ART IN THE WORLD. THE MUSEUM ALSO MAINTAINS SOME OF THE MOST COMPREHENSIVE ART AND ARCHITECTURE LIBRARIES IN THE UNITED STATES. THE COLLECTIONS ARE MAINTAINED FOR PUBLIC EXHIBITION, EDUCATION, AND RESEARCH IN FURTHERANCE OF PUBLIC SERVICE, RATHER THAN FOR FINANCIAL GAIN.

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

THE MUSEUM'S ENDOWMENT FUNDS ARE INTENDED TO SUPPORT EDUCATIONAL PROGRAMS, SCHOLARLY RESEARCH AND PUBLICATIONS, ACQUISITIONS OF WORKS OF ART, CONSERVATION OF WORKS OF ART, SPECIAL EXHIBITIONS OF INTEREST TO THE PUBLIC, MAINTENANCE AND EXPANSION OF GALLERIES, AND GENERAL OPERATING SUPPORT FOR MUSEUM EXPENSES.

SCHEDULE D, PART XI, LINE 1

AUDITED FINANCIAL STATEMENTS INCLUDE \$379,541,770 FROM OPERATING ACTIVITIES AND \$131,054,557 FROM NON-OPERATING ACTIVITIES FOR REVENUE, GAINS AND OTHER SUPPORT. TOTAL PART XI, LINE 1 \$510,596,327.

SCHEDULE D, PART XI, LINE 2D

RECONCILING ITEMS FOR REVENUE INCLUDING THE FOLLOWING:

INVESTMENT RETURN IN EXCESS OF CURRENT

SUPPORT FOR OPERATING AND

NON-OPERATING ACTIVITIES	171,686,269
COST OF SALES	51,494,511
FUNDRAISING EVENTS	5,398,800
ADVERTISING GIFTS-IN-KIND	130,055
FEDERAL INDEMNIFICATION	975,398
UTILITIES PROVIDED BY THE CITY OF NEW YORK	16,740,067
	-----
TOTAL	246,425,100

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**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 4B

RECONCILING ITEMS FOR REVENUE INCLUDES THE FOLLOWING:

MANAGEMENT FEES AND OTHER INVESTMENT EXPENSES	19,148,319
PROCEEDS FROM SALE OF ART	4,877,975
REALIZED GAINS AND INVESTMENT INCOME ON	
2015 BOND PROCEEDS	68,923
CORPORATE SPECIAL EVENTS	748,422
MUSEUM LOANS	949,973
PARTNERSHIP UBI	(9,486,366)
	-----
TOTAL	16,307,246

SCHEDULE D, PART XII, LINE 2D

RECONCILING ITEMS FOR EXPENSES INCLUDES THE FOLLOWING:

COST OF SALES	51,494,511
FUNDRAISING EVENTS	5,398,800
ADVERTISING GIFTS-IN-KIND	130,055
FEDERAL INDEMNIFICATION	975,398
UTILITIES PROVIDED BY THE CITY OF NEW YORK	16,740,067
	-----
TOTAL	74,738,831

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**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 4B

RECONCILING ITEMS FOR EXPENSES INCLUDES THE FOLLOWING:

DEPRECIATION AND MISCELLANEOUS NON-CAPITALIZED EXPENSES	54,622,896
PURCHASES OF ART	54,574,735
MANAGEMENT FEES AND OTHER INVESTMENT INCOME	19,148,319
INVESTMENT EXPENSES ON SERIES 2015 BOND	377,183
CORPORATE SPECIAL EVENTS	748,422
MUSEUM LOANS	949,973
EFFECT OF INTEREST RATE SWAP	12,154,876
	-----
TOTAL	142,576,404

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization <b>METROPOLITAN MUSEUM OF ART</b>	Employer identification number <b>13-1624086</b>
---	---

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
<b>(1) EUROPE</b>			GRANTMAKING	T. ROUSSEAU FELLOWSHIP	5,250.
<b>(2) EUROPE</b>			PROGRAM SERVICES	RESEARCH & EXHIBITIONS	1,028,386.
<b>(3) EAST ASIA AND THE PACIFIC</b>			PROGRAM SERVICES	RESEARCH & EXHIBITIONS	207,136.
<b>(4) SOUTH ASIA</b>			PROGRAM SERVICES	RESEARCH & EXHIBITIONS	110,161.
<b>(5) MIDDLE EAST AND NORTH AFRICA</b>			PROGRAM SERVICES	RESEARCH & EXHIBITIONS	107,322.
<b>(6) NORTH AMERICA</b>			PROGRAM SERVICES	RESEARCH & EXHIBITIONS	42,498.
<b>(7) SOUTH AMERICA</b>			PROGRAM SERVICES	RESEARCH & EXHIBITIONS	6,345.
<b>(8) RUSSIA/INDEPENDENT STATES</b>			PROGRAM SERVICES	RESEARCH & EXHIBITIONS	6,737.
<b>(9) SUB-SAHARAN AFRICA</b>			PROGRAM SERVICES	RESEARCH & EXHIBITIONS	2,495.
<b>(10) CENTRAL AMERICA/CARIBBEAN</b>			INVESTMENTS		547,461,184.
<b>(11) EUROPE</b>			INVESTMENTS		23,656,614.
<b>(12) NORTH AMERICA</b>			INVESTMENTS		9,085,212.
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a Sub-total</b> . . . . .					581,719,340.
<b>b Total from continuation sheets to Part I</b> . . . . .					
<b>c Totals (add lines 3a and 3b)</b>					581,719,340.

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

Schedule F (Form 990) 2015

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METROPOLITAN MUSEUM OF ART

13-1624086

Schedule F (Form 990) 2015

Page 2

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ \_\_\_\_\_
- 3 Enter total number of other organizations or entities. ▶ \_\_\_\_\_

Schedule F (Form 990) 2015

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METROPOLITAN MUSEUM OF ART

13-1624086

Schedule F (Form 990) 2015

Page 3

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) T. ROUSSEAU FELLOWSHIP	EUROPE/ICELAND/GREENLAND	1	5,250.	CHECK		N/A	N/A
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2015



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METROPOLITAN MUSEUM OF ART

13-1624086

Schedule F (Form 990) 2015

Page 4

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . .  Yes  No

Schedule F (Form 990) 2015

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

THE MUSEUM AWARDS VARIOUS GRANTS, EDUCATIONAL TRAVEL STIPENDS AND FELLOWSHIPS ON AN OBJECTIVE AND NONDISCRIMINATORY BASIS. A GRANTS COMMITTEE, COMPRISED OF MUSEUM CURATORS, CONSERVATORS, EDUCATORS, SCIENTISTS AND LIBRARIANS, MAKES SELECTIONS BASED UPON COMPETITIVE WRITTEN APPLICATIONS. THE PURPOSE OF THE GRANTS IS TO PROVIDE AN OPPORTUNITY FOR THE GRANTEES TO CONDUCT RESEARCH, EXTEND THEIR PROFESSIONAL KNOWLEDGE AND CONTRIBUTE TO THEIR RESPECTIVE FIELDS AT LARGE. TO THE BEST OF THE MUSEUM'S KNOWLEDGE, NONE OF THE RECIPIENTS OF THE GRANTS OR FELLOWSHIPS ARE RELATED TO ANY PERSON SUCH AS A TRUSTEE, AN OFFICER, OR A KEY EMPLOYEE OF THE MUSEUM.

EVERY GRANTEE IS ASSIGNED A SPECIFIC SUPERVISOR AT THE START OF THEIR FELLOWSHIP PERIOD. THE SUPERVISOR IS EITHER A CURATOR, CONSERVATOR, SCIENTIST OR EDUCATOR FROM THE DEPARTMENT HOSTING THE INDIVIDUAL SCHOLAR. THE SCHOLAR AND SUPERVISOR ARE IN CONTACT THROUGHOUT THE YEAR AND DISCUSS ALL OF THE DETAILS OF THE GRANTEE'S RESEARCH WORK. IN ADDITION, THE ACADEMIC PROGRAMS OFFICE WHICH IS RESPONSIBLE FOR ALL OF THE FELLOWS REQUIRES PERIODIC UPDATES ON THE INDIVIDUALS' RESEARCH.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>					478,466.	206,313.	272,153.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL,  
KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH,  
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

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METROPOLITAN MUSEUM OF ART

13-1624086

Schedule G (Form 990 or 990-EZ) 2015

**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		COSTUME INST (event type)	REAL EST. COUN (event type)	9 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	13,485,212.	2,485,000.	6,119,362.	22,089,574.
	2	Less: Contributions	13,371,712.	2,377,890.	5,624,212.	21,373,814.
	3	Gross income (line 1 minus line 2)	113,500.	107,110.	495,150.	715,760.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	3,556,146.	326,333.	1,516,321.	5,398,800.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				5,398,800.
11	Net income summary. Subtract line 10 from line 3, column (d)				-4,683,040.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Yes % No	Yes % No	Yes % No	
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	Yes % No	Yes % No	Yes % No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

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METROPOLITAN MUSEUM OF ART

13-1624086

Schedule G (Form 990 or 990-EZ) 2015

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B

THE MEMBERSHIP DEPARTMENT CONTRACTED TWO TELEMARKETING FIRMS, DONOR SERVICES GROUP (DSG) AND COMNET MARKETING GROUP, TO FACILITATE CAMPAIGNS DIRECTED AT CURRENT AND LAPSED MEMBERS OF THE MET THROUGHOUT FISCAL YEAR 2016. BOTH FIRMS REFER TO A SCRIPT, PREAPPROVED BY THE MEMBERSHIP DEPARTMENT, WHEN SOLICITING MEMBERS BY PHONE.

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METROPOLITAN MUSEUM OF ART

13-1624086

Schedule G (Form 990 or 990-EZ) 2015

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

DURING FISCAL YEAR 2016; 11,234 CURRENT MEMBERS WERE CONTACTED BY COMNET  
 MARKETING GROUP REQUESTING A CONTRIBUTION TO THE MEMBERSHIP ANNUAL  
 APPEAL; 8,132 CURRENT MEMBERS WERE CONTACTED BY DSG REQUESTING A  
 CONTRIBUTION TO THE MEMBERSHIP ANNUAL APPEAL; 20,127 CURRENT MEMBERS WERE  
 CONTACTED BY DSG PRIOR TO EXPIRATION WITH MEMBERSHIP RENEWAL REQUESTS;  
 5,114 LAPSED MEMBERS WERE CONTACTED BY DSG AFTER EXPIRATION WITH A  
 REQUEST TO RENEW THEIR MEMBERSHIP.

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METROPOLITAN MUSEUM OF ART

13-1624086

Schedule G (Form 990 or 990-EZ) 2015

Page 3

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART II, LINE 11 AND FORM 990, PART VIII, LINE 8

NOTE THAT THE \$4,683,040 LOSS ON FORM 990, PART VIII, LINE 8(C) EXCLUDES THE \$21,373,814 OF CONTRIBUTIONS WHICH IF INCLUDED, WOULD RESULT IN A NET SURPLUS OF \$16.7 MILLION.

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METROPOLITAN MUSEUM OF ART

13-1624086

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
DONOR SERVICES GROUP 6715 SUNSET BLVD LOS ANGELES CA 90028	TELE-MARKETING	X		421,891.	152,776.	269,115.
COMNET 1214 STOWE AVENUE MEDFORD OR 97501	TELE-MARKETING	X		56,575.	53,537.	3,038.



SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization METROPOLITAN MUSEUM OF ART

Employer identification number 13-1624086

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2015)

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Schedule I (Form 990) (2015)

Page 2

**Part III** Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance
1 THE BOTHMER FELLOWSHIP	1	6,253.		N/A	N/A
2 SYLVAN C. AND PAM COLEMAN FELLOWSHIP	6	102,230.		N/A	N/A
3 CHESTER DALE FELLOWSHIP	6	163,574.		N/A	N/A
4 ANNETTE DE LA RENTA FELLOWSHIP	2	69,933.		N/A	N/A
5 THE DOUGLASS FOUNDATION FELLOWSHIP IN AMERICAN ART	1	31,473.		N/A	N/A
6 SHERMAN FAIRCHILD FOUNDATION FELLOWSHIP	2	75,267.		N/A	N/A
7 ANDREW W. MELLON ART HISTORY FELLOWSHIP	11	278,114.		N/A	N/A

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Schedule I (Form 990) (2015)

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**Part III** Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance
1 ANDREW W. MELLON CONSERVATION FELLOWSHIP	11	297,002.		N/A	N/A
2 ANDREW W. MELLON POSTDOCTORAL CURATORIAL FELLOWSHIP	2	158,377.		N/A	N/A
3 J. CLAWSON MILLIS FELLOWSHIP	3	64,500.		N/A	N/A
4 HEGOF KEVORKIAN FELLOWSHIP	2	58,854.		N/A	N/A
5 HANNS AND BRIGITTE HORNEY SWARZENSKI FELLOWSHIP	2	43,238.		N/A	N/A
6 JANE AND MORGAN WHITNEY FELLOWSHIP	19	419,944.		N/A	N/A
7 SLIFKA FOUNDATION FELLOWSHIP	2	34,747.		N/A	N/A

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Schedule I (Form 990) (2015)

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**Part III** Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance
1 POLAIRE WEISSMAN FELLOWSHIP	1.	32,657.		N/A	N/A
2 RESEARCH SCHOLARSHIP IN PHOTOGRAPH CONSERVATION	1.	48,000.		N/A	N/A
3 ANDREW W. MELTON COLLECTIONS SCHOLARSHIP	4.	164,426.		N/A	N/A
4 LEONARD A. LAUDER FELLOWSHIP	4.	238,467.		N/A	N/A
5					
6					
7					

**Part IV** Supplemental information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

THE MUSEUM AWARDS VARIOUS GRANTS, EDUCATIONAL TRAVEL STIPENDS AND FELLOWSHIPS ON AN OBJECTIVE AND NONDISCRIMINATORY BASIS. A GRANTS COMMITTEE, COMPRISED OF MUSEUM CURATORS, CONSERVATORS, EDUCATORS, SCIENTISTS AND LIBRARIANS, MAKE SELECTIONS BASED UPON COMPETITIVE WRITTEN APPLICATIONS. THE PURPOSE OF THE GRANTS IS TO PROVIDE AN OPPORTUNITY FOR THE GRANTEES TO CONDUCT RESEARCH, EXTEND THEIR PROFESSIONAL KNOWLEDGE AND CONTRIBUTE TO THEIR RESPECTIVE FIELDS AT LARGE. TO THE BEST OF THE MUSEUM'S KNOWLEDGE, NONE OF THE OTHER RECIPIENTS OF THE GRANTS OR FELLOWSHIPS ARE RELATED TO ANY PERSON SUCH AS A TRUSTEE, AN OFFICER, OR A

Schedule I (Form 990) (2015)

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METROPOLITAN MUSEUM OF ART

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Schedule I (Form 990) (2015)

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**Part III** Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

KEY EMPLOYEE OF THE MUSEUM.

EVERY GRANTEE IS ASSIGNED A SPECIFIC SUPERVISOR AT THE START OF THEIR FELLOWSHIP PERIOD. THE SUPERVISOR IS EITHER A CURATOR, CONSERVATOR OR SCIENTIST FROM THE DEPARTMENT HOSTING THE INDIVIDUAL SCHOLAR. THE SCHOLAR AND SUPERVISOR ARE IN CONTACT THROUGHOUT THE YEAR AND DISCUSS ALL OF THE DETAILS OF THE GRANTEE'S RESEARCH WORK. IN ADDITION, THE ACADEMIC PROGRAMS OFFICE WHICH IS RESPONSIBLE FOR ALL OF THE FELLOWS REQUIRES PERIODIC UPDATES ON THE INDIVIDUALS' RESEARCH.

Schedule I (Form 990) (2015)

JSA

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>	X									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? . . . . .</p>	X									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>		X								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p>	X									
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		X								
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? . . . . .</p>		X								
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		X								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? . . . . .</p>		X								
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		X								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III. . . . .</p>	X									
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>		X								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>										

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

Schedule J (Form 990) 2015

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METROPOLITAN MUSEUM OF ART

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Schedule J (Form 990) 2015

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 THOMAS P. CAMPBELL DIR & CEO, EX-OFFICIO TRUSTEE	(i)	942,287.	0.	127,622.	37,501.	321,525.	1,428,935.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DANIEL H. WEISS PRES&COO FROM 7/15;EX-OF TRUST	(i)	327,931.	300,000.	154,008.	35,087.	1,086.	818,112.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 EMILY K. RAFFERTY PRES., EX-OFFIC. TRUSTEE TO 3/15	(i)	216,630.	0.	2,017,937.	37,500.	10,409.	2,282,476.	1,583,400.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 CLYDE B. JONES SVP INST. ADVMT. FROM 7/2015	(i)	199,258.	37,874.	8,610.	27,521.	651.	273,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 CARRIE R. BARRATT DEPUTY DIR COLLECTIONS/ADMIN.	(i)	346,090.	0.	3,426.	37,501.	20,822.	407,839.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 JENNIFER RUSSELL ASSOC DIR. OF EXHIB. TO 6/16	(i)	364,768.	0.	10,483.	37,377.	1,668.	414,296.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 SHARON H. COTT SR VP, SEC & GEN COUNSEL	(i)	424,534.	0.	4,009.	37,501.	20,712.	486,756.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 HAROLD L. HOLZER SR VP, PUBLIC AFFAIRS TO 10/15	(i)	194,425.	0.	155,235.	37,072.	17,409.	404,141.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 OLENA M. PASLAWSKY SR VP, CFO & TREASURER TO 6/16	(i)	477,595.	0.	6,925.	37,500.	9,374.	531,394.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 NINA MCN. DIEFENBACH VP DEVEL. & MEMRSH. TO 6/16	(i)	346,129.	0.	3,429.	37,501.	20,823.	407,882.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 TOM JAVITS VP CONSTRUCTION & FACILITIES	(i)	352,154.	0.	5,326.	37,501.	20,843.	415,824.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 JO PROSSER VP MERCHANDISING & RETAIL	(i)	407,846.	0.	2,070.	34,784.	20,645.	465,345.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 DEBRA A. MCDOWELL VP FOR HUMAN RESOURCES	(i)	305,475.	0.	2,958.	37,500.	8,633.	354,566.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 ELYSE TOPALIAN VP FOR COMMUNICATIONS	(i)	248,294.	0.	2,396.	36,169.	19,942.	306,801.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 SUZANNE E. BRENNER SVP & CHIEF INVESTMENT OFFICER	(i)	594,298.	624,828.	4,902.	338,000.	21,525.	1,583,553.	291,748.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 JEFFREY BLAIR ASST.SEC&SR ASSOC.COON.TO 2/16	(i)	225,035.	0.	500.	32,158.	8,248.	265,941.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CYNTHIA ROUND SVP, MKTING & EXT. RELS TO C/16	(i)	380,458.	0.	5,944.	37,501.	20,911.	444,814.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 LAUREN A. MESERVE CHIEF INVESTMENT OFFICER	(i)	571,811.	548,723.	1,140.	320,664.	9,437.	1,451,775.	238,702.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JEFFREY SPAR CHIEF TECHNOLOGY OFFICER	(i)	345,815.	0.	1,824.	37,500.	19,790.	404,929.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ELAINE MCHUGH CHIEF ADVISOR TO PRESIDENT	(i)	271,046.	0.	3,505.	35,409.	8,034.	317,994.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 STEPHEN MANZI CHIEF DEVELOPMENT OFFICER	(i)	262,151.	0.	2,582.	37,500.	20,419.	322,652.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 KEN M. WEINSTEIN GM MERCH FIN, OPS & SYSTEM	(i)	283,863.	0.	970.	37,300.	20,513.	342,646.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 SREE SREENIVASAN CHIEF DIGITAL OFFICER	(i)	281,951.	0.	960.	37,300.	20,500.	340,711.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 KEITH R. CHRISTIANSEN CHAIRMAN, EUROPEAN PAINTINGS	(i)	277,823.	0.	6,520.	37,500.	20,241.	342,084.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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**Part III** Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

FIRST-CLASS TRAVEL - FOR CALENDAR YEAR 2015, THE MUSEUM'S DIRECTOR AND CHIEF EXECUTIVE OFFICER, THOMAS CAMPBELL, AND THE MUSEUM'S PRESIDENT, DANIEL WEISS, FLEW FIRST CLASS DOMESTICALLY ON AN EXCEPTIONAL BASIS WHERE THE AIRLINES DID NOT OFFER BUSINESS CLASS. THIS TRAVEL WAS NOT TREATED AS TAXABLE COMPENSATION.

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS - THE MUSEUM GROSSED UP BY \$1,390 A COBRA REIMBURSEMENT PAID TO CLYDE JONES.

PERSONAL HOUSING - FOR THE FIRST HALF OF CALENDAR YEAR 2015, THE MUSEUM PROVIDED A HOUSING ALLOWANCE TO THE THEN-SERVING PRESIDENT, EMILY RAFFERTY, WHO RETIRED ON JULY 1, 2015. FOR THE SECOND HALF OF CALENDAR YEAR 2015, THE MUSEUM PROVIDED A HOUSING ALLOWANCE TO THE PRESIDENT, DANIEL WEISS, WHO WAS HIRED ON JULY 1, 2015. THESE ALLOWANCES WERE TREATED AS TAXABLE COMPENSATION. FOR CALENDAR YEAR 2015, THE MUSEUM PROVIDED THE DIRECTOR AND CHIEF EXECUTIVE OFFICER, THOMAS CAMPBELL, WITH A RESIDENCE THAT HE WAS REQUIRED TO LIVE IN AS A CONDITION OF EMPLOYMENT FOR THE CONVENIENCE OF THE MUSEUM. THE VALUE OF THIS HOUSING WAS NOT

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**Part III Supplemental Information**

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

TREATED AS TAXABLE COMPENSATION.

SCHEDULE J, PART I, LINE 4B

THE FOLLOWING PERSONS PARTICIPATED IN OR RECEIVED PAYMENTS FROM A  
SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN:

THOMAS CAMPBELL - \$100,000

EMILY RAFFERTY - \$112,432

DANIEL WEISS - \$70,000

SCHEDULE J, PART I, LINE 7

PURSUANT TO THE MUSEUM'S INCENTIVE COMPENSATION PLAN FOR INVESTMENT  
STAFF, SENIOR VICE PRESIDENT AND CHIEF INVESTMENT OFFICER, SUZANNE  
BRENNER, RECEIVED A BONUS PAYMENT OF \$624,828, AND CHIEF INVESTMENT  
OFFICER, LAUREN MESERVE, RECEIVED A BONUS PAYMENT OF \$548,723. ALL SUCH  
PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II COLUMN B.

SCHEDULE J, PART I, LINE 7, COLUMN (C)

COLUMN (C) INCLUDES DEFERRED COMPENSATION AS FOLLOWS:

Schedule J (Form 990) 2015

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METROPOLITAN MUSEUM OF ART

13-1624086

Schedule J (Form 990) 2015

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**Part III Supplemental Information**

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

BONUS PAYMENTS FOR SUZANNE BRENNER OF \$300,500 AND FOR LAUREN MESERVE OF \$283,364. THIS DEFERRED COMPENSATION MAY BE FORFEITED IF THE RECIPIENT LEAVES THE MUSEUM'S EMPLOYMENT BEFORE IT IS PAID. THE EXACT AMOUNT IS SUBJECT TO ADJUSTMENT BASED ON THE PERFORMANCE OF THE ENDOWMENT FUND.

FORM 990, PART VII

THOMAS CAMPBELL AND DANIEL WEISS ARE EX-OFFICIO TRUSTEES. EMILY RAFFERTY WAS AN EX-OFFICIO TRUSTEE BEFORE SHE RETIRED.

Schedule J (Form 990) 2015

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PARTIAL FUNDING OF CAPITAL PROJECTS

SCHEDULE K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A TRUST FOR CULTURAL RESOURCES OF THE CITY OF NY	911882413	649717NP6	12/01/2006	65,000,000.	PARTIAL FUNDING OF CAPITAL PROJECT		X		X		X
B TRUST FOR CULTURAL RESOURCES OF THE CITY OF NY	911882413	649717NQ4	12/01/2006	65,000,000.	PARTIAL FUNDING OF CAPITAL PROJECT		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	65,000,000.		65,000,000.					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	795,690.		795,690.					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	64,204,310.		64,204,310.					
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								
14 Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

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

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METROPOLITAN MUSEUM OF ART

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Schedule K (Form 990) 2015

Page 2

**Part III Private Business Use (Continued)**

**PARTIAL FUNDING OF CAPITAL PROJECTS**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .	X		X					
c Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
6 Total of lines 4 and 5 . . . . .								
7 Does the bond issue meet the private security or payment test? . . . . .		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X				
2 If "No" to line 1, did the following apply? . . . . .								
a Rebate not due yet? . . . . .								
b Exception to rebate? . . . . .	X			X				
c No rebate due? . . . . .								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3 Is the bond issue a variable rate issue? . . . . .	X		X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .		X		X				
b Name of provider . . . . .								
c Term of hedge . . . . .								
d Was the hedge superintegrated? . . . . .								
e Was the hedge terminated? . . . . .								



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METROPOLITAN MUSEUM OF ART

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Schedule K (Form 990) 2015

Page 4

**Part VI** Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

SCHEDULE K, PART III, LINES 4-6

PRIVATE BUSINESS AND UNRELATED USE

THE MUSEUM PERFORMS A DETAILED PRIVATE BUSINESS AND UNRELATED USE  
CALCULATION. THE MUSEUM CALCULATED ITS PRIVATE BUSINESS AND UNRELATED USE  
FOR THE FISCAL YEAR ENDED JUNE 30, 2016 TO BE NEARLY 0% IN TAX EXEMPT  
BOND FINANCED SPACE. THIS ANALYSIS EXCLUDES COST OF ISSUANCE.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2015**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization: **METROPOLITAN MUSEUM OF ART**  
Employer identification number: **13-1624086**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Connected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> . . . . . ▶							\$						

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2015



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) WHALE ROCK FLAGSHIP FUND LTD.	SEE PART V	2,051,083.	MANAGEMENT & PERFORMANCE FEE		X
(2) BROADREACH CAPITAL PARTNERS	SEE PART V	141,286.	MANAGEMENT FEE		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: WHALE ROCK FLAGSHIP FUND LTD. (THE "FUND") IS AN ENTITY CONTROLLED BY THE SON OF TRUSTEE BONNIE J. SACERDOTE. THE MUSEUM IS INVESTED WITH THE FUND AND PAYS FEES TO THE FUND.

TRUSTEE PHILIP MARITZ IS A MANAGING DIRECTOR OF BROADREACH CAPITAL PARTNERS. THE MUSEUM IS INVESTED IN TWO FUNDS SPONSORED BY BROADREACH AND PAYS FEES TO THE FUNDS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

**Part I 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 determining noncash contribution amounts
1 Art - Works of art . . . . .	X	224 .	0 .	
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .	X	9 .	0 .	
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	184 .	34,255,679 .	MKT VALUE- GIFT DATE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .	X	1 .	20,990,340 .	APPRAISAL
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 66 .

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

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METROPOLITAN MUSEUM OF ART

13-1624086

Schedule M (Form 990) (2015)

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**Part II** **Supplemental information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B)

THE AMOUNTS SHOWN IN PART I, COLUMN (B) FOR "NUMBER OF CONTRIBUTIONS" REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS AND NOT NECESSARILY THE TOTAL NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE M, PART I, LINE 32B

THE MUSEUM MAY, FROM TIME TO TIME, SELL ART WORKS ACQUIRED AS NON-CASH CONTRIBUTIONS THROUGH THIRD PARTIES SUCH AS PUBLIC AUCTION HOUSES, PRIVATE DEALERS, OR INDIVIDUALS. IN EACH CASE, THE MUSEUM ENTERS INTO A CONTRACT OR AGREEMENT WITH THE THIRD PARTY CONDUCTING OR PARTICIPATING IN THE SALE AND ADHERES TO ITS OWN PUBLISHED POLICY REGARDING SUCH SALES AS WELL AS APPLICABLE IRS RULES AND STANDARDS OF ACCOUNTING.

SCHEDULE M, PART I, LINE 33

IN ACCORDANCE WITH FASB'S SFAS 116, THE MUSEUM DOES NOT TREAT DONATIONS OF PROPERTY OF THE TYPES DESCRIBED IN PART I OF SCHEDULE M AS REVENUE OR CAPITALIZE ITS COLLECTIONS BECAUSE THEY ARE USED TO SUPPORT ITS NON-PROFIT EDUCATIONAL MISSION, AND, SHOULD THE PROPERTY BE SOLD, PROCEEDS FROM SUCH SALE WOULD BE USED SOLELY TO ACQUIRE OTHER ITEMS FOR THE COLLECTION. THESE ACCOUNTING STANDARDS ARE ALSO ENDORSED BY THE AMERICAN ALLIANCE OF MUSEUMS AND THE ASSOCIATION OF ART MUSEUM DIRECTORS, OF WHICH ORGANIZATIONS THE MUSEUM IS A MEMBER.

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceComplete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.**2015****Open to Public  
Inspection**

Name of the organization

Employer identification number

METROPOLITAN MUSEUM OF ART

13-1624086

## PART III

## MISSION AND PROGRAM SERVICE ACCOMPLISHMENTS

THE METROPOLITAN MUSEUM OF ART WAS FOUNDED ON APRIL 13, 1870, WITH A STATEMENT OF PURPOSE THAT HAS GUIDED IT FOR OVER 140 YEARS: "TO BE LOCATED IN THE CITY OF NEW YORK, FOR THE PURPOSE OF ESTABLISHING AND MAINTAINING IN SAID CITY A MUSEUM AND LIBRARY OF ART, OF ENCOURAGING AND DEVELOPING THE STUDY OF THE FINE ARTS, AND THE APPLICATION OF ARTS TO MANUFACTURE AND PRACTICAL LIFE, OF ADVANCING THE GENERAL KNOWLEDGE OF KINDRED SUBJECTS, AND, TO THAT END, OF FURNISHING POPULAR INSTRUCTION."

ON JANUARY 13, 2015, THE TRUSTEES OF THE METROPOLITAN MUSEUM OF ART REAFFIRMED THE ABOVE STATEMENT OF PURPOSE AND SUPPLEMENTED IT WITH THE FOLLOWING STATEMENT OF MISSION:

"THE METROPOLITAN MUSEUM OF ART COLLECTS, STUDIES, CONSERVES, AND PRESENTS SIGNIFICANT WORKS OF ART ACROSS ALL TIMES AND CULTURES IN ORDER TO CONNECT PEOPLE TO CREATIVITY, KNOWLEDGE, AND IDEAS."

THE SAME COMMITMENT TO ART, SCHOLARSHIP, AND ACCESSIBILITY THAT MARKED OUR FOUNDING IN 1870 CONTINUES TO GUIDE US TODAY, AND OUR DEDICATION TO THAT MISSION HAS ALLOWED US TO GROW INTO AN EXCEPTIONALLY STRONG MUSEUM. THE HISTORIC ACHIEVEMENTS OF FISCAL YEAR 2016 - RECORD-BREAKING ATTENDANCE FOR THE SECOND YEAR IN A ROW, THE SUCCESSFUL LAUNCH OF THE MET BREUER, AND A DYNAMIC PROGRAM DEMONSTRATING THE RELEVANCE OF 5,000 YEARS

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Schedule O (Form 990 or 990-EZ) 2015

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Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

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OF ART - ARE A TESTAMENT TO THE MUSEUM'S STRENGTH.

PART III (CONTINUED)

ATTENDANCE

DURING FISCAL YEAR 2016, THE MUSEUM DREW 6.7 MILLION VISITORS, THE HIGHEST NUMBER SINCE WE BEGAN TRACKING ADMISSION STATISTICS MORE THAN FORTY YEARS AGO. THE TOTAL INCLUDES ATTENDANCE AT ALL THREE OF THE MUSEUM'S LOCATIONS. THIS IS THE FIFTH CONSECUTIVE YEAR IN WHICH ATTENDANCE AT THE MUSEUM EXCEEDED 6 MILLION. THE INCREASE IN ATTENDANCE OVER LAST YEAR (THIS YEAR WAS 400,000 HIGHER THAN THE LAST) WAS DUE TO AN INCREASE OF APPROXIMATELY 200,000 VISITORS AT THE MET FIFTH AVENUE AND THE MET CLOISTERS COMBINED, AND ATTENDANCE OF 185,000 DURING THE INAUGURAL FOUR MONTHS AT THE MET BREUER. THE MET CONTINUES TO BE A POPULAR DESTINATION FOR LOCAL VISITORS: TWENTY-NINE PERCENT OF THE MUSEUM'S VISITORS TO THE MET FIFTH AVENUE AND THE MET CLOISTERS IN FISCAL YEAR 2016 CAME FROM THE FIVE BOROUGHS OF NEW YORK CITY, WHILE FORTY PERCENT WERE FROM BOTH NEW YORK CITY AND THE TRISTATE AREA COMBINED. THE MUSEUM ALSO CONTINUES TO BE NEW YORK'S MOST VISITED TOURIST ATTRACTION FOR BOTH DOMESTIC AND INTERNATIONAL AUDIENCES - IN FISCAL YEAR 2016, INTERNATIONAL VISITORS FROM ABOUT 190 COUNTRIES VISITED THE MET FIFTH AVENUE AND THE MET CLOISTERS, ACCOUNTING FOR FORTY-ONE PERCENT OF VISITORS. EXHIBITION ATTENDANCE WAS STRONG OVER THE COURSE OF THE YEAR. TWENTY-ONE OF THE EXHIBITIONS ON VIEW AT THE MET FIFTH AVENUE IN FISCAL YEAR 2016 WERE VISITED BY MORE THAN 100,000 VISITORS EACH.

PART III (CONTINUED)

PROJECTS AND INITIATIVES

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Schedule O (Form 990 or 990-EZ) 2015

Page 2

Name of the organization METROPOLITAN MUSEUM OF ART	Employer identification number 13-1624086
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THE OPENING OF THE MET BREUER ON MADISON AVENUE AND 75TH STREET IN MARCH 2016 MARKED THE START OF AN EXCITING NEW CHAPTER FOR BOTH THE MUSEUM AND THE CULTURAL LANDSCAPE OF NEW YORK CITY. HOUSED IN THE LANDMARK BUILDING DESIGNED BY THE RENOWNED BAUHAUS ARCHITECT MARCEL BREUER, THE MET BREUER PROGRAM INVITES VISITORS TO ENGAGE WITH THE ART OF THE TWENTIETH AND TWENTY-FIRST CENTURIES THROUGH A RANGE OF EXHIBITIONS, COMMISSIONS, PERFORMANCES, AND ARTIST RESIDENCIES, ALL UNIQUELY PRESENTED THROUGH THE GLOBAL BREADTH AND HISTORICAL REACH OF THE MET'S UNPARALLELED COLLECTION. THE LANDMARK BUILDING WAS RESTORED WITH BREUER'S ORIGINAL VISION IN MIND UNDER THE GUIDANCE OF BEYER BLINDER BELLE ARCHITECTS & PLANNERS LLP.

AS PART OF OUR EFFORT TO EXPAND THE REACH AND RELEVANCE OF THE MUSEUM TO THE BROADEST, MOST DIVERSE GLOBAL AUDIENCE, IN MARCH OF THIS YEAR WE UNVEILED A NEW VISUAL STRATEGY THAT BRINGS GREATER CLARITY AND CONSISTENCY TO THE MET EXPERIENCE AND TO COMMUNICATION ACROSS ALL OF OUR SPACES-THE MET FIFTH AVENUE, THE MET BREUER, THE MET CLOISTERS, AND ONLINE. A CULMINATION OF THE AUDIENCE ENGAGEMENT STUDY THAT WE BEGAN TWO YEARS AGO, THE NEW VISUAL STRATEGY WAS ACHIEVED THROUGH CANVASSING A BROAD SPECTRUM OF CONSTITUENTS, FROM CURATORS AND STAFF TO VISITORS, MEMBERS, COLLECTORS, AND ARTISTS. THE NEW LOOK-WHICH INCLUDES A CLEAR GRAPHIC LANGUAGE COMPRISED OF CUSTOM FONTS AND COLORS, A NEW LOGO BASED ON OUR COMMONLY USED NAME, "THE MET," A NEW MAP, AND A CLEAR, INTEGRATED PRESENTATION OF OUR PROGRAMMING ACROSS ALL PUBLIC-FACING MATERIALS-WAS CHOSEN BECAUSE IT REPRESENTS SOMETHING SIMPLE, BOLD, AND INDISPUTABLE: THE MET IS HERE FOR EVERYONE. THE PRIORITIES ESTABLISHED THROUGH THE

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Schedule O (Form 990 or 990-EZ) 2015

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Name of the organization

Employer identification number

METROPOLITAN MUSEUM OF ART

13-1624086

AUDIENCE ENGAGEMENT STUDY WILL CONTINUE TO INFORM OUR WORK AS WE MOVE AHEAD, WHILE THE FORMAL NAME, THE METROPOLITAN MUSEUM OF ART, REMAINS UNCHANGED.

## PART III (CONTINUED)

## INTERNATIONAL ACTIVITY

WITH A BODY OF EVER-EXPANDING KNOWLEDGE UNDERPINNING OUR ACTIVITIES AND CREATING DIALOGUE BETWEEN DISPARATE HISTORIES AND TRADITIONS ACROSS THE AGES, THE MET IS BY NATURE A MUSEUM NOT ONLY OF THE WORLD, BUT IN THE WORLD, AND FISCAL YEAR 2016 BROUGHT PARTICULARLY MEANINGFUL DEVELOPMENTS ON THE GLOBAL FRONT. IN DECEMBER 2015, WE SIGNED A MEMORANDUM OF UNDERSTANDING WITH THE MINISTRY OF CULTURE, SPORTS, AND TOURISM OF THE REPUBLIC OF KOREA. THE LANDMARK AGREEMENT WAS ACCOMPANIED BY THE ANNOUNCEMENT OF A GIFT OF \$1 MILLION FROM THE MINISTRY TO FUND INITIATIVES FOR PRESENTING KOREAN ART AT THE MET AND TO SUPPORT COLLABORATIVE SCHOLARSHIP OVER A THREE-YEAR PERIOD. ALSO IN DECEMBER, THE MET HOSTED WITH COLUMBIA UNIVERSITY AND KOÇ UNIVERSITY A CONFERENCE IN ISTANBUL ON CULTURAL HERITAGE PRESERVATION IN SYRIA AND IRAQ. THE GATHERING ALLOWED US TO CONVENE KEY PARTICIPANTS FROM BOTH COUNTRIES WHO WOULD NOT HAVE BEEN ABLE TO GET VISAS TO THE UNITED STATES; THE MORE THAN FORTY PARTICIPANTS ALSO INCLUDED COLLEAGUES FROM TURKEY AND WESTERN EUROPE. IN APRIL 2016, THE MUSEUM HOSTED THE THIRD ANNUAL GLOBAL MUSEUM LEADERS COLLOQUIUM (GMLC), A TWO-WEEK CONFERENCE FOR MUSEUM DIRECTORS FROM AROUND THE WORLD TO EXCHANGE IDEAS ABOUT THE COMMON CHALLENGES THEY FACE AND SHARE INSIGHTS ON VARIOUS FACETS OF MUSEUM MANAGEMENT, INCLUDING CURATORIAL AND CONSERVATION WORK AS WELL AS MARKETING, DEVELOPMENT, AND

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Name of the organization

Employer identification number

METROPOLITAN MUSEUM OF ART

13-1624086

DIGITAL TECHNOLOGY.

PART III (CONTINUED)

COLLECTIONS AND ACQUISITIONS

THE MET PRESENTS OVER 5,000 YEARS OF ART FROM AROUND THE WORLD AT ITS MAIN BUILDING ON FIFTH AVENUE, AT THE MET BREUER, AND AT THE MET CLOISTERS. THE MET HAS ALWAYS ASPIRED TO BE MORE THAN A TREASURY OF RARE AND BEAUTIFUL OBJECTS. EVERY DAY, ART COMES ALIVE IN THE MUSEUM'S GALLERIES AND THROUGH ITS EXHIBITIONS AND EVENTS, REVEALING BOTH NEW IDEAS AND UNEXPECTED CONNECTIONS ACROSS TIME AND ACROSS CULTURES.

OVER THE PAST YEAR, ACQUISITIONS HAVE DEEPENED AND BROADENED THE MUSEUM'S COLLECTION. KEY ACQUISITIONS INCLUDED A WOODEN MASK FROM MODERN-DAY ZAMBIA MADE BY THE MBUNDA PEOPLE; AN AZTEC LABRET-A TYPE OF PLUG THAT PIERCES THE LOWER LIP AND WOULD HAVE UNDERScoreD A RULER'S DIVINE AUTHORITY-A RARE EXAMPLE OF WHAT WAS ONCE A THRIVING TRADITION OF GOLDWORKING IN THE AZTEC EMPIRE; A RARE SHIRT OF MAIL AND PLATE THAT BELONGED TO AL-ASHRAF SAYF AD-DIN QAITBAY (CA. 1416/18-1496), THE EIGHTEENTH BURJI MAMLUK SULTAN OF EGYPT AND ONE OF ITS LONGEST REIGNING; A JEWEL-LIKE SCULPTURE MADE ON AN INTIMATE SCALE, BY MARÍA LUISA ROLDÁN, CALLED LA ROLDANA (1656-1704); A PRECIOUS "BOOK OF HOURS" (CA. 1530-35) ILLUMINATED BY SIMON BENING OF BRUGES, AN ARTIST INTERNATIONALLY RENOWNED IN HIS OWN TIME AND TO THIS DAY; AN EXTREMELY RARE GOYA PRINT, "LANDSCAPE WITH BUILDINGS AND TREES" (CA. 1800-1810), ADDING TO OUR NEARLY COMPLETE COLLECTION OF HIS PRINTS; A PROMISED GIFT OF A 1786 PAINTING, AMONG THE FINEST PORTRAITS OF THE AMERICAN REVOLUTION, BY GILBERT STUART OF JOSEPH



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BRANT, THE PARAMOUNT WAR CHIEF OF THE IROQUOIS NATION; AND, FOR THE COSTUME INSTITUTE, A COLLECTION OF ALMOST FORTY PIECES BY A NUMBER OF THE WORLD'S MOST RENOWNED DESIGNERS.

## PART III (CONTINUED)

## CURATORIAL, CONSERVATION, AND RESEARCH

THE MUSEUM'S CURATORIAL PROGRAMS ARE SUPPORTED BY NUMEROUS SERVICES AND RESOURCES. THE DEPARTMENTS OF PAINTINGS, PAPER, OBJECTS, TEXTILE, AND PHOTOGRAPHS CONSERVATION PREPARE AND REVIEW EVERY ARTWORK SELECTED FOR AN EXHIBITION OR LOAN. THE MET'S CONSERVATION EFFORT RANKS WITH THE BEST OF THE WORLD'S MAJOR MUSEUMS. THE THOMAS J. WATSON LIBRARY HOUSES VALUABLE RESEARCH MATERIAL AVAILABLE TO THE STAFF AND PUBLIC FOR CURATORIAL, EDUCATION, AND PUBLICATION PROJECTS. IN FISCAL YEAR 2016, 10,043 VISITS WERE MADE BY OUTSIDE RESEARCHERS, AND 2,144 NEW OUTSIDE RESEARCHERS WERE REGISTERED. THE MUSEUM LIBRARIES CIRCULATED 46,160 ITEMS TO READERS. ELEVEN WEEKLY SESSIONS OF STORY TIME IN NOLEN LIBRARY REACHED OVER 17,633 CHILDREN AND THEIR CAREGIVERS. THE LIBRARY CONTINUED TO DIGITIZE RARE COLLECTION MATERIALS, BOTH PRINTED AND MANUSCRIPT, AND TO MAKE THEM AVAILABLE ONLINE, CONTINUING TO AVERAGE MORE THAN 97,000 PAGE HITS PER MONTH. THE MET CONTINUES TO BE ONE OF THE WORLD'S LEADING MUSEUM PUBLISHERS, AND THIS YEAR'S AWARD-WINNING PROGRAM OF PRINT PUBLICATIONS PRODUCED TWENTY-ONE NEW TITLES IN FISCAL YEAR 2016, INCLUDING EXHIBITION CATALOGUES ON TOPICS RANGING FROM MIDDLE KINGDOM EGYPT TO INDIAN COURT PAINTING TO THE INFLUENCE OF TECHNOLOGY ON FASHION, AS WELL AS CATALOGUES ON THE MUSEUM'S COLLECTIONS OF MUSICAL INSTRUMENTS, CLOCKS AND WATCHES, AND ISLAMIC ARMS AND ARMOR. IN ADDITION, FOURTEEN TITLES WERE TRANSLATED

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INTO FOREIGN LANGUAGES. ON THE MET WEBSITE, THE GROUNDBREAKING "METPUBLICATIONS," A PORTAL TO OUR COMPREHENSIVE PUBLISHING PROGRAM WITH MORE THAN 1,500 ONLINE AND PRINT PUBLICATIONS FROM THE LAST FIVE DECADES, ATTRACTED 1.4 MILLION VISITORS FROM AROUND THE WORLD.

## PART III (CONTINUED)

## EXHIBITIONS

IN THE GALLERIES THIS YEAR, WE PRESENTED MORE THAN SIXTY EXHIBITIONS, FROM SMALL FOCUSED INSTALLATIONS TO MAJOR INTERNATIONAL SHOWS, ON A RANGE OF THEMES, PERIODS, CULTURES, AND INDIVIDUAL ARTISTS. THE FOLLOWING EXHIBITIONS WERE AMONG THE HIGHLIGHTS IN FISCAL YEAR 2016: "KONGO POWER AND MAJESTY"; "ANCIENT EGYPT TRANSFORMED: THE MIDDLE KINGDOM"; "CELEBRATING THE ARTS OF JAPAN: THE MARY GRIGGS BURKE COLLECTION"; "MASTERPIECES OF CHINESE PAINTING FROM THE MET COLLECTION"; "CRIME STORIES: PHOTOGRAPHY AND FOUL PLAY" AND "THE LUXURY OF TIME: EUROPEAN CLOCKS AND WATCHES"; "ARTISTIC FURNITURE OF THE GILDED AGE"; "THE WORLD IN PLAY: LUXURY CARDS, 1430-1540"; "THE POWER OF PRINTS: THE LEGACY OF WILLIAM M. IVINS AND A. HYATT MAYOR"; "VIGEE LE BRUN: WOMAN ARTIST IN REVOLUTIONARY FRANCE"; "UNFINISHED: THOUGHTS LEFT VISIBLE"; "NASREEN MOHAMEDI"; "PERGAMON AND THE HELLENISTIC KINGDOMS OF THE ANCIENT WORLD"; "THE ROOF GARD COMMISSION: TRANSITIONAL OBJECT (PSYCHOBARN)"; "COURT AND COSMOS: THE GREAT AGE OF THE SELJUQS"; AND "MANUS X MACHINA: FASHION IN AN AGE OF TECHNOLOGY."

## PART III (CONTINUED)

## EDUCATION AND CONCERTS &amp; LECTURES

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IN FISCAL YEAR 2016, THE EDUCATION AND CONCERTS & LECTURES DEPARTMENT EXPANDED TO INCLUDE AUDIENCE DEVELOPMENT. THE TRANSITION HAS FOSTERED GREATER COLLABORATION AROUND THE GOAL OF ENGAGING VISITORS OF ALL AGES, BACKGROUNDS, AND INTERESTS. ALONG THE SAME LINES, THE PROCESS OF RETHINKING THE DEPARTMENT'S ORGANIZATIONAL STRUCTURE BEGAN IN FISCAL YEAR 2016, WITH AN EYE TOWARD DEVELOPING AN EDUCATIONAL PHILOSOPHY AND INSTITUTIONAL VALUES THAT MAXIMIZE CREATIVE PROGRAMMING AND AUDIENCE ENGAGEMENT. IN FISCAL YEAR 2016, 31,824 EVENTS (ALMOST 3,500 MORE THAN LAST YEAR) DREW 847,429 PARTICIPANTS (COMPARED WITH 749,179 IN FISCAL YEAR 2015), REFLECTING GREATER INTEREST IN EXISTING PROGRAMS, MORE VOLUNTEER-LED TOURS AND ADULT GROUP VISITS, AND ADDITIONAL PROGRAMS AT THE NEWLY OPENED MET BREUER.

OUR CONTINUED ENGAGEMENT WITH PRACTICING ARTISTS AND THE EXPLORATION OF THE CREATIVE PROCESS WAS MOST NOTABLE IN OUR TWO ARTIST RESIDENCIES. VISUAL ARTIST PETER HRISTOFF COLLABORATED ON A WIDE RANGE OF INNOVATIVE PROJECTS THROUGHOUT THE MUSEUM TO PROMOTE GREATER UNDERSTANDING OF MUSLIM CULTURE AMONG TEENS AND ADULTS. "RELATION: A PERFORMANCE RESIDENCY BY VIJAY IYER" INCLUDED A MARATHON OF PERFORMANCES FEATURING THE ARTIST ALONGSIDE A ROSTER OF MUSICIANS, POETS, VOCALISTS, AND OTHER ARTISTS. THE EVENT DREW TWELVE THOUSAND VISITORS FOR THE INAUGURATION OF THE MET BREUER. A FULL WEEKEND OF ADDITIONAL INTERACTIVE PROGRAMS AT THE MET BREUER, THE MET FIFTH AVENUE, AND THE MET CLOISTERS, ATTENDED BY MORE THAN SEVEN THOUSAND PEOPLE, ALSO MARKED THE OPENING OF THE NEW BUILDING AND REINFORCED THE IDEA OF THE MET AS ONE INSTITUTION WITH THREE ICONIC

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LOCATIONS.

METFRIDAYS: NEW YORK'S NIGHT OUT, EVENINGS OF DYNAMIC PROGRAMMING CONCEIVED AROUND A THEME, ENGAGED LOCAL RESIDENTS AND SERVED AS A PLATFORM FOR PARTNERSHIPS WITH NEW YORK CITY'S CREATIVE COMMUNITIES. EVENINGS SUCH AS ;NOCHE EN EL MET! CELEBRATE LATIN AMERICA, FOR EXAMPLE, FOSTERED CULTURAL LEARNING AMONG ALMOST TWO THOUSAND VISITORS AND ATTRACTED A DIVERSE AUDIENCE, OF WHICH FIFTY PERCENT WERE AGED EIGHTEEN TO THIRTY-FOUR. VISITORS OF ALL AGES AND ABILITIES ENJOYED AN ENORMOUS RANGE OF PROGRAMS THROUGHOUT THE YEAR, INCLUDING LARGE-SCALE FESTIVALS SUCH AS THE LUNAR NEW YEAR AND MUSEUM MILE CELEBRATIONS, WHICH TOGETHER ATTRACTED WELL OVER NINE THOUSAND PEOPLE. FREE-WITH-ADMISSION LIVE-ARTS PERFORMANCES IN THE GALLERIES ALSO DREW LARGE NUMBERS, WITH AN INCREASE OF SIXTY-EIGHT PERCENT OVER LAST YEAR.

CONTINUING EFFORTS TO ENGAGE NEW AND DIVERSE YOUTH AUDIENCES WERE AGAIN MANIFESTED IN TWO LARGE-SCALE TEENS TAKE THE MET! EVENTS, WHICH INVOLVED MORE THAN FIFTY ORGANIZATIONAL PARTNERS THAT PRESENTED A WIDE VARIETY OF ACTIVITIES: ART MAKING, MUSIC, GALLERY EXPERIENCES, INTERPRETIVE PROGRAMMING, 3-D PRINTING, DANCE CLASSES, AND MORE. THIS YEAR ALMOST EIGHT THOUSAND TEENS-THIRTY PERCENT OF WHOM HAD NEVER VISITED BEFORE-MADE THE MUSEUM THEIRS.

THE MET REMAINS AN INVALUABLE RESOURCE FOR K-12 TEACHERS AND THEIR STUDENTS. IN FISCAL YEAR 2016, A TOTAL OF 220,796 PEOPLE PARTICIPATED IN

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6,325 GUIDED AND SELF-GUIDED SCHOOL GROUP VISITS, WHILE A TOTAL OF 3,812 TEACHERS AND SCHOOL LEADERS TOOK PART IN PROGRAMS ON INTEGRATING ART INTO CLASSROOM TEACHING.

PART III (CONTINUED)

DIGITAL

OUR DIGITAL PRESENCE IS AN INTEGRAL PART OF OUR WORK, AND THE GROUNDBREAKING RESOURCES IN OUR "FOURTH SPACE"-THE DIGITAL REALM-ATTRACTED GREATER NUMBERS THAN EVER BEFORE. THE MUSEUM'S WEB-SITE ENDED FISCAL YEAR 2016 WITH A TOTAL OF 32.5 MILLION VISITS, AND THE MET APP, WHICH LAUNCHED IN SEPTEMBER 2014, WAS USED NEARLY 1.9 MILLION TIMES IN ITS FIRST TWENTY-ONE MONTHS.

COINCIDING WITH THE OPENING OF THE MET BREUER IN MARCH 2016, THE MUSEUM REFRESHED AND UPGRADED ITS WEBSITE AND APP, INTRODUCING NEW FEATURES AND ENHANCEMENTS THAT CREATE A MORE INTUITIVE ONLINE RESOURCE AND EXPERIENCE FOR VISITORS, BOTH REMOTELY AND WITHIN THE BUILDING. WITH HALF A MILLION PAGES ENCOMPASSING THE MUSEUM'S VAST COLLECTION, HUNDREDS OF THOUSANDS OF IMAGES AVAILABLE FOR DOWNLOAD, AND THOUSANDS OF BLOG POSTS AND VIDEOS, THE WEBSITE PROVIDES NUMEROUS WAYS TO INTERACT WITH THE MET AND CURRENTLY RECEIVES ABOUT 33 MILLION VISITS PER YEAR. ONE OF ITS MOST POPULAR FEATURES, THE ONLINE PUBLICATION "HEILBRUN TIMELINE OF ART HISTORY," CONTINUED TO EXPAND IN FISCAL YEAR 2016, AND DREW THIRTY-FIVE PERCENT OF THE WEBSITE'S TOTAL USERS. ANOTHER DIGITAL ACHIEVEMENT, "THE ARTIST PROJECT," THE MUSEUM'S ONLINE SERIES IN WHICH 120 CONTEMPORARY ARTISTS RESPOND TO WORKS OF ART OR GALLERIES AT THE MUSEUM THAT SPARKED THEIR

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IMAGINATIONS, WAS COMPLETED IN JUNE 2016. THE NEW ONLINE FEATURE "#METKIDS" LAUNCHED IN SEPTEMBER 2016. DEVELOPED FOR SEVEN- TO TWELVE-YEAR-OLDS, IT CONNECTS USERS TO ART AND THE MUSEUM'S COLLECTION THROUGH MULTIMEDIA CONTENT, FUN FACTS, PROJECT IDEAS, AND MORE. A COLLABORATION AMONG OUR EDUCATORS, CURATORS, CONSERVATORS, AND RESEARCHERS AND CHILDREN FROM ALL OVER THE WORLD, "#METKIDS" WON SEVERAL AWARDS IN FISCAL YEAR 2016, THE MUSEUM'S FACEBOOK PAGE ENDED FISCAL YEAR 2016 WITH MORE THAN 1.7 MILLION FOLLOWERS (WITH A REACH OF 243 MILLION PEOPLE), AND OUR TWITTER FEED REACHED 1.5 MILLION FOLLOWERS (WITH TWEETS RECEIVING 173 MILLION IMPRESSIONS). THE MET'S WEBBY AWARD-WINNING INSTAGRAM ACCOUNT HAD 1.4 MILLION FOLLOWERS AT THE END OF THE FISCAL YEAR.

THE MUSEUM'S DIGITAL AUDIENCE IS INCREASINGLY GLOBAL. IN FISCAL YEAR 2016, THIRTY-FOUR PERCENT OF WEBSITE USERS WERE INTERNATIONAL, AS WERE HIGH PERCENTAGES OF FOLLOWERS ON OUR SOCIAL MEDIA PLATFORMS-SIXTY-ONE PERCENT ON INSTAGRAM, FIFTY-THREE PERCENT ON TWITTER, AND SIXTY-NINE PERCENT ON FACEBOOK. THE MUSEUM ALSO HAS A PRESENCE ON TWO OF CHINA'S LARGEST SOCIAL MEDIA NETWORKS: ITS WEIBO ACCOUNT LAUNCHED IN DECEMBER 2013 AND HAD 10 MILLION IMPRESSIONS THROUGH THE END OF FISCAL YEAR 2016, AND ITS WECHAT ACCOUNT LAUNCHED IN APRIL 2016.

PART III (CONTINUED)

CAPITAL PROJECTS

OUR PLANS TO DEVELOP THE SOUTHWEST WING WITH DAVID CHIPPERFIELD ARCHITECTS CONTINUE. FUNDRAISING FOR THIS PROJECT IS ONGOING, AND THE

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SCHEMATIC DESIGN PHASE IS EXPECTED TO BE COMPLETED IN JANUARY 2017.

ON JULY 1, AFTER A YEAR OF RENOVATION, WE REOPENED TWO GALLERIES DEDICATED TO PTOLEMAIC ART, WORKS CREATED IN EGYPT BETWEEN 332 AND 30 B.C. IN THE SPRING, THE DEPARTMENT OF MUSICAL INSTRUMENTS BEGAN A YEAR-LONG REFRESHING OF ITS GALLERIES, WHICH ARE EXPECTED TO REOPEN IN SPRING 2017, AND IN MAY WE ANNOUNCED AN AMBITIOUS PROJECT TO RENOVATE TEN GALLERIES, INCLUDING THREE HISTORIC INTERIORS, DEVOTED TO BRITISH DECORATIVE ARTS AND SCULPTURE OF THE EARLY SIXTEENTH THROUGH THE NINETEENTH CENTURY. EXPECTED TO TAKE TWO YEARS BEGINNING THIS FALL, THE RENOVATION WILL RESULT IN A MORE NUANCED STORY OF THE HISTORY OF BRITISH DESIGN.

THE YEAR'S ACCOMPLISHMENTS REFLECT OUR RESPONSIBILITY AS WE MOVE FORWARD: TO TRANSFORM AND EXPAND ACCESS TO OUR COLLECTION AND EXPERTISE IN ORDER TO CONNECT A GLOBAL COMMUNITY TO ART, INSPIRATION, AND HISTORICAL PERSPECTIVE. AS WE APPROACH OUR 150TH ANNIVERSARY, WE LOOK FORWARD TO CREATING PROGRAMS THAT ALLOW THE MAGNIFICENCE OF THE METROPOLITAN MUSEUM OF ART TO SHINE.

PART VI, LINE 1A

GOVERNING BODY DELEGATED AUTHORITY

IN ACCORDANCE WITH THE MUSEUM'S BY-LAWS, THE EXECUTIVE COMMITTEE HAS THE RIGHT TO EXERCISE ALL THE POWERS OF THE BOARD OF TRUSTEES DURING INTERVALS BETWEEN MEETINGS OF THE BOARD OF TRUSTEES OTHER THAN THE POWERS

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TO (A) FILL VACANCIES IN THE BOARD OF TRUSTEES OR IN ANY COMMITTEE; (B) AMEND OR REPEAL THE BY-LAWS OR ADOPT NEW BY-LAWS; AND (C) AMEND OR REPEAL ANY RESOLUTION OF THE BOARD OF TRUSTEES WHICH BY ITS TERMS SHALL NOT BE SO AMENDABLE OR REPEALABLE.

PART VI, LINE 2

TWO TRUSTEES OF THE MUSEUM, HAMILTON E. JAMES AND J. TOMILSON HILL, HAVE A BUSINESS RELATIONSHIP. BOTH ARE OFFICERS OF THE BLACKSTONE GROUP.

PART VI, LINE 6

THE MUSEUM DOES NOT HAVE "MEMBERS" AS SUCH TERM IS DEFINED IN THE INSTRUCTIONS TO FORM 990. HOWEVER, THE MUSEUM USES THE TERM "MEMBERS" IN CONNECTION WITH DUES, FEES, GOODS, BENEFITS, PRIVILEGES AND SERVICES AS ESTABLISHED BY THE MUSEUM FROM TIME TO TIME.

PART VI, LINE 11B

PROCESS THE ORGANIZATION USES TO REVIEW THE FORM 990

THE MUSEUM'S FORM 990, INCLUDING REQUIRED SCHEDULES AND SUPPORTING DOCUMENTATION, IS INITIALLY COMPILED BY THE MUSEUM'S FINANCE DEPARTMENT PRIMARILY RELYING ON THE MUSEUM'S GENERAL LEDGER, AUDITED FINANCIAL STATEMENTS AND OTHER FINANCIAL SYSTEMS. THE MUSEUM'S CHIEF FINANCIAL OFFICER, GENERAL COUNSEL, AND EXTERNAL TAX ADVISORS PARTICIPATE IN A SERIES OF DETAILED REVIEWS OF THE FORM 990. THE FORM 990 IS ALSO REVIEWED BY THE MUSEUM'S SENIOR MANAGEMENT, INCLUDING THE MUSEUM'S DIRECTOR AND PRESIDENT, THE AUDIT COMMITTEE OF THE MUSEUM'S BOARD OF TRUSTEES, AND



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EXTERNAL LEGAL COUNSEL. A COMPLETE COPY IS PROVIDED TO EACH MEMBER OF THE BOARD OF TRUSTEES PRIOR TO FILING THE RETURN. THE MUSEUM'S EXTERNAL TAX ADVISORS FILE THE FORM 990 ELECTRONICALLY WITH THE INTERNAL REVENUE SERVICE.

PART VI, LINE 12C

THE MUSEUM REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY BY REQUIRING ONGOING DISCLOSURE OF POTENTIAL CONFLICTS, REVIEW OF SUCH DISCLOSURES, AND RECUSAL BY CONFLICTED INDIVIDUALS WHEN WARRANTED. SPECIFICALLY, ON AN ANNUAL BASIS, THE MUSEUM SEEKS TO ENSURE COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY BY SENDING RELEVANT WRITTEN POLICIES TO SENIOR STAFF, TRUSTEES AND ADVISORY MEMBERS OF COMMITTEES OF THE BOARD OF TRUSTEES. EACH POLICY IS SENT WITH A STATEMENT, WHICH MUST BE COMPLETED, SIGNED AND RETURNED TO THE MUSEUM'S GENERAL COUNSEL. THE STATEMENT REQUIRES EACH INDIVIDUAL TO CONFIRM THAT HE OR SHE HAS (I) RECEIVED A COPY OF THE POLICY, (II) READ AND UNDERSTOOD THE POLICY AND (III) AGREES TO COMPLY WITH THE POLICY. THE INDIVIDUAL IS ALSO ASKED TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST THAT HE OR SHE OR A MEMBER OF HIS OR HER FAMILY, OR AN ENTITY IN WHICH ANY OF THEM HAVE A MATERIAL OWNERSHIP INTEREST, MAY HAVE. THE STATEMENTS ARE COMPLETED AND RETURNED TO THE GENERAL COUNSEL'S OFFICE. WHEN POTENTIAL CONFLICTS ARISE, THEY ARE INITIALLY EVALUATED BY THE GENERAL COUNSEL WITH THE ASSISTANCE OF OUTSIDE LEGAL COUNSEL IF NECESSARY. ACTUAL CONFLICTS OF INTEREST ARE RESOLVED IN CONSULTATION WITH THE MUSEUM'S DIRECTOR AND PRESIDENT (FOR STAFF) AND THE CHAIRMAN OF THE BOARD OF TRUSTEES AND THE LEGAL COMMITTEE OF THE MUSEUM'S BOARD (FOR

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TRUSTEES, INCLUDING THE DIRECTOR AND THE PRESIDENT). IF AN ACTUAL CONFLICT OF INTEREST IS DETERMINED TO EXIST, THE INDIVIDUAL IS PROHIBITED FROM PARTICIPATING IN THE BOARD'S DELIBERATIONS AND DECISIONS REGARDING THE TRANSACTION. A SUMMARY OF THE POTENTIAL CONFLICTS OF INTEREST DISCLOSED BY THE TRUSTEES IS PRESENTED TO THE AUDIT COMMITTEE EACH YEAR. A SUMMARY OF THE POTENTIAL CONFLICTS OF INTEREST DISCLOSED BY SENIOR STAFF IS PRESENTED TO THE DIRECTOR AND PRESIDENT EACH YEAR.

PART VI, LINES 15A AND 15B  
COMPENSATION REVIEW

THE COMPENSATION COMMITTEE ("THE COMMITTEE") OF THE BOARD OF TRUSTEES IS RESPONSIBLE FOR OVERSIGHT OF COMPENSATION AND BENEFITS PROGRAMS FOR THE MUSEUM'S OFFICERS, AND FOR ENSURING THAT THE COMPENSATION POLICIES OF THE MUSEUM ARE CONSISTENT WITH AND IN SUPPORT OF THE MUSEUM'S MISSION, VALUES AND LONG-TERM GOALS. THE INTENT OF THE COMMITTEE IS TO PROVIDE A TOTAL COMPENSATION PROGRAM FOR THE OFFICERS THAT PROMOTES THE MUSEUM'S LONG-TERM OBJECTIVES, AND IS REASONABLE, APPROPRIATE AND FAIR. ANNUALLY, AN INDEPENDENT COMPENSATION CONSULTANT AND THE COMMITTEE REVIEWS THE TOTAL COMPENSATION OF EACH OFFICER OF THE MUSEUM. THE INDEPENDENT COMPENSATION CONSULTANT MAKES RECOMMENDATIONS WITH RESPECT TO THE TOTAL COMPENSATION OF EACH OFFICER, AND THE COMMITTEE APPROVES THE COMPENSATION. COMPENSATION DECISIONS ARE MADE WITH REFERENCE TO COMPARABILITY DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE ROLES AT SIMILARLY SITUATED ORGANIZATIONS PRESENTED BY THE INDEPENDENT COMPENSATION CONSULTANT. THE INDEPENDENT COMPENSATION CONSULTANT AND THE COMMITTEE ALSO CONSIDER OTHER RELEVANT FACTORS IN

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DETERMINING COMPENSATION, INCLUDING THE MUSEUM'S MISSION AND GOALS, THE PERFORMANCE OF EACH OFFICER, AND THE MARKET FOR EXECUTIVE TALENT. THE COMMITTEE COMPLIES WITH THE "REBUTTABLE PRESUMPTION" PROCEDURES FOR DETERMINING THAT COMPENSATION IS REASONABLE UNDER INTERNAL REVENUE CODE SECTION 4958. DELIBERATIONS AND DECISIONS REGARDING COMPENSATION ARRANGEMENTS ARE CONTEMPORANEOUSLY DOCUMENTED IN THE MEETING MINUTES.

PART VI, LINE 19

PUBLIC AVAILABILITY

THE MUSEUM'S AUDITED FINANCIAL STATEMENTS ARE INCLUDED IN THE MUSEUM'S ANNUAL REPORT, WHICH IS MADE AVAILABLE TO THE PUBLIC ON THE MUSEUM'S WEBSITE. THE MUSEUM MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDES THE FOLLOWING:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	(163,729)
UNREALIZED GAINS ON 2015 BOND PROCEED	(3,777,094)
NET RECLASSIFICATIONS, FEES, AND OTHER	(94,999)
PENSION - RELATED CHANGES OTHER THAN NPPC	(51,089,731)
CHANGE IN FAIR VALUE OF INTEREST	
RATE EXCHANGE AGREEMENTS	(16,491,674)
PARTNERSHIP UBIT	9,486,366

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TOTAL (62,130,861)

ATTACHMENT 1

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
RETAIL OPERATIONS		2,429,351.	323,677.
OPERATION OF RESTAURANTS		23,386,710.	
SPECIAL EXHIBITIONS		22,025,586.	
COMMUNITY PROGRAMS AND LIBRARIES		16,832,846.	
OPERATING SERVICES		9,912,793.	
COMMUNICATIONS		12,457,326.	10,080.
MEMBERSHIP SERVICES INC BULLETIN		6,579,663.	
OPERATION OF AUDITORIUM		4,088,105.	1,529,582.
OPERATION OF PARKING GARAGE		1,469,641.	
CORPORATE EVENTS & FUNDRAISING		748,422.	752,288.
TOTALS		<u>99,930,443.</u>	<u>2,615,627.</u>

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, CO, CT,  
 FL, GA, HI, IL, KS, KY, MD, MA, MI,  
 MN, MS, MO, NH, NJ, NM, NY, NC, OH, OR, PA,  
 RI, SC, TN, UT, VA, WV, WI,

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BEYER BLINDER BELLE	CONSTRUCTION MANAGER	7,698,340.

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ATTACHMENT 3 (CONT'D)	

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
120 BROADWAY NEW YORK, NY 10271		
RC DOLNER, LLC 307 5TH AVE., 3RD FLOOR NEW YORK, NY 10016	CONSTRUCTION MANAGER	6,351,994.
RAUL AVILA INC 20 WEST 22ND STREET, STE 1012 NEW YORK, NY 10010	DESIGN CONSULTANT	1,697,246.
MASTERPIECE INTERNATIONAL 39 BROADWAY NEW YORK, NY 10006	CUSTOMHOUSE BROKERS	1,605,532.
BIG SHOW CONSTRUCTION MANAGEMENT 231 WEST 29TH STREET, STE 504 NEW YORK, NY 10001	CONSTRUCTION MANAGER	644,605.

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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.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Table with 6 columns: (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. Rows 1-6.

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.

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Rows 1-7.

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

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**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)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

**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.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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	(i) Section 512(b)(13) controlled entity?	
									Yes	No
(1)	CHARITABLE TRUSTS (13)									
(2)		TRUST		N/A	TRUST					X
(3)										
(4)										
(5)										
(6)										
(7)										

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**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)			
(2)			
(3)			
(4)			
(5)			
(6)			



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**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.

(1) (a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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