Form **990**

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

	rui i	LITE ZU I	is calelidar year, or tax y	ear beginning	07/01,201	o, and endi	ng		06	5/30, 20 16	دَ
R	Chack if	fapplicable;	C Name of organization					D Employer ide	ntifica	ation number	
			METROPOLITAN MUS	SEUM OF ART				13-162	408	6	
		dress inge	Doing business as								
	Nan	ne change	Number and street (or P.O. b	ox if mail is not delivered to	street address)	Room/suite		E Telephone nu	mber		
[Initi	ial return	1000 FIFTH AVENU	JE				(212) 87	9 - 5	500	
		al return/ minated	City or town, state or province	e, country, and ZIP or forei	gn postal code			, , , , , , , , , , , , , , , , , , , ,			
	Ame	ended	NEW YORK, NY 100					G Gross receipts	. \$	1 220 76	0 010
F		dication	F Name and address of principa	·	CAMPBELL			H(a) is this a grou			
٠	pen	ding	1000 FIFTH AVENU	21101210				subordinates	?		-
1	Taylo	exempt sta						H(b) Are all subord		L	
-				501(c)() ∢ (ins	ert no.) 4947(a)(1)	or 52				t. (see instructions)	i
J			WWW.METMUSEUM.ORG	1 1				H(c) Group exemp			
K	200000000000000000000000000000000000000			Trust Association	Other >	L Year o	of formation	on: 1870 M	State	of legal domicil	e: NY
₫.	art		mmary				****				
	1		/ describe the organization's i						AR	T COLLEC	ΓS,
9			DIES, CONSERVES, A				T ACF	ROSS ALL			
ä		TIME	ES AND CULTURES; S	EE SCHEDULE O	FOR MORE DETA	ILS					
Zez	2	Check	this box 🕨 🔃 if the organ	nization discontinued in	s operations or dispose	ed of more that	an 25% (of its net assets	 S.		
Activities & Governance	3	Numbe	er of voting members of the o	overning body (Part VI.	line 1a)				3		46.
٥٥	4	Numbe	er of independent voting men	nbers of the governing	body (Part VI, line 1b)				4		42.
ë	5	Total n	number of individuals employ	ed in calendar year 201	5 (Part \/ line 2a)				5		767.
	6	Total	number of volunteers (estimate								
Aci	72						• • • •	• • • • • •	6		,410.
	'a	. Nest	unrelated business revenue fro	om Part VIII, column (C	i, iine 12	• • • • • •			7a	-7,341	
	0	net un	related business taxable inco	me from Form 990-1, I	ne 34		 		7b		0.
		.						Prior Year		Current`	
e	8	Contrit	butions and grants (Part VIII, I	ine 1h)			25	55,926,60	8.	259,945	
Revenue	9	Progra	ım service revenue (Part VIII, li	ine 2g)			ļ	7,203,46	3.		,264.
ě		Investr	ment income (Part VIII, colum	nn (A), lines 3, 4, and 7d)			9,139,09		128,264	,775.
	11		revenue (Part VIII, column (A				3	31,475,35	1.	29,945	,843.
	12	Total re	evenue - add lines 8 through	11 (must equal Part VII	I, column (A), line 12).		47	3,744,51	7.	425,009	,982.
	13	Grants	and similar amounts paid (Pa	art IX, column (A), lines	1-3)			1,790,23	7.	2,292	2,316.
	14	Benefit	ts paid to or for members (Par	rt IX, column (A), line 4)					0.		0.
ø	15	Salarie	s, other compensation, empl	ovee benefits (Part IX. o	olumn (A), lines 5-10)		18	8,894,532	2.	203,675	.718.
Expenses	16a	Profess	sional fundraising fees (Part I)	X. column (A). line 11e				280,830			,313.
- De	l b	Total fi	undraising expenses (Part IX,	column (D), line 25) 🏊	13.037 104		1.11			343,000	, 3 + 3 +
ŋ	17		expenses (Part IX, column (A)				23	0,073,75	, 		023
	18	Total	expenses. Add lines 13-17 (m	ust squal Port IV selver	7					259,701	
	19							1,039,350		465,875	
<u> </u>		Revent	ue less expenses. Subtract lin	ie 18 from line 12,			 	2,705,16		-40,865	
a st	20							ng of Current Yo		End of Ye	
SSe	20		ssets (Part X, line 16)					2,429,655			
Net Asse Fund Bala	21		abilities (Part X, line 26)				71	9,077,152	2.	792,896	,789.
			sets or fund balances. Subtra	ct line 21 from line 20.	<u> </u>		3,28	3,352,503	3. 3	,035,824	,735.
	rt II		nature Block								
Uni	der per e. corre	natties of ect and c	perjury, I declare that I have exact complete. Declaration of preparer (amined this return, includ	ing accompanying schedu	les and statem	nents, and	to the best of	my kr	nowledge and b	elief, it is
	,	T		ornor treat officer) to blace	on an anomation of white	iii proparei na	S EIIY KIIO	wieuge.			
o:	_	.						02/02	/20	17	
Sig		F S	Signature of officer					Date			
He	re	J	AMIE KELLEHER	E-FILED	VP, CFC	& TREA	SURER				
		T	ype or print name and title						**		·
		Print/Tr	ype preparer's name	Preparer's sign	ature	Date		Check	if PT	TIN	
Paid		TRAV	IS L PATTON			02/02/	/2017	self-employed	,	P0036962	23
	oarer	Firm's r		USECOOPERS LLI)	1 22/ 02/		irm's EIN ▶ 13			
Use	Only		address >600 13TH ST			20005				····	
Mav	the II		uss this return with the prepar			20003	1 P	hone no. 20	12-4	114-1000	
			leduction Act Notice, see the	·	non actions)			• • • • • • • • • • • • • • • • • • •		X Yes	No
, 01	ahei	WOIKK	enaction Act Notice, see the	s separate instructions.						Form 99	U (2015)

district the same of	m 990 (2015) Page art III Statement of Program Service Accomplishments
4.	Check if Schedule O contains a response or note to any line in this Part III
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? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No.
1	If "Yes," describe these changes on Schedule O. 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 \$
	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
lb.	(Code:) (Expenses \$
	GUARDIANSHIP AND MAINTENANCE OF THE MUSEUM AND ITS ART COLLECTION
	- SEE SCHEDULE O FOR MORE INFORMATION
	(Code:) (Expenses \$54,574,735_ including grants of \$) (Revenue \$4_877_977)
	ACQUISITIONS AND SALES OF ART - SEE SCHEDULE O FOR MORE
	INFORMATION
-	
-	
í (Other program services (Describe in Schedule O.) ATTACHMENT 1
	Evnences \$ including groups of \$)/Paramar \$
	Total program service expenses ► 394,614,998.
A 102	20 1.000 Form 990 (2015)
	06571Q 2536 2/3/2017 3:56:08 PM V 15-7.18 PAGE:

Form 990 (2015)

Part IV **Checklist of Required Schedules** Yes Νo Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... Х 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Χ 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or Х 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. Х 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." 11a Χ b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more 11b Х c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... 11c Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Х 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . 12b Х 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States?..... X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)...... 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Page 4 Checklist of Required Schedules (continued) Part IV Νo Yes X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Χ Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), tine 2? If "Yes," complete Schedule I, Parts I and III...... Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Х 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24 a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... X 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Х d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? X 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 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? 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х 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? If "Yes," complete Schedule L, Part IV...... 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Х If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. Х

Form 990 (2015)

Page 5 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 Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 927 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)...... 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. Χ 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a Х **b** If "Yes," enter the name of the foreign country: \blacktriangleright EGYPT See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a X X 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?.......... 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?..... b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... Section 501(c)(7) organizations, Enter: b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders............. b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?..... 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which Х b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

	PUBLIC DISCLOSURE COPY			
Form	990 (2015) METROPOLITAN MUSEUM OF ART 13-162	4086		Page
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ii	nstru	a "N
	Check if Schedule O contains a response or note to any line in this Part VI			. 3
Sec	tion A. Governing Body and Management	***************************************		
			Yes	No.
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4	a		
	If there are material differences in voting rights among members of the governing body, or if the governing	7	0 (38)	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b		2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		6.0
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
þ	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	ə <i>.)</i>	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	. 1		
	rise to conflicts?	12b	X	ļ
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	ļ
14	Did the organization have a written document retention and destruction policy?	14	X	A Westerna
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
l6a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
va	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
h		16a		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	Organization's example status with respect to such amangements	16b		
ecti	on C. Disclosure	10D		<u> </u>
	List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 2			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 6104 requires and 990 T (Section 6		\(\alpha\)	

<u>s</u>

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. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: CONTROLLER'S OFFICE 1000 FIFTH AVENUE NEW YORK, NY 10028-0198 (212)879-5500

20

JSA 5E1042 1.000

13-1624086

ane 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See 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						an lee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	: 14 =	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
_(1)DANIEL_BRODSKY ELECTIVE TRUSTEE & CHAIRMAN	5.00	Х		X				0.	0.	0.	
(2)RUSSELL L. CARSON	2.00			72					0.	<u>.</u>	
ELECTIVE TRUSTEE & VICE CHAIR	0.	Х		Х				0.	0.	0.	
(3) RICHARD L. CHILTON, JR. ELECTIVE TRUSTEE & VICE CHAIR	2.00	Х		Х				0.	0.	0.	
(4)LULU C. WANG	2.00										
ELECTIVE TRUSTEE & VICE CHAIR	0.	X		X				0.	0.	0.	
(5)CANDACE K. BEINECKE ELECTIVE TRUSTEE	2.00	х						0.	0.	0.	
(6)LEON D. BLACK ELECTIVE TRUSTEE TO 9/2015	1.00	х						0.	0.	0.	
(7)WELLINGTON Z. CHEN ELECTIVE TRUSTEE	1.00	х					h-14h-1	0.	0.	0.	
(8)MARK FISCH	1.00							0.	· ·		
ELECTIVE TRUSTEE	0.	Х						0.	0.	0.	
(9)MARINA KELLEN FRENCH ELECTIVE TRUSTEE	1.00	x						0.	0.	0.	
(10)JEFFREY W. GREENBERG ELECTIVE TRUSTEE	2.00	Х						0.	0.	0.	
(11)CHARLES N. ATKINS	1.00										
ELECTIVE TRUSTEE	0.	X						0.	0.	0.	
(12)J. TOMILSON HILL ELECTIVE TRUSTEE	1.00	х						0.	0.	0.	
(13)BONNIE B. HIMMELMAN ELECTIVE TRUSTEE	1.00	х						0,	0.	0.	
	 									· · · · · · · · · · · · · · · · · · ·	

JSA 5E1041 1.000

(14) PHILIP H. ISLES

ELECTIVE TRUSTEE

Form 990 (2015)

0.

0.

1.00

0.

0.

	(B)		·	(C			hest Compensat	(E)	(F)
Name and title	Average			Posit			Reportable	Reportable	Estimated
	hours per	(do	not c		nore than	one	compensation	compensation from	amount of
	week (list any	1 '			son is bo		from	related	other
	hours for	office	er and	d a di	ector/tru	stee)	the	organizations	compensation
	related	약 5	i,	0	æ 9 ⊋	77	organization	(W-2/1099-MISC)	from the
	organizations	탈탈	Stit.	Officer	e Apple	Former	(W-2/1099-MISC)	(W-2/1099-WIGC)	organization
	below dotted	<u>함</u> 댩	_tio	"	a ye	_ P	(W-2/1099-WIGC)		and related
	line)	Individual trustee or director	Institutional truste		employee Key employee				organizations
		ust	ā		8 8				
		ě	Stee		employee Key employee				
					ea				
5) HAMILTON E. JAMES	2.00					+			
ELECTIVE TRUSTEE	-+	-					_		
· · · · · · · · · · · · · · · · · · ·	0.	X				-	0.	0.	(
6) DEBRA BLACK	1.00				l				
ELECTIVE TRUSTEE FROM 11/2015	0.	X					0.	0.	(
7) STEPHEN M. CUTLER	1.00								
ELECTIVE TRUSTEE	0.	Х				1	0.	^	,
8) JOYCE FRANK MENSCHEL						+-	٥.	0.	(
	1.00	Į	ll						
ELECTIVE TRUSTEE TO 9/15	0.	Х					0.	0.	(
9) BIJAN MOSSAVAR-RAHMANI	1.00								···········
ELECTIVE TRUSTEE	0.	Х					0.	0.	
O) JEFFREY M. PEEK		-11					V.	U .	
	2.00								
ELECTIVE TRUSTEE	0.	X					0.	0.	(
1) BLAIR EFFRON	2.00								
ELECTIVE TRUSTEE	0.	Х					.		
				-			0.	0.	(
2) JOHN PAULSON	1.00								
ELECTIVE TRUSTEE	0.	Х					0.	0.	(
B) SAMANTHA BOARDMAN ROSEN	2.00								
ELECTIVE TRUSTEE	0.	**	İ						
		X				1	0.	0.	(
1) SIR PAUL RUDDOCK	1.00								
ELECTIVE TRUSTEE	0.	Х		ĺ			0.	0.1	(
5) WILLIAM C. RUDIN	1.00					1			
ELECTIVE TRUSTEE	-to.	х							
		v					0.	0.	(
b Sub-total							0.	0.	(
c Total from continuation sheets to Part VII,						▶ [12,692,373.	0.	2,123,007
d Total (add lines 1b and 1c)						>	12,692,373.	0.	2,123,007
Total number of individuals (including but no	l limited to th	ose li	sted	abo	ve) wh	o red		100 000 of	
reportable compensation from the organization	on 🕨	300			••, •••	0 101	berved more triair q	100,000 01	
		300							
									Yes No
Did the organization list any former offi	cer, director	, or	trus						20000000000000000000000000000000000000
				stee,	key (lame	ovee, or highest	compensated	
employee on line 1a? If "Yes," complete Sched	dule J for suc	h indi	vidu	stee, al.	key (empl	oyee, or highest	compensated	3 X
employee on line 1a? If "Yes," complete Sched		h indi	vidu	a/.					3 X
employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the	sum of rep	<i>h indi</i> ortabl	vidua e co	al. ompe	 ensatio	 n an	d other compens	ation from the	3 X
employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the organization and related organizations gr	sum of representation	<i>h indi</i> ortabl \$150	<i>vidua</i> e cc 0,00	al . ompe 0?	 ensatio <i>If "Ye</i> s	nan " <i>c</i>	d other compens	ation from the	3 X
employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the	sum of representation	<i>h indi</i> ortabl \$150	<i>vidua</i> e cc 0,00	al . ompe 0?	 ensatio <i>If "Ye</i> s	nan " <i>c</i>	d other compens	ation from the	3 X 4 X
employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the organization and related organizations gi individual	sum of representation	h indi ortabl \$150	vidua e co 0,00	al . ompe 0?	ensatio	 n an s," <i>c</i>	d other compension	ation from the	
employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the organization and related organizations granization individual	sum of representations of sum of representations of sum of the sum	h indi ortabl \$150 	vidua e co 0,00 	al. ompe 0? 	ensatio If "Yes m anv	 n an s," <i>c</i> 	d other compens	ation from the	4 X
employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the organization and related organizations grindividual	sum of representations of sum of representations of sum of the sum	h indi ortabl \$150 	vidua e co 0,00 	al. ompe 0? 	ensatio If "Yes m anv	 n an s," <i>c</i> 	d other compens	ation from the	4 X
employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the organization and related organizations grandividual	sum of represent than accrue confes," complete	h indi ortabl \$150 npens e Sche	e co 0,00 atio	al. ompe 0? n fro ∋ J fo	ensatio If "Yes m any or such	n an ," c unre pers	d other compension of the complete Schedule complete Schedule compension on	ation from the J for such	4 X 5 X
employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the organization and related organizations grandividual	sum of represent than accrue con es," complete	h indi s150 npens Sche	e co 0,00 atio edule	ompe 0? n fro	ensatio If "Yes m any or such	n an ," c unre pers	d other compension of the complete of the comp	ation from the J for such or individual	4 X 5 X
employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the organization and related organizations grandividual	sum of represent than accrue con es," complete	h indi s150 npens Sche	e co 0,00 atio edule	ompe 0? n fro	ensatio If "Yes m any or such	n an ," c unre pers	d other compension of the complete of the comp	ation from the J for such or individual	4 X 5 X
employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the organization and related organizations grandividual	sum of represent than accrue con es," complete	h indi s150 npens Sche	e co 0,00 atio edule	ompe 0? n fro	ensatio If "Yes m any or such	n an ," c unre pers	d other compension of the complete of the comp	ation from the J for such or individual	4 X 5 X
employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the organization and related organizations grandividual	sum of represent than accrue con es," complete	h indi s150 npens Sche	e co 0,00 atio edule	ompe 0? n fro	ensatio If "Yes m any or such	n an ," c unre pers	d other compension of the complete of the comp	ation from the J for such or individual	4 X 5 X
employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the organization and related organizations grandvidual	sum of represent than	h indi s150 npens Sche	e co 0,00 atio edule	ompe 0? n fro	ensatio If "Yes m any or such	n an ," c unre pers	d other compension omplete Schedule	ation from the J for such	4 X 5 X
employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the organization and related organizations grandividual	sum of represent than	h indi s150 npens Sche	e co 0,00 atio edule	ompe 0? n fro	ensatio If "Yes m any or such	n an ," c unre pers	d other compension of the complete of the comp	ation from the J for such or individual	4 X 5 X
employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the organization and related organizations grandividual	sum of represent than	h indi s150 npens Sche	e co 0,00 atio edule	ompe 0? n fro	ensatio If "Yes m any or such	n an ," c unre pers	d other compension omplete Schedule	ation from the J for such or individual	4 X 5 X
employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the organization and related organizations grandvidual	sum of represent than	h indi s150 npens Sche	e co 0,00 atio edule	ompe 0? n fro	ensatio If "Yes m any or such	n an ," c unre pers	d other compension omplete Schedule	ation from the J for such or individual	4 X 5 X
employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the organization and related organizations grandividual	sum of represent than	h indi s150 npens Sche	e co 0,00 atio edule	ompe 0? n fro	ensatio If "Yes m any or such	n an ," c unre pers	d other compension omplete Schedule	ation from the J for such or individual	4 X 5 X
employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the organization and related organizations grandividual	sum of represent than	h indi s150 npens Sche	e co 0,00 atio edule	ompe 0? n fro	ensatio If "Yes m any or such	n an ," c unre pers	d other compension omplete Schedule	ation from the J for such or individual	4 X 5 X
employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the organization and related organizations grandividual	sum of represent than	h indi s150 npens Sche	e co 0,00 atio edule	ompe 0? n fro	ensatio If "Yes m any or such	n an ," c unre pers	d other compension omplete Schedule	ation from the J for such or individual	4 X 5 X
employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the organization and related organizations grandividual	sum of represent than	h indi s150 npens Sche	e co 0,00 atio edule	ompe 0? n fro	ensatio If "Yes m any or such	n an ," c unre pers	d other compension omplete Schedule	ation from the J for such or individual	4 X 5 X
employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the organization and related organizations grandwidual	sum of represent than r accrue con /es," complete npensated in compensatio dress	h indi \$150 penss e Sche deper	vidual e cc 0,00 	ormpe 0? n from from J formation of the second of the	ensatio If "Yes m any or such Intractor Indar ye	n an	d other compensation of senting with or within Description of senting distribution of senting with control of senting with con	ation from the J for such an or individual than \$100,000 of the organization	4 X 5 X
employee on line 1a? If "Yes," complete Scheol For any individual listed on line 1a, is the organization and related organizations granization and related organizations granization and related organizations granization. Did any person listed on line 1a receive or for services rendered to the organization? If "Yection B. Independent Contractors Complete this table for your five highest concompensation from the organization. Report year. (A) Name and business ad TTACHMENT 3 Total number of independent contractors (in	sum of represent than	h indi \$150 spensor	vidual e cc 0,00 	or and an	ensatio If "Yes m any or such intractor andar ye o thos	n an	d other compensation of senting with or within Description of senting distribution of senting with control of senting with con	ation from the J for such an or individual than \$100,000 of the organization	4 X 5 X
employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the organization and related organizations grandwidual	sum of represent than	h indi \$150 spensor	vidual e cc 0,00 	or and an	ensatio If "Yes m any or such Intractor Indar ye	n an	d other compensation of senting with or within Description of senting distribution of senting with control of senting with con	ation from the J for such an or individual than \$100,000 of the organization	4 X 5 X

METROPOLITAN MUSEUM OF ART

m	•

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	ıplo	ye	es,	and	Hig	hest Compensat	ed Employees (continued)
(A) Name and title	(B) Average hours per week (list any hours for	(do : box, office	not c	Pos heck ss pe	C) sition morerson direct	e than o	one an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
26) BONNIE J. SACERDOTE	2.00									
ELECTIVE TRUSTEE	0.	Х					ļ	0.	0.	0
27) ALEJANDRO SANTO DOMINGO ELECTIVE TRUSTEE	2.00	v								
28) ANDREW M. SAUL	2.00	Х						0.	0.	0
ELECTIVE TRUSTEE	0.	Х						0.	0.	0
29) JAMES E. SHIPP	2.00							Ŭ.	· ·	0
ELECTIVE TRUSTEE	0.	х						0.	0.	0
30) ANDREW SOLOMON	1.00									
ELECTIVE TRUSTEE	0.	Х						0.	0.	0
31) ANN G. TENENBAUM	1.00									
ELECTIVE TRUSTEE	0.	Х						0.	0.	0
32) SHELBY WHITE	1.00									
ELECTIVE TRUSTEE TO 9/2015	0.	X		_				0.	0.	0
33) BEATRICE STERN ELECTIVE TRUSTEE	1.00	v								
34) BARRIE A. WIGMORE	1.00	X	-					0.	0.	0
ELECTIVE TRUSTEE	0.	х						0.	0.	0
	1.00			\dashv				· · ·		
35) ANNA WINTOUR ELECTIVE TRUSTEE	0.	х	İ		- [0.	0.	0
36) JAMES BREYER	1.00									
ELECTIVE TRUSTEE	0.	Х						О.	0.	0
1b Sub-total c Total from continuation sheets to Part VII, Se d Total (add lines 1b and 1c)							A A			
Total number of individuals (including but not li reportable compensation from the organization	mited to tri	300	stec	ac	ove) wnc	red	ceived more than s	5100,000 of	Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	ie J for suc	h indi	vidu	al .						3 X
4 For any individual listed on line 1a, is the s organization and related organizations gre individual	ater than	\$150	0,00	00?	- If	"Yes,	," c	omplete Schedule	e J for such	4 X
5 Did any person listed on line 1a receive or a for services rendered to the organization? If "Yes	accrue con	npens	atio	n fi	rom	any	unr	elated organizatio	n or individual	5 X
Section B. Independent Contractors										
 Complete this table for your five highest comp compensation from the organization. Report co year. 	ensated in impensatio	depei n for	nder the	nt c cale	onti enda	actor ar yea	sth arei	nat received more nding with or with	than \$100,000 o in the organization	f n's tax
(A) Name and business addr	ess							(B) Description of ser	vices C	(C) ompensation
Total number of independent contractors (incompret than \$100,000 in compensation from the			limi	ited	to	those	e lis	ited above) who	received	

PUBLIC DISCLOSURE COPY METROPOLITAN MUSEUM OF ART 13-1624086 Form 990 (2015) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (B) Name and title Reportable Position Average Reportable **Estimated** hours per (do not check more than one compensation amount of compensation from week (list any box, unless person is both an other from related officer and a director/trustee) hours for compensation the organizations Individuat trustee or director related institutional trustee employee (W-2/1099-MISC) from the organization ighest compensated organizations organization (W-2/1099-MISC) employee below dotted and related organizations line) CAROLINE DIAMOND HARRISON 1.00 ELECTIVE TRUSTEE 0. Х 0 0 0. HOWARD MARKS 1.00 ELECTIVE TRUSTEE 0. Х 0 0 0. N. ANTHONY COLES 00 ELECTIVE TRUSTEE 0. X 0 0 0. ALVARO SAIEH 1.00 ELECTIVE TRUSTEE 0. X 0 0 0. COLVIN GRANNUM 1.00 ELECTIVE TRUSTEE FROM 9/2015 0. X 0 0 0. PHILIP F. MARITZ 1.00 ELECTIVE TRUSTEE FROM 3/2016 0. Х 0 0 0. BILL DE BLASIO 1. 00 EX-OFFICIO TRUSTEE 0. X 0 0 0. TOM FINKELPEARL 1.00 EX-OFFICIO TRUSTEE 0. Χ 0. 0 0 SCOTT STRINGER 1.00 EX-OFFICIO TRUSTEE 0. 0. X 0 0 MELISSA MARK-VIVERITO 1.00 EX-OFFICIO TRUSTEE 0. Х O ٥. 0 47) MITCHELL J. SILVER 1.00 EX-OFFICIO TRUSTEE 0 0 0. 1b Sub-total c Total from continuation sheets to Part VII, Section A 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 Did the organization list any former officer, director, or trustee, key employee, or highest compensated 3 Х 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 X 4 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 5 Х Section B. Independent Contractors 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 vear. **/ \(\(\) \)** 101 101

Name and business address	Description of services	Compensation

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

JSA 5E1055 1.000 06571Q 2536 2/3/2017

METROPOLITAN MUSEUM OF ART 13-1624086 Form 990 (2015) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (B) (C) Name and title Average Position Reportable Reportable Estimated (do not check more than one hours per compensation amount of compensation from box, unless person is both an week (list any other from related officer and a director/trustee) hours for compensation the organizations Individual to or director related from the nstitutional employee Highest compensated (W-2/1099-MISC) organization organizations organization employee (W-2/1099-MISC) below dotted and related organizations line) trustee trustee (48)THOMAS P. CAMPBELL 35.00 DIR & CEO, EX-OFFICIO TRUSTEE Х 0. 1,069,909 0 359,026. DANIEL H. WEISS 35.00 PRES&COO FROM 7/15; EX-OF TRUST X 0. 781,939 0 36,173. CLYDE B. JONES 35.00 SVP INST. ADVMNT. FROM 7/2015 0 Х 245,742 0 28,172. CARRIE R. BARRATT 35.00 DEPUTY DIR COLLECTIONS/ADMIN. 0. Х 349,516 0 58,323. JENNIFER RUSSELL 35.00 ASSOC DIR. OF EXHIB. TO 6/16 0. X 0 375,251 39,045. SHARON H. COTT 35.00 SR VP, SEC & GEN COUNSEL 0 Χ 428,543 0. 58,213. HAROLD L. HOLZER 35.00 SR VP, PUBLIC AFFAIRS TO 10/15 0. Χ 349,660 0 54,481. OLENA M. PASLAWSKY 35.00 SR VP, CFO & TREASURER TO 6/16 X 0. 484,520. 0 46,874. NINA MCN. DIEFENBACH 35.00 VP DEVEL. & MEMBSHP. TO 6/16 0. Χ 349,558 0. 58,324. TOM JAVITS 35.00 VP CONSTRUCTION & FACILITIES 0 X 357,480. 0 58,344. JO PROSSER 58) 35.00 VP MERCHANDISING & RETAIL ٥. Х n 409,916. 55,429. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated 3 X 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 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 Х Section B. Independent Contractors 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 /A) /DX 100

Name and business address	Description	on of services	(C) Compensation	
ndent contractors (including but not limite		300		

more than \$100,000 in compensation from the organization

JSA 5E1055 1.000

Part VII Section A. Officers, Directors, 1	Trustees, Ke	y En	ploy	yees	, and	Hig	hest Compensat	ed Employees	(continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	not che unless er and	s pers a dire	ore than on is both ector/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	
59) DEBRA A. MCDOWELL VP FOR HUMAN RESOURCES	35.00			х			308,433.	0	46 13
60) ELYSE TOPALIAN VP FOR COMMUNICATIONS	35.00			x			250,690.	0	
51) SUZANNE E. BRENNER SVP & CHIEF INVESTMENT OFFICE	35.00			x		-	1,224,028.	0	
2) JEFFREY BLAIR ASST.SEC&SR ASSOC.COUN.TO 2/1	35.00			x			225,535.	0	
SYP, MKTING & EXT. RELS TO 6/1	35.00			х			386,402.	0	
64) LAUREN A. MESERVE CHIEF INVESTMENT OFFICER	35.00 0.			х			1,121,674.	0	
5) JEFFREY SPAR CHIEF TECHNOLOGY OFFICER	35.00 0.			х			347,639.	0	
6) ELAINE MCHUGH CHIEF ADVISOR TO PRESIDENT	35.00				х		274,551.	0	. 43,44
7) STEPHEN MANZI CHIEF DEVELOPMENT OFFICER	35.00				х		264,733.	0	. 57,91
8) KEN M. WEINSTEIN GM MERCH FIN,OPS & SYSTEM 9) SREE SREENIVASAN	35.00 0. 35.00			_	Х		284,833.	0	57,81
CHIEF DIGITAL OFFICER 1b Sub-total	0.				Х		282,911.	0	57,80
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)						A A			
2 Total number of individuals (including but no reportable compensation from the organization)	on 🕨	300	sted	abov	e) who	rec	ceived more than \$	5100,000 of	IV. I
3 Did the organization list any former off employee on line 1a? If "Yes," complete Scher	dule J for suc	h indi	vidua	/					Yes N
4 For any individual listed on line 1a, is the organization and related organizations g individual	reater than	\$150	0,000)? /	f "Yes	" с	omplete Schedule	J for such	4 X
5 Did any person listed on line 1a receive o for services rendered to the organization? If "	r accrue con	pens	ation	froi	n anv	unre	elated organizatio	n or individual	5
Section B. Independent Contractors									
1 Complete this table for your five highest cor compensation from the organization. Report year.	mpensated in compensatio	deper n for i	ndent the c	t cor alen	tractor dar yea	s th ar er	at received more nding with or withi	than \$100,000 in the organization	of on's tax
(A) Name and business ac	ddress						(B) Description of ser	vices ((C) Compensation
	<i>**</i>					1			

/A)	usices, ne	∌y ⊏n	ibio	yee	es,	and I	Hig	hest Compensat	ed Employees (continued)
(A) Name and title	(B) Average hours per week (list any	box,	unles	s pe	ition more	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	other
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organization
) KEITH R. CHRISTIANSEN	35.00									
CHAIRMAN, EUROPEAN PAINTINGS) EMILY K. RAFFERTY	0.	ļ				X		284,343.	0.	57,7
PRES., EX-OFFIC. TRUSTEE TO 3/15	35.00						Х	2,234,567.	0.	47,9
							•			
				-						
			_		+					
							-			
Sub-total Total from continuation sheets to Part VII, Sed Total (add lines 1b and 1c)	ction A					• •	A A A			
Total number of individuals (including but not li reportable compensation from the organization	mited to th ▶	ose li 300	sted	abo	ove)) who	rec	eived more than \$	100,000 of	
Did the organization list any former office employee on line 1a? <i>If "Yes," complete Schedul</i> For any individual listed on line 1a, is the si	le <i>J for suci</i> um of repo	h indiv ortable	<i>ridua</i> e co	al. mo	 ens	 ation		d other compens	ation from the	3 X
organization and seleted	ator then	\$150	0.000	0?	If .	"Yes."	" c	omplete Schedule	. J for such	
organization and related organizations gre- individual			• •	٠.	• •	• • •	• •		* • • • • • •	4 X
Did any person listed on line 1a receive or a for services rendered to the organization? If "Yes		· · ·	atior	n fro	m	anv i	unre	elated organization	or individual	4 X
Did any person listed on line 1a receive or a for services rendered to the organization? If "Yestection B. Independent Contractors Complete this table for your five highest comp compensation from the organization. Report co	accrue com s," complete	npens Sche	atior edule	from from too	om or s	any i	unre erse	elated organization	or individual	5
Did any person listed on line 1a receive or a for services rendered to the organization? If "Yestotion B. Independent Contractors Complete this table for your five highest comp	accrue com s," complete ensated in mpensatio	npens Sche	atior edule	from from troop	om or s	any i	unre erse	elated organization on at received more of the ding with or within (B)	n or individual than \$100,000 of n the organization	5 's tax (C)
Did any person listed on line 1a receive or a for services rendered to the organization? If "Yestotion B. Independent Contractors Complete this table for your five highest comp compensation from the organization. Report co year. (A)	accrue com s," complete ensated in mpensatio	npens Sche	atior edule	from from troop	om or s	any i	unre erse	elated organization on at received more to ding with or within	n or individual than \$100,000 of n the organization	5 stax
Did any person listed on line 1a receive or a for services rendered to the organization? If "Yest ection B. Independent Contractors Complete this table for your five highest comp compensation from the organization. Report co year. (A)	accrue com s," complete ensated in mpensatio	npens Sche	atior edule	from from troop	om or s	any i	unre erse	elated organization on at received more of the ding with or within (B)	n or individual than \$100,000 of n the organization	5 's tax (C)
Did any person listed on line 1a receive or a for services rendered to the organization? If "Yestotion B. Independent Contractors Complete this table for your five highest comp compensation from the organization. Report co year. (A)	ensated in mpensatio	npens Sche	atior edule	n from J for	om or s	any in actors ar year	unre persons s the r en	elated organization on at received more of the ding with or within (B) Description of serv	than \$100,000 of the organization	5 's tax (C)

Table	P	art V			oppo or note to	one time in this Deat	. 1.7611	13-1024	
1 1088 Add lines 1a-11					nise of flote to	(A)	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tal under sections
1 1088 Add lines 1a-11	at a	<u>}</u> 1a	Federated campaigns	, 1a					
1 1088 Add lines 1a-11	Gra	i t	Membership dues	<u>1b</u>	28,964,980				
1 1081 Add lines 1a-11	£ t	<u> </u>	Fundraising events	<u>1c</u>	21,373,814				
1 1088 Add lines 1a-11	<u>:</u>	d							
1 1088 Add lines 1a-11	Sign	е (Government grants (contribution	utions) 1e	18,048,946	_			
1 1088 Add lines 1a-11	buti	f	•	-					5,600 (5,000)
1 1088 Add lines 1a-11	Ž					BOUND AND SERVICE OF A PARTY.			
Second S		ł n							
3 Investment income (including dividends, interest, and other similar amounts).	еппе				1				
3 Investment income (including dividends, interest, and other similar amounts).	Rev	2a			532000	6,844,184	6,638,059.	206,125.	
3 Investment income (including dividends, interest, and other similar amounts).	93	Ь		5	532000	10,080		10,080.	
3 Investment income (including dividends, interest, and other similar amounts).	2	C						1	
3 Investment income (including dividends, interest, and other similar amounts).	S	đ			-				
3 Investment income (including dividends, interest, and other similar amounts).	gra	e	All other program continues						
3 Investment income (including dividends, interest, and other similar amounts).	Pro	g				6.054.064		L	
and other similar amounts). 1		3				6,854,264.			
1			-	=		28.757.217.		9 496 366	20 243 502
Second Company Compa		4						3,400,300.	30,243,363
Ba Gross rents Gross amount from sales of assets other than inventory Business Gross income from fundraising Gross income from fundraising Gross income from fundraising Gross income from fundraising Gross income from fundraising Gross income from fundraising Gross income from fundraising Gross income from fundraising Gross income from fundraising Gross income from fundraising Gross income from gaming activities Gross sales of inventory, less Gross income or (loss) from gaming activities Gross sales of inventory, less Gross income from gaming activities Gross sales of inventory, less Gross income from gaming activities Gross sales of inventory, less Gross sales		5				45,330.			45.330
b Less: rental expenses				(i) Real	(ii) Personal				
C Rental income or (loss) Net rental income or (loss) Net rental income or (loss) Net rental income or (loss) Net rental income or (loss) Net rental income or (loss) Net rental income or (loss) Net rental income or (loss) Net rental income or (loss) Net rental income or (loss) Net gain or (loss) Netgain or		6a	Gross rents						
Table Tab		b	· ·						The Book Is
Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses									
Second Part Second Part						0.			
b Less: cost or other basis and sales expenses		/a			(II) Other				
and sales expenses			• 1	856,374,114.					
C Gain or (loss) 99,507,558.				756 966 556			0.0000000000000000000000000000000000000		
8a Gross income from fundraising events (not including \$21,373,814. of contributions reported on line 1c). 3			· ·						
8a Gross income from fundraising events (not including \$ 21,373,814. of contributions reported on line 1c). See Part IV, line 18			` ,			99 507 550			
events (not including \$	a	8a				33,307,338.			99,507,558.
C Net income or (loss) from fundraising events	en			- 1		\$10,000 Big (0.0)			
C Net income or (loss) from fundraising events	₹ev		of contributions reported on I	ine 1c).					
C Net income or (loss) from fundraising events	er			-	715,760.				
9a Gross income from gaming activities. See Part IV, line 19	ŏ	b	Less: direct expenses	bl	5,398,800.				
See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities c 10a Gross sales of inventory, less returns and allowances a sterms and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory. b Miscellaneous Revenue Business Code 11a CORPORATE EVENTS 812930 2,656,980 752,288 1,904,692 b PARKING GARAGE 812930 2,769,421 2,769,421 c RESTAURANT 561499 23,931,298 23,931,298 d All other revenue 900099 4,877,977 4,877,977 e Total. Add lines 11a-11d 34,235,676 12 Total revenue. See instructions 12,592,009,982 12,592,001 -7,341,268 159,632,610		C			<u></u>	-4,683,040.			-4,863,260.
b Less: direct expenses b		9a	Gross income from gaming	activities.					
c Net income or (loss) from gaming activities ▶ 0. 10a Gross sales of inventory, less returns and allowances a 51,842,388. b Less: cost of goods sold b 51,494,511. c Net income or (loss) from sales of inventory ▶ 347,877. 323,677. 24,201. Miscellaneous Revenue Business Code 11a CORPORATE EVENTS 812930 2,656,980. 752,288. 1,904,692. b PARKING GARAGE 812930 2,769,421. 2,769,421. c RESTAURANT 561499 23,931,298. 23,931,298. d All other revenue									
10a Gross sales of inventory, less returns and allowances a 51,842,388. b Less: cost of goods sold b 51,494,511. c Net income or (loss) from sales of inventory ▶ 347,877. 323,677. 24,201. Miscellaneous Revenue Business Code 11a CORPORATE EVENTS 812930 2,656,980. 752,288. 1,904,692. b PARKING GARAGE 812930 2,769,421. c RESTAURANT 561499 23,931,298. d All other revenue									
returns and allowances a 51,842,388. b Less: cost of goods sold b 51,494,511. c Net income or (loss) from sales of inventory ▶ 347,877. 323,677. 24,201. Miscellaneous Revenue Business Code 11a CORPORATE EVENTS 812930 2,656,980. 752,288. 1,904,692. b PARKING GARAGE 812930 2,769,421. c RESTAURANT 561499 23,931,298. d All other revenue						0.			
b Less: cost of goods sold b 51,494,511. c Net income or (loss) from sales of inventory ▶ 347,877. 323,677. 24,201. Miscellaneous Revenue Business Code 11a CORPORATE EVENTS 812930 2,656,980. 752,288. 1,904,692. b PARKING GARAGE 812930 2,769,421. c RESTAURANT 561499 23,931,298. d All other revenue		104			E3 040 000				
C Net income or (loss) from sales of inventory		ь							
Miscellaneous Revenue Business Code 11a CORPORATE EVENTS 812930 2,656,980. 752,288. 1,904,692. b PARKING GARAGE 812930 2,769,421. 2,769,421. c RESTAURANT 561499 23,931,298. 23,931,298. d All other revenue 900099 4,877,977. 4,877,977. e Total. Add lines 11a-11d 34,235,676. 34,235,676. 12 Total revenue. See instructions 425,009,982. 12,592,001. -7,341,268. 159,633,630.			Net income or (loss) from sale	es of inventory	<u> </u>	347.877	323 . 677	24 201	
b PARKING GARAGE 812930 2,769,421. 2,769,421. c RESTAURANT 561499 23,931,298. d All other revenue	[Miscellaneous Revenue		Business Code		323,577.	24,201.	
b PARKING GARAGE 812930 2,769,421. 2,769,421. c RESTAURANT 561499 23,931,298. 23,931,298. d All other revenue		11a	CORPORATE EVENTS		812930	2,656,980.	752,288.	1,904.692.	en general transcription of model to the transcription of the field of the field of the field of the field of
c RESTAURANT 561499 23,931,298 23,931,298 d All other revenue 900099 4,877,977 4,877,977 e Total. Add lines 11a-11d 34,235,676 34,235,676 12 Total revenue. See instructions 425,009,982 12,592,001 -7,341,268 159,633,630		b	PARKING GARAGE		812930				2,769,421.
d All other revenue		C	RESTAURANT		561499	23,931,298,			
12 Total revenue. See instructions		d	All other revenue		900099	4,877,977.	4,877,977.	FLANS, SAN AND AND COMPANY OF THE SAN AND COMPANY	
114 Total revenue. See Instructions	į								
SA F1051 1 000 Form 990 (2015)	\$A	***		S	<u> ▶ </u>	425,009,982.	12,592,001.	-7,341,268.	159,633,930.

-	m 990 (2015) METROPOL art IX Statement of Functional Expens	ITAN MUSEUM OF	ART	13-	-1624086 Page 10
	ction 501(c)(3) and 501(c)(4) organizations m		no All other ergenize	tions much samulate as	(L
	Check if Schedule O contains a res	enonse or note to any li	ns. All Other Organiza.	lioris must complete co	olumn (A).
	o not include amounts reported on lines 6b, 7b , 9b, and 10b of Part VIII.		(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		
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		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.	, 200, 201	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	333,300.
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)		17,246,778.		662,956.
9	Other employee benefits	37,008,717.	32,070,386.		1,231,396.
10	Payroll taxes	9,756,577.	8,456,043.		324,390.
11	Fees for services (non-employees):		, , , , , , , , , , , , , , , , , , , ,		321,330.
a	Management	0.			
	Legal	1,750,074.	350,741.	1,399,333.	
	Accounting	1,062,698.	20,000.		
	Lobbying	92,982.	92,982.		
	Professional fundraising services. See Part IV, line 17.	206,313.	Carlo and an artist		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.			
	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.	10 (51 000		
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.)				
	PURCHASES OF ART	54,574,735.	54 574 725	A section of the sect	A September 1
	RESTAURANT SERVICES & SUPPLI	22,343,634.	54,574,735. 22,343,634.		
	PEDATES & MAINTENANCE	5 100 400	44,343,034.		

5,193,486.

4,484,609.

4,451,523.

465,875,380.

5,190,877.

3,535,934.

3,805,054.

394,614,998.

JSA 5E1052 1.000

cREPAIRS & MAINTENANCE

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

if following SOP 98-2 (ASC 958-720)

dCATERING_SERVICES__

e All other expenses ____

Form **990** (2015)

543,700.

13,037,104.

89,743.

2,609.

404,975

556,726.

58,223,278.

Form 990 (2015)

Part X Balance Sheet

MINOIOBIIM MODBON OF A

		Check if Schedule O contains a response of	r no	te to any line in this l	Part X		
	- -				(A) Beginning of year		(B) End of year
					2,749,717	. 1	7,237,908
	1	Savings and temporary cash investments			0		0
		Pledges and grants receivable, net			136,865,857	3	144,519,181
	1	Accounts receivable, net			15,777,522	4	12,685,488
	5	trustees, key employees, and highest co	forme ompe	er officers, directors, nsated employees.	AND MAKE		
		Complete Part II of Schedule L			0	. 5	0
	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu	ons (a , and ntarv	s defined under section contributing employers employees' beneficiary			
ets	7	Notes and loans receivable net	uale L			-	
SS		Inventories for sale or use	* • •			+	
1							
				10,565,240.	9	10,830,587.	
	100		100	1110070724			
Tabellities 1	·			400 711 067		414 056 56	
	;						
]	Investments - other popurities Can Port IV line 11					
	ı	Investments - program-related Soc Part IV line 14		• • • • • • • • • • • •			
	İ	Intancible assets					
	i	Other assets See Part IV line 11					
	į	Total assets Add lines 1 through 15 /must oqual l	ino 2				
		Accounts navable and accrued expenses	me 3	4)			
	1	Grants payable	• • •			_	
		Deferred revenue	• • •				
		Tax-exempt bond liabilities	• •				
	-	Escrow or custodial account liability. Complete Pa	rt IV/c	of Schedule D			
		Loans and other navables to current and for	mer	officers directors		21	0.
÷.						3.1	
逼		disqualified persons Complete Part II of Schodulo I	alcu	employees, and	•		
=	23	Secured mortgages and notes navable to unrelate	 d fbic	d nortice			
l		Unsecured notes and loans navable to unrelated the	u uma sied e	ortion			
		Other liabilities (including federal income tox p	aru pa	antes	240,370,139.	24	248,618,472.
		parties and other liabilities not included on lines	ayab 17 2	1) Complete Port V			
- 1					100 514 440		047 010 500
	26	Total liabilities. Add lines 17 through 25	• • •				
		Organizations that follow SFAS 117 (ASC 958), c	heck		719,077,132.	20	792,896,789.
Š	27				070 400 000	0-	607 440 755
ala	28	Temporarily restricted net assets		····			***************************************
밁	29	Permanently restricted net assets					
ם		Organizations that do not follow SFAS 117 (ASC 958).			942,977,109.	29	959,997,497.
S						3.3	1.440,700,444.1
se	31	Paid-in or capital surplus or land building an amin		fund			
As	32	Retained earnings, endowment, community of equip	лпеп	r other found			
ē	32 33	Total net assets or fund belonger	securities. See Part IV, line 11 am-related. See Part IV, line 11 art IV, line			32	
	34	Total liabilities and not people/fund belongs		• • • • • • • • • • • • • • • • • • • •	3,283,352,503.	33	3,035,824,735.
		Lordi unomities and tier assersating balances			4,002,429,655.	34	3,828,721,524.

PUBLIC DISCLOSURE COPY

METROPOLITAN MUSEUM OF ART

13-1624086

Form 9	990 (2015)		200	F	age 12
Par	1 XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)				982.
2	Total expenses (must equal Part IX, column (A), line 25)	4	65,	875,	380.
3	Revenue less expenses. Subtract line 2 from line 1	_	40,	865,	398.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3,2	83,	352,	503.
5	Net unrealized gains (losses) on investments	-1	44,	531,	509.
6	Donated services and use of facilities				0.
7	investment expenses				0.
8	Prior period adjustments				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	_	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))	3,0	35,	824,	735.
Part	Financial Statements and Reporting				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method wood to account the Fermi good Too at Table 2			Yes	No
'	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.	n in			
2 a	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		2a	1	X
	reviewed on a separate basis, consolidated basis, or both:	or			
			138		
b			٠.	3,7	
D	Were the organization's financial statements audited by an independent accountant?		2b	X	7.55.5
	separate basis, consolidated basis, or both:	na	NAV		
	X Separate basis Consolidated basis Both consolidated and separate basis		· '\.		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs				
	of the audit, review, or compilation of its financial statements and selection of an independent accounts	ignt	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain	ant?		"-	
	Schedule O.	1111	(1) (1)	143.33	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forti	ı in			
	the Single Audit Act and OMB Circular A-133?	1 111	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	the			
7.18.4	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	116	3b		
				990	(2015)

JSA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2015

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

OMB No. 1545-0047

	ne of the organization					Employer ide	entification number
.545 SQA	TROPOLITAN MUSEUM OF					1:	3-1624086
-	Reason for Public Ci	harity Status (All	organizations must	comple	ete this p	oart.) See instruction	IS.
	organization is not a private for	oundation because	it is: (For lines 1 thro	ugh 11, e	check on	y one box.)	
1	A church, convention of c						
2	A school described in sec						
3	A hospital or a cooperative						
4	A medical research organ	nization operated is	n conjunction with a h	ospital d	escribed	in section 170(b)(1)(A	A)(iii). Enter the
_	hospital's name, city, and						
5	An organization operated	for the benefit o	f a college or univers	sity own	ed or op	erated by a governm	ental unit described in
_	section 170(b)(1)(A)(iv).						
6	A federal, state, or local of	government or gov	ernmental unit describ	ed in sec	ction 170	(b)(1)(A)(v).	
7	X An organization that norr	mally receives a su	ubstantial part of its s	support f	rom a go	overnmental unit or f	rom the general public
۰	described in section 170(I						
8 9	A community trust describ	ped in section 170	(b)(1)(A)(vi). (Comple	te Part II.)		
9	An organization that norn	naily receives: (1)	more than 331/3% of	its sup	ort from	contributions, memb	pership fees, and gross
	receipts from activities re	elated to its exem	pt functions - subject	t to cert	ain exce _l	ptions, and (2) no m	ore than 331/3% of its
	support from gross inve	stment income a	nd unrelated busines	s taxab	le incom	e (less section 511	tax) from businesses
10	acquired by the organizati	on after June 30, 1	1975. See section 509	9(a)(2). (Complete	e Part III.)	
11	An organization organized	and operated exc	clusively to test for pur	lic safety	. See se	ction 509(a)(4).	
. ,	An organization organized	and operated exc	clusively for the benefit	or, to pe	errorm the	e functions of, or to ca	irry out the purposes of
	one or more publicly supp	ab 11d that describ	s described in section	509(a)(i) or seci	tion 509(a)(2). See se	ction 509(a)(3). Check
а	the box in lines 11a through	gn i lu that describ	bes the type of suppor	ung orga	anization	and complete lines 11	e, 11f, and 11g.
а	Type I. A supporting org	ganization operated	a, supervised, or cont	rolled by	its supp	orted organization(s),	typically by giving
	the supported organizati organization. You must o	complete Bort IV	regularly appoint or	elect a r	najority o	of the directors or trus	stees of the supporting
b							
~	Type II. A supporting or	of the supporting	sed or controlled in co	onnectio	n with its	s supported organizat	ion(s), by having
	control or management organization(s). You mus	of the supporting	organization vested in	i the san	ne persoi	ns that control or mai	nage the supported
С				_4 :			
·	its supported organization	egrateu. A support	ung organization oper	ated in c	onnectio	n with, and functiona	lly integrated with,
þ	its supported organizatio Type III non-functionally	rigs/ (see instruction	ns). Tou must comple	ete Part	IV, Sectio	ons A, D, and E.	1-1
-	that is not functionally int	tennated The orga	oporting organization	operated	in conn	ection with its suppor	ted organization(s)
	requirement (see instruc	tions) You must c	omplete Part IV Soci	si salisiy Hane A c	a distric	oution requirement an	d an attentiveness
e	Check this box if the org.	anization received	a written determination	noris A a	inu D, an	a Part V.	B. T 101
	functionally integrated, o	r Type III non-func	tionally integrated cur	oporting i	ne ino u	natitis a type i, type	п, туре п
f	Enter the number of supported	d organizations	, , , , , , , , , , , , , , , , , , ,	por tary i	Jiganizai	lion.	
	Provide the following informati						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-9	listed in yo	ur governing	support (see	other support (see
			above (see instructions))	docu	ment?	instructions)	instructions)
				Yes	No		
۸١							
A)							
D \							
B)							
~\							
C)			-				
D)							
Ξ)							
-,							
				N. S.			
otal		A STANTON MARKET	Company (Company)				

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cal	endar 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	Total. 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).						
6	Public support. Subtract line 5 from line 4.	A STATE OF THE STA		19.4		A STATE AND A STATE OF	87,439,453.
Sec	tion B. Total Support					<u> </u>	1,308,694,128.
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(a) 2015	(f) Total
7	Amounts from line 4	209,803,643.	326,260,226.			(e) 2015	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	29,759,757.	47,256,240.	309,767,370. 49,728,101.	272,641,777. 43,474,530.	277,660,565. 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	Total support. Add lines 7 through 10				1842411	14/4/2	1,619,027,370.
12	Gross receipts from related activities, etc. (se	ee instructions)	<i></i>		<i></i> l	12	425,583,867.
13 Sec	First five years. If the Form 990 is fo organization, check this box and stop here tion C. Computation of Public Supp			I, third, fourth,	or fifth tax yea	r as a section	501(c)(3) ▶
14							
15	Public support percentage for 2015 (lin	ie 6, column (t)	alvided by line	11, column (f))		14	80.83%
	Public support percentage from 2014 S	schedule A, Par	t II, line 14		<u>.</u> L	15	80.47%
IUa	331/3% support test - 2015. If the or	ganization did i	not check the b	ox on line 13,	and line 14 is	331/3 % or mor	
h	this box and stop here. The organizatio	n qualmes as a	publicly support	ed organization			> X
	331/3% support test - 2014. If the or check this box and stop here. The orga	ganization qualific	not check a bo	x on line 13 of	16a, and line	15 is 331/3% (or more,
17a	10%-facts-and-circumstances test - 20	nization qualine	s as a publicly s	upported organ	ization	401	🟲 🗀
	10% or more, and if the organization	moste the "fee	ts and siroumete	cneck a box (on une 13, 16a	, or 16b, and li	ne 14 is
	Part VI how the organization meets the organization	ne "facts-and-cir 114. If the organization meets n meets the "fa	cumstances" ter anization did no the "facts-and- acts-and-circums	st. The organized to check a box of circumstances" test. To	ation qualifies a on line 13, 16a test, check th he organization	as a publicly su , 16b, or 17a, is box and sto n qualifies as a	and line p here. publicly
18	Private foundation. If the organization of	did not check a	box on line 13,	16a, 16b, 17a,	or 17b, check t	his box and see	
	instructions			· · · · · · · · · ·			. ▶ □
					_		

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

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.)

	ction A. Public Support					·	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership feet				(-, ,	(0) 2010	(i) rotai
	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						ĺ
4	Tau.						
7	101 110					İ	
	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						
7 a	Amounts included on lines 1, 2, and 3				1000		
	received from disqualified persons						
D	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						
С	Add lines 7a and 7b.						****
8	Public support. (Subtract line 7c from						
	line 6.)						
Sect	ion B. Total Support		1	1 333 3 3 3 3 3 3 3 3 3	A STATE OF THE STA		
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(a) 2012	(4) 2044		
	Amounts from line 6.	(4) 2011	(5) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
10 a	Gross income from interest, dividends,						
	payments received on securities loans.						
	rents, royalties and income from similar				i		
	sources						
	Unrelated business taxable income (less				İ		
	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				İ	į	
	Other income. Do not include gain or						
	loss from the sale of capital assets					ĺ	
(Explain in Part VI.)			ĺ			
	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
4	first five years If the Form 000 in to		11 51 1				
	First five years. If the Form 990 is fo	r the organizati	ion's first, secon	d, third, fourth,	or fifth tax yea	r as a section	501(c)(3)
Secti	organization, check this box and stop here. on C. Computation of Public Supp	ant Davassi				<u> </u>	▶
5 F	Public support percentage for 2045 (fire 8	Jort Percenta	ge				
6 F	Public support percentage for 2015 (line 8,	column (1) divided	d by line 13, colum	n (f))		15	%
0 0	Public support percentage from 2014 Sched	ule A, Part III, line	915			16	%
ecu	of D. Computation of investment	Income Perc	entage:				
7	nvestment income percentage for 2015 (line	a 10c, column (f)	divided by line 13	, column (t))		17	%
8 I	nvestment income percentage from 2014 So	chedule A, Part II	II, line 17			18	0/_
9a Q	3 1/3 % support tests - 2015. If the orga	anization did not	t check the box	on line 14, and	line 15 is more	than 331/3% an	d line
1	/ is not more than 331/3%, check this	box and stop	here. The organ	rization qualifies	as a publicly so	pported organiza	tion •
b 3	31/3% support tests - 2014. If the organ	ization did not c	heck a box on lir	ne 14 or line 10a	and line 16 is a	ore than 22412	(and
fi	ne 18 is not more than 331/3%, check the	his box and sto	p here. The orga	nization qualifice	عد بالمثلطين عد عد	iore trian 331/3%	o, and
0 P	rivate foundation. If the organization di	d not check a	box on line 1/	inzaion qualilles L. 10a or 104	as a publicly St	ipported organiza	tion
A 1221 1				, , , ou, or 180,		and see instruc	

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.	ΑII	Supporting Organia	zations

1	Aro all of the association		Yes	No
'	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	-	13
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	7777		
C	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		4,75
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	14.5	A EL
b	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	4c 5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	ia, sia s	(555)
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	3333	28 N
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	7.800 A	43.5
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	SES V	W.
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Ves" answer 10b below.			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a		WE!

5E1229 1.000

Schedule A (Form 990 or 990-EZ) 2015

10b

METROPOLITAN MUSEUM OF ART

Pa	rt IV Supporting Organizations (continued)			Page :
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1:1	1 65	NO
	A person who directly or indirectly controls, either alone or together with persons described in (h) and (c)			
	below, the governing body of a supported organization?	11a		
ļ	A family member of a person described in (a) above?	11b		+-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a hour controlled detail in Part VI	11c		+
Sec	tion B. Type I Supporting Organizations	1110	1	<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	4.5	1.00	110
	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 now the powers to appoint and/or remove directors or trustees were allocated among the supported		1.53	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	İ	
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? # "Veg." evelors in Bank			
	VITION Providing Such benefit carried out the burboses of the supported organization(s) that appropriate		1	1111
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		488	14.01
	of trustees of each of the organization's supported organization(s)? If "No " describe in Part II how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported diganization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations but to the supported organizations but to the supported organizations but to the supported organizations but to the supported organizations but to the supported organizations but to the supported organizations but to the supported organizations but to the supported organizations but to the supported organizations but to the supported organization organization organizations are supported organizations.		Yes	No
-	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 200 that the prior	100	2000	N. C.
	tax year, (ii) a copy of the form 990 mai was most recently filed as of the date of notification and (iii) assistant			
	are organization's governing documents in effect on the date of notification, to the extent not proviously	1000		
_	provided?	1 1	İ	
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 " evolute in Boot II have			733
	the Organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	3.5		14.45
	significant voice in the organization's investment policies and in direction the use of the organization's	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	-	
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structic	ns):	
a	The organization satisfied the Activities Test. Complete line 2 below,			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instruct	ions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	AND.		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	triose supported organizations and explain how these activities directly furthered their exempt purposes			V.
	now the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	ļ	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			3/3
	of the digatilization's supported organization(s) would have been engaged in? If "Vec " evolution in Doct 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			<u> </u>
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			W
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	 	1883	VIVI
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	y y o , go medion in this legal.	JD		

METROPOLITAN MUSEUM OF ART 13-1624086 Schedule A (Form 990 or 990-EZ) 2015 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations __ 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 4 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 4

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

5

6

Schedule A (Form 990 or 990-EZ) 2015

5 Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

13-1624086 Schedule A (Form 990 or 990-EZ) 2015 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 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. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount 10 (iii) Section E - Distribution Allocations (see instructions) Underdistributions Distributable **Excess Distributions** Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: а b C From 2013 d From 2014 е f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2015 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2015 distributable amount Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3j and 4c. 8 Breakdown of line 7: b Excess from 2013 C

Schedule A (Form 990 or 990-EZ) 2015

Excess from 2014 Excess from 2015

PUBLIC DISCLOSURE COPY

METROPOLITAN MUSEUM OF ART

13-1624086

Schedule A (Form 990 or 990-EZ) 2015

Page 8

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

► Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Department of the Treasury Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Internal Revenue Service Inspection 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. Name of organization Employer identification number METROPOLITAN MUSEUM OF ART 13-1624086 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955, ▶ \$ Enter the amount of any excise tax incurred by organization managers under section 4955 . . . > \$ No Yes No b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL. Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2) (3) (4)(5) (6)

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

Schedule C (Form 990 or 990-EZ) 2015

301eudle C (F0111 990 01 990-EZ) 2015	METROPOLITAN	MUSEUM OF ART		13-1	.624.086 Page∡i
section 501(h)).				filed Form 5768 (ele	ction under
A Check ► if the filing org name, address	ganization belongs , ElN, expenses, an	to an affiliated gro d share of excess	up (and list in Pa lobbying expend	rt IV each affiliated g litures).	roup member's
B Check ▶ if the filing org	ganization checked	box A and "limited	control" provision	ons apply.	
Limit	ts on Lobbying Expe	nditures		(a) Filing	(b) Affiliated
(The term "expend	ditures" means amou	unts paid or incurred	l.)	organization's totals	group totals
1a Total lobbying expenditures to				18,989.	
b Total lobbying expenditures to	o influence a legislativ	ve body (direct lobby	ring)	320,250.	
c Total lobbying expenditures (a	add lines 1a and 1b) .		[339,239.	
d Other exempt purpose expen-	ditures			522,429,451.	
 e Total exempt purpose expend 	litures (add lines 1c a	nd 1d)		522,768,690.	
f Lobbying nontaxable amount	t. Enter the amount	from the following	table in both		
columns.				1,000,000.	
If the amount on line 1e, column	(a) or (b) is: The lobbyi	ng nontaxable amount	is:		NAMES OF STREET
Not over \$500,000	20% of the	amount on line 1e.			
Over \$500,000 but not over \$1,0	00,000 \$100,000 p	olus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$1	,500,000 \$175,000 p	olus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$1	7,000,000 \$225,000 p	olus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000	\$1,000,000				
g Grassroots nontaxable amour	nt (enter 25% of line 1	f)		250,000.	
h Subtract line 1g from line 1a.	If zero or less, enter -()		0.	0.
i Subtract line 1f from line 1c. It	f zero or less, enter -0			0.	0.
j If there is an amount other	than zero on either	line 1h or line 1i, d	did the organizati	on file Form 4720	
reporting section 4911 tax for	this year?	<u> </u>			Yes No
	4-Year Ave	raging Period Unde	r section 501(h)		
(Some organizations th					ns below.
	See the Separa	te instructions for I	ines 2a through 2	21.}	
	Lobbying Expe	nditures During 4-Y	ear Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	268,238.	259,178.	333,119	339,239.	1,199,774.
d Grassroots nontaxable amount	250,000.	250,000.	250,000	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	17 001	7.6 03.0	40	10 555	

16,819.

18,573.

71,382. Schedule C (Form 990 or 990-EZ) 2015

18,989.

17,001.

Schedule C (Form 990 or 990-EZ) 2015

1024000	
	Page 3

or each '	Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
	f the lobbying activity.	Yes	No		Am	ount	
legislat referen	the year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or dum, through the use of:						
Paid st	ers? If or management (include compensation in expenses reported on lines 1c through 1i)?				YWE.		
: Media	advertisements?						
l Mailing	s to members, legislators, or the public?						
Publica	tions, or published or broadcast statements?						
Grants	o other organizations for lobbying purposes?						
Direct of Rallies.	ontact with legislators, their staffs, government officials, or a legislative body? demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
	ctivities? dd lines 1c through 1i		17:1		***************************************		
Did the	activities in line 1 cause the organization to be not described in section 501(c)(3)?			(1)		N. 194	N
If "Yes,'	enter the amount of any tax incurred under section 4912						
If "Yes,"	enter the amount of any tax incurred by organization managers under section 4912	1517					
	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?					s ja ja kanda	A.S.
art III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	(c)(5)	, or s	ectio	n		
						Yes	ı
Were si	obstantially all (90% or more) dues received nondeductible by members?				1		Ļ
Did the	organization make only in-house lobbying expenditures of \$2,000 or less?				2		1
	organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501				3	<u> </u>	
Section political	answered "Yes." sessments and similar amounts from members 162(e) nondeductible lobbying and political expenditures (do not include amou expenses for which the section 527(f) tax was paid).	nts o	\f	1			
	* * * * * * * * * * * * * * * * * * * *						
Current	year			2a			
Carryov	year er from last year			2b			
Carryov Total	year er from last year			2b 2c			
Carryov Total Aggrega	year er from last year te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	 s		2b		***************************************	
Carryov Total Aggrega If notice	year er from last year te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due s were sent and the amount on line 2c exceeds the amount on line 3, what portion	s of th		2b 2c			
Carryov Total Aggrega If notice excess of	te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due s were sent and the amount on line 2c exceeds the amount on line 3, what portion loes the organization agree to carryover to the reasonable estimate of nondeductible lo ical expenditure next year?	s of th	e g	2b 2c			
Carryov Total Aggrega If notice excess of	te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due s were sent and the amount on line 2c exceeds the amount on line 3, what portion loes the organization agree to carryover to the reasonable estimate of nondeductible lo	s of th	e g	2b 2c 3			

JSA 5E1266 1.000 Schedule C (Form 990 or 990-EZ) 2015

PUBLIC DISCLOSURE COPY

METROPOLITAN MUSEUM OF ART

13-1624086

Schedule C (Form 990 or 990-EZ) 2015

Part IV Supplemental Information (continued)

Page 4

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service
Name of the organization

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

Open to Public Inspection Employer identification number

ME	TROPOLITAN MUSEUM OF ART		13-1624086				
B	rt Organizations Maintaining Donor Ad	vised Funds or Other Similar Funds or	Accounts.				
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.							
******		(a) Donor advised funds	(b) Funds and other accounts				
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 dono	r advisors in writing that the except held in	n donor odvisod				
5	funds are the organization's property, subject to the	-	F1				
6	Did the organization inform all grantees, donors,						
Ü	only for charitable purposes and not for the ben	-					
	conferring impermissible private benefit?						
₩Đ.	rt II Conservation Easements.		Tes No				
# TK	Complete if the organization answered	1 "Ves" on Form 990 Part IV line 7					
1	Purpose(s) of conservation easements held by the						
•			£ - 1-1-4				
	Preservation of land for public use (e.g., re		f a historically important land area				
		Preservation of	f a certified historic structure				
_	Preservation of open space						
2	Complete lines 2a through 2d if the organization I	ield a qualified conservation contribution in t	Held at the End of the Tax Year				
	easement on the last day of the tax year.		*******				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easemen		2b				
C	Number of conservation easements on a certified		2c				
d	Number of conservation easements included in (
	historic structure listed in the National Register		2d				
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or termina	ted by the organization during the				
	tax year 🕨						
4	Number of states where property subject to cons						
5	Does the organization have a written policy re						
	violations, and enforcement of the conservation ea						
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing conse	ervation easements during the year				
	>						
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing cor	nservation easements during the year				
	▶ \$						
8	Does each conservation easement reported on line						
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports		· ·				
	balance sheet, and include, if applicable, the text		I statements that describes the				
	organization's accounting for conservation easeme						
Fe		s of Art, Historical Treasures, or Other	Similar Assets.				
	Complete if the organization answered						
1a	If the organization elected, as permitted under S	FAS 116 (ASC 958), not to report in its re	venue statement and balance sheet				
	If the organization elected, as permitted under S works of art, historical treasures, or other simil public service, provide, in Part XIII, the text of the f	ootnote to its financial statements that descr	ition, or research in furtherance of the stress items.				
b	If the organization elected, as permitted under						
	works of art, historical treasures, or other simil	ar assets held for public exhibition, educa	ation, or research in furtherance of				
	public service, provide the following amounts relat	ing 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 a	rt, historical treasures, or other similar as	sets for financial gain, provide the				
	following amounts required to be reported under \$						
a	Revenue included in Form 990, Part VIII, line 1		> \$				
_ b	Assets included in Form 990, Part X						
For F	aperwork Reduction Act Notice, see the Instructions fo	r Form 990.	Schedule D (Form 990) 2015				

Sch	edule D (Form 990) 2015								Page
P	art III Organizations Maintain	ing Collections o	f Art, Historical	Treasur	es, or O	ther Simi	ar Asset	s (con	tinued)
3	Using the organization's acquisit	ion, accession, and	other records, che	ck any o	f the follo	wing that	are a signi	ficant	use of its
	collection items (check all that apply):								
а	X Public exhibition		d X Loan	or excha	ange progr	ams			
b	X Scholarly research		e Othe		5 , 5				
c	 X Preservation for future gen 	erations							
4	Provide a description of the orga		s and explain how	they fur	ther the o	roanization	's exemnt	nurnos	e in Part
	XIII.		,			- g a	о олотре	parpoo	o in rait
5	During the year, did the organizat	ion solicit or receive	donations of art, his	torical tre	easures or	other simi	lar		
	year year and a second of receive deflations of art, instorical treasures, or other similar								
Pa	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes x No Part IV Escrow and Custodial Arrangements.								
	Complete if the organiza	ition answered "Ye	s" on Form 990, F	art IV. li	ne 9. or re	eported ar	amount (on For	m
	990, Part X, line 21.			,	,	-	, amount	0.77 0.1	
1a	ls the organization an agent, trust	ee, custodian or oth	er intermediary for	contribut	ons or other	er assets no			
	included on Form 990, Part X?					J. 000010 110	`	Yes	No
b	If "Yes," explain the arrangement	in Part XIII and com	plete the following ta	ıble:			· · · · <u>L</u>		140
	•			[Α	mount		
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 an	nount on Form 990.	Part X. line 21, for	escrow o	r custodial	account lia	hility2	Yes	No
b	If "Yes," explain the arrangement	in Part XIII. Check h	ere if the explanation	n has bee	n provided	on Part XIII] 163	- NO
Pa	rt V Endowment Funds.		ove ware exploration	11100 000	ii piovided	OHT GIT Z			<u></u>
	Complete if the organiza	tion answered "Yes	s" on Form 990. P	art IV. lir	ne 10.				
		(a) Current year	(b) Prior year		years back	(d) Three y	ears back	(e) Four	years back
1 a	Beginning of year balance	2700466038.	2656291524,		491241.	218179			067614
b	Contributions	20,417,352.	55,893,860.		31,683.	28,031			12,568
	Net investment earnings, gains,		33,333,800:	30,1	<u> </u>	20,033	.,302.	24,3	12,568
٠	and losses	-26,064,305.	131,623,264.	384 1	02,896.	301,511	700	2 2	40 070
d	Grants or scholarships	3,149,811.	2,949,425.		$\frac{02,030.}{40,410.}$		2,016.		40,878 75,861
=		-,,0	2,0,0,123.	2,7	TO, TIO.	2,302	.,016.	2,6	75,861
е	Other expenditures for facilities	167,979,975.	140,393,185.	134 4	93,886.	137,340	. 225	161 1	71 060
	and programs		110,333,103.	101/1	23,000.	13/,340	1,345.	151,1	71,863
1	Administrative expenses	2523689299.	2700466038.	2656	291524.	237149	1041	01.01	791580
9	End of year balance					1	1241.	2181	791580
2 a	Provide the estimated percentage Board designated or quasi-endown	of the current year e	end balance (line 1g,	column (a)) held as	:			
b	Permanent endowment > 38.0		/0						
	Temporarily restricted endowment								
_	The percentages on lines 2a, 2b, a		100%						
3a	Are there endowment funds not in			ara hald	and admi	data and four	41		
•	organization by:	the possession of th	e organization that	are neid	and admir	listered for i	ine	\[\frac{1}{2}\]	
	(i) unrelated organizations						Г		es No
	(ii) related organizations					• • • • • •	<u>+</u>	3a(i)	X
h	If "Yes" on line 3a(ii), are the relate	d organizations list-				• • • • • •		3a(ii)	X
4	Describe in Part XIII the intended t	o organizations ister	as required on Sch	eaule K?		• • • • • •	[3b	
-	VI Land, Buildings, and Equi	inment	tion's endowment fur	ios.					
	Complete if the organiza	tion answered "Yes	s" on Form 990, P	art IV, lir	ne 11a. S	ee Form 9	90. Part)	K. line	10.
	Description of property	(a) Cost or (other basis (b) Cost o	r other basi:	s (c) Acc	umulated		Book value	
1a	Land	(invest		ther)		eciation			- 0.5.5
	Buildings			15,000		04 022			5,000.
c	Leasehold improvements	• • • •		58,629		94,333.			4,296.
ď	Equipment	• • • • • • • • • • • • • • • • • • • •		66,220		54,688.			.,532.
			/6,4	39,885	62,0	43,944.	1	4,395	5,941.
	Other	(d) must say to	000 Part V	(D) 27:	10-1				
. J.a.	iiioo ra tiirougii re. (Coiuiiiii	(u) must equal FORM	aso, ran X, column	(D), IINE	10C.)	<u> , .</u> ▶	41	4,076	,769.

Schedule D (Form 990) 2015

Page 3

	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
) Financ	ial derivatives		
) Closely	y-held equity interests		
Other			
	VATE EQUITY	405,576,302.	FMV
	L ASSETS	354,915,913.	FMV
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	760,492,215.	
art VIII		,00,402,213.	
		"Yes" on Form 990.	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1)			-
2)			
3)			
4)			
5)			
3)			
<u>'</u>)			
1)			
))	n (b) must equal Form 990, Part X, col. (B) line 13.)		
))	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.		
)) al. (Columi	Other Assets.	'Yes" on Form 990,	Part IV, line 11d. See Form 990, Part X, line 15
)) al. (Columi	Other Assets.		Part IV, line 11d. See Form 990, Part X, line 15.
)) al. (Columi	Other Assets. Complete if the organization answered		Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
ent IX	Other Assets. Complete if the organization answered		
art IX	Other Assets. Complete if the organization answered		
at. (Column art IX	Other Assets. Complete if the organization answered		
art IX	Other Assets. Complete if the organization answered		
e) al. (Column art IX) b) b)	Other Assets. Complete if the organization answered		
)) il. (Column int IX)))))))	Other Assets. Complete if the organization answered		
)) il. (Column int IX))))))))	Other Assets. Complete if the organization answered		
(a) (Column art IX (C	Other Assets. Complete if the organization answered		
(a) (Column art IX (C	Other Assets. Complete if the organization answered (a) Desc	cription	(b) Book value
(a) (Columniant IX	Other Assets. Complete if the organization answered (a) Desc. (a) Desc.	cription	(b) Book value
(a) (Column art IX (C	Other Assets. Complete if the organization answered (a) Desc (a) Desc (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	eription	(b) Book value
(a) (Columniant IX	Other Assets. Complete if the organization answered (a) Desc (a) Desc (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	eription	(b) Book value
(a) (Columniant IX	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "	e 15.) Yes" on Form 990,	(b) Book value
)) il. (Columni IX))))))))))))))) il. (Columni IX	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "line 25. (a) Description of liability	eription	(b) Book value
)) il. (Column int IX))))))))) al. (Column rt X	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "line 25. (a) Description of liability al income taxes	e 15.) Yes" on Form 990, (b) Book value	(b) Book value
)) il. (Column int IX))))))))) al. (Column rt X) Federa) ANNUI	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "line 25. (a) Description of liability al income taxes TY & SPLIT-INT OBLIGS.	e 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,
)) ii. (Column int IX))))))))) ii. (Column int IX)))))))) ii. (Column iii. (C	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "line 25. (a) Description of liability al income taxes	e 15.) Yes" on Form 990, (b) Book value	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,
)) ii. (Column int IX))))))))) ii. (Column int IX))))))))) ii. (Column iii.	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "line 25. (a) Description of liability al income taxes TY & SPLIT-INT OBLIGS.	e 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,
)) il. (Column int IX)))))))) al. (Column int IX))))))))) ANNUI)) PENSI))	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "line 25. (a) Description of liability al income taxes TY & SPLIT-INT OBLIGS.	e 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,
art IX	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "line 25. (a) Description of liability al income taxes TY & SPLIT-INT OBLIGS.	e 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,
)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "line 25. (a) Description of liability al income taxes TY & SPLIT-INT OBLIGS.	e 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,
art IX art IX b) c) c) c) c) c) d) d) d) final. (Columnation of the columnation Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "line 25. (a) Description of liability al income taxes TY & SPLIT-INT OBLIGS.	e 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,	
art IX i) i) ii) iii) iii) iii) iii) iii) i	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "line 25. (a) Description of liability al income taxes TY & SPLIT-INT OBLIGS.	e 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,

1.74 (1.42)	ule D (Form 990) 2015		Page (
Pari	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	l.	
1	Total revenue, gains, and other support per audited financial statements	1	510,596,327
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	. 14	310/330/32/
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	- 1	
е	Add lines 2a through 2d	2e	101,893,591.
3	Subtract line 2e from line 1	3	408,702,736.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	, (i)	
b	Other (Describe in Part XIII.)		
5	Add lines 4a and 4b	4c	16,307,246.
Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	425,009,982.
	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total expenses and losses per audited financial statements	1	398,037,807.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	370,037,007.
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	N.S	
е	Add lines 2a through 2d	2e	74,738,831.
3	Subtract line 2e from line 1	3	323,298,976.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b			
C	Add lines 4a and 4b	4c	142,576,404.
5 Daga	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	465,875,380.
Provide	the descriptions required for Part II lines 3. 5, and 9. Part III lines 12 and 4. Port IV lines 15 and 25. Part	V. lir	ne 4: Part X line
_, I Cail	At, miles 2d and 40, and Part XII, lines 2d and 46. Also complete this part to provide any additional informa	tion.	,
SEE	PAGE 5		

JSA 5E1271 1.000

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.

Schedule D (Form 990) 2015

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 INTENTED 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

Schedule D (Form 990) 2015

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

Part XIII	Supplemental Information	(continued)

SCHEDULE D, PART XII, LINE 4B	
RECONCILING ITEMS FOR EXPENSES INCLUDES THE FOLLOWING:	
DEPRECIATON AND MISCELLAENOUS 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

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

Name of the organization Employer identification number METROPOLITAN MUSEUM OF ART 13-1624086 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 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? X Yes 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. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (e) If activity listed in (d) is (d) Activities conducted in (f) Total offices in the employees, region (by type) (e.g., a program service, expenditures for describe specific type of region agents, and fundraising, program services, and investments independent investments service(s) in region in region contractors grants to recipients in region located in the region) (1) EUROPE GRANTMAKING T. ROUSSEAU FELLOWSHIP 5,250. (2) EUROPE PROGRAM SERVICES RESEARCH & EXHIBITIONS 1,02<u>8,386</u>. (3) EAST ASIA AND THE PACIFIC PROGRAM SERVICES RESEARCH & EXHIBITIONS 207,136. (4) SOUTH ASIA PROGRAM SERVICES RESEARCH & EXHIBITIONS 110,161. (5) MIDDLE EAST AND NORTH AFRICA PROGRAM SERVICES RESEARCH & EXHIBITIONS 107,322. (6) NORTH AMERICA PROGRAM SERVICES RESEARCH & EXHIBITIONS 42,498. (7) SOUTH AMERICA PROGRAM SERVICES RESEARCH & EXHIBITIONS 6,345. (8) RUSSIA/INDEPENDENT STATES PROGRAM SERVICES RESEARCH & EXHIBITIONS 6,737. (9) SUB-SAHARAN AFRICA PROGRAM SERVICES RESEARCH & EXHIBITIONS 2,495. (10) CENTRAL AMERICA/CARIBBEAN INVESTMENTS 547,461,184. (11) EUROPE INVESTMENTS 23,656,614. (12) NORTH AMERICA INVESTMENTS 9,085,212. (13)(14)(15)(16)(17)Sub-total....... 3a 581<u>,719,340.</u> Total from continuation sheets to Part I

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

Schedule F (Form 990) 2015

581,719,340.

Totals (add lines 3a and 3b)

METROPOLITAN MUSEUM OF ART

13~1624086

	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	duplicated if add (e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method valuation (book, FM\ appraisal, other)
									Other
					, , , , , , , , , , , , , , , , , , , ,				
		Charles and Company of the Company							
			·						

			· · · · · · · · · · · · · · · · · · ·						
)									

JSA 5E1275 1.000 06571Q 2536 2/3/2017 3:56:08 PM V 15-7.18

METROPOLITAN MUSEUM OF ART

Schedule F (Form 990) 2015

13-1624086

Page 3

(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	(n) Method of valuation (book, FMV, appraisal, other)
		-		-			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)							
(4)							
15)							
16)						1	
17)							
(8)							

Schedule F (Form 990) 2015

JSA 5E1276 1.000

06571Q 2536 2/3/2017 3:56:08 PM V 15-7.18

METROPOLITAN MUSEUM OF ART

13-1624086

Scried	title F (FOIT) 990/2013		Page 4
Par	t 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)	X 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	X 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)	X Yes	No 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)	X 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)	X 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	X No

Schedule F (Form 990) 2015

Page 5

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)

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.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Name of the organization	· · · · · · · · · · · · · · · · · · ·		***************************************		Employer identificati	ion number
METROPOLITAN MUSEUM OF ART					13-162408	6
Part Fundraising Activities. Con	nplete if the or	ganization	answered	d "Yes" on Form	990, Part IV, line	17.
Form 990-EZ filers are not						
1 Indicate whether the organization rais						
- man oblicitations				non-government (
b X Internet and email solicitations c X Phone solicitations				government grant	s	
d X In-person solicitations		g X Spe	cial fundra	ising events		
	r aral agraamant	المحمط فأفيد	المارية المارية المارية			
2a Did the organization have a written o or key employees listed in Form 990	. Part VII) or enti	tvin any ir	idividuar (ir ction with r	iciuding officers, o professional fundra	lirectors, trustees	X Yes No
b If "Yes," list the ten highest paid indi	ividuals or entitie	s (fundrais	ers) pursua	ant to agreements	under which the	fundraiser is to h
compensated at least \$5,000 by the	organization.	,	, .	3		14114141001 10 10 0
	Ţ.					
(i) Name and address of individual		(iii) Did fu	ndraiser have	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		or control of butions?	from activity	(or retained by) fundraiser listed in	(or retained by)
			· · · · · · · · · · · · · · · · · · ·		col. (i)	organization
1		Yes	No			
ATTACHMENT 1						
2						
3						
4						
P						
5						
6			-			
7						
8						
9						
10						
10						
Total				478,466.	206 212	070 150
3 List all states in which the organization	on is registered	or licensed	to solicit	contributions or t	206,313.	272, 153.
registration or licensing.		J. 110011000	to conon		ias been notified	и із ехенірі попі
AL, AK, AR, CA, CO, CT, FL, GA, HI, IL,						
KS, KY, LA, ME, MD, MA, MI, MN, MS, MO,	, MN, LN, HN, VN	NY,NC,N	D,OH,			
OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,	WI,					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. J\$A 5E1281 1.000

Schedule G (Form 990 or 990-EZ) 2015

	_				
- 1	3 -	16	24	. N 2	16

distribution	and the second	e G (Form 990 or 990-EZ) 2015				Page 2
	ari		e if the organization ans	wered "Yes" on Form 9	90, Part IV, line 18, o	r reported more
		than \$15,000 of fundraising even	nt contributions and gro	ss income on Form 990)-EZ, lines 1 and 6b.	List events with
	7	gross receipts greater than \$5,0			III.	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			COSTUME INST	REAL EST. COUN	9.	(add col. (a) through col. (c))
Φ	ĺ		(event type)	(event type)	(total number)	cor. (c))
Revenue	1	Gross receipts	12 405 010	0.40=.000	.	
	'	Orosa receipts	13,485,212.	2,485,000.	6,119,362.	22,089,574
Ľ.	2	Less: Contributions	13,371,712.	2 277 000	F 604 010	03.080.00
	3	Gross income (line 1 minus	13,3/1,/12.	2,377,890.	5,624,212.	21,373,814
	-	line 2)	113,500.	107,110.	405 150	715 760
	 		113,300.	107,110.	495,150.	715,760
	4	Cash prizes				
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs				

	7	Food and beverages				
걿						
ä	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 1	0 from line 3, column (d)) 		-4,683,040.
Pa	rt II	Gaming. Complete if the organ	inization answered "Y	es" on Form 990, Par	t IV, line 19, or rep	orted more
		than \$15,000 on Form 990-E	∠, line 6a.			
ne			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue		-		bingo/progressive bingo		col. (a) through col. (c))
8	4	Gross rayonus		i		
\dashv		Gross revenue				
S	2	Cash prizes				
Se	-	Out. prizes				
Expenses	3	Noncash prizes				
ш	·	1101100011 1111000 11111111111111111111				
ect	4	Rent/facility costs				
Dire.	-					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		L		25, 4, 45
ĺ	7	Direct expense summary. Add lines 2	through 5 in column (d)		▶	
			- (,		• • • • • • • •	
	8	Net gaming income summary. Subtrac	ct line 7 from line 1, colu	mn (d)		
						
9	En	ter the state(s) in which the organization	on conducts gaming acti	vities:		
а	ls t	he organization licensed to conduct ga	aming activities in each o	of these states?		Yes No
b	If "	No," explain:				
0 a	We	ere any of the organization's gaming lic	censes revoked, susper	ided or terminated during	the tax year?	Yes No
b	If "	Yes," explain:				
	*					

METROPOLITAN MUSEUM OF ART

13-1624086

Sche	edule 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:	
а	1138	%
b	b An outside facility	%
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	o if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	
	amount of gaming revenue retained by the third party > \$	
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ►	
16	Gaming manager information:	
	Name ▶	
	Name ►	***************************************
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
4=		
17	Mandatory distributions:	
а	and a state law to make chartable distributions from the damind proceeds to	·
b	retain the state gaming license?	Yes No
	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	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v	·\
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform), and ation
	(see instructions).	auon
SCHE	EDULE G, PART I, LINE 2B	
THE	MEMBERSHIP DEPARTMENT CONTRACTED TWO TELEMARKETING FIRMS, DONOR	
	VICES GROUP (DSG) AND COMNET MARKETING GROUP, TO FACILITATE CAMPAIGNS	
DIRE	ECTED AT CURRENT AND LAPSED MEMBERS OF THE MET THROUGHOUT FISCAL YEAR	
2016	6. BOTH FIRMS REFER TO A SCRIPT, PREAPPROVED BY THE MEMBERSHIP	
DEPA	ARTMENT, WHEN SOLICITING MEMBERS BY PHONE.	

METROPOLITAN MUSEUM OF ART

13-1624086

Sche	edule 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	138	%
b	[130]	%
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	
b	revenue?	Yes No
b	anni and annual or gaming revenue received by the organization as a	
С	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:	
	and data occording fully.	
	Name ▶	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming 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	
1989	or spent in the organization's own exempt activities during the tax year 🕨 💲	
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v. Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informations).), and ation
DURI	ING FISCAL YEAR 2016; 11,234 CURRENT MEMBERS WERE CONTACTED BY COMNET	
	THE CONTROLLED BY CONTROLLED BY	
MARK	KETING GROUP REQUESTING A CONTRIBUTION TO THE MEMBERSHIP ANNUAL	
א דיזרו	ZAI O 120 GUDDENT WENDERG COLOR	
AFFE	EAL; 8,132 CURRENT MEMBERS WERE CONTACTED BY DSG REQUESTING A	
CONT	FRIBUTION TO THE MEMBERSHIP ANNUAL APPEAL; 20,127 CURRENT MEMBERS WERE	
CONT	PACTED BY DSG PRIOR TO EXPIRATION WITH MEMBERSHIP RENEWAL REQUESTS;	
5,11	4 LAPSED MEMBERS WERE CONTACTED BY DSG AFTER EXPIRATION WITH A	
KEQU	JEST TO RENEW THEIR MEMBERSHIP.	**

METROPOLITAN MUSEUM OF ART

13-1624086

Sche	dule 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 enti		-	
	formed to administer charitable gaming?	, , .	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
. b		13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and		
	Name ▶			
	Name ▶			
	Address ▶			
15 a	Does the organization have a contract with a third party from whom the organization receives	amino		
	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 >			
40				
16	Gaming manager information:			
	Nama N			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided ▶			
	AMARIA			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro			_
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization of the comparization of the c	nizations		
Part	or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanation required by Part I, line 2b, columns	/:::\ d	/. N	
THE L	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	(III) and I	(v), and	
	(see instructions).	iai iinoii	nauon	
SCHE	EDULE G, PART II, LINE 11 AND FORM 990, PART VIII, LINE 8			
370~				
NOTE	E THAT THE \$4,683,040 LOSS ON FORM 990, PART VIII, LINE 8(C) EXCLUDES			
מיז נות	COL 272 OLA OE COMPUTDING MITCH TO THE TOTAL			
THE	\$21,373,814 OF CONTRIBUTIONS WHICH IF INCLUDED, WOULD RESULT IN A NET			
ימוזס	PLUS OF \$16.7 MILLION.			
JUKE	DOS OF \$10.7 MIDDION.			
	. Cahadi	de G (For-	n 990 or 990-	C7) 2045
	Scriege	• 1/10111		

		LOURIO DISCEOSONE COL L			
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? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
DONOR SERVICES GROUP 6715 SUNSET BLVD LOS ANGELES CA 90028	TELE- MARKETING	x	421,891.	152,776.	269,115.
COMNET	TELE- MARKETING	x	56,575.	53,537.	3,038.
1214 STOWE AVENUE MEDFORD OR 97501					

SCHEDULE	i
(Form 990)	

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22

2015

OMB No. 1545-0047

	Com	hiere it the o		wered tes on i		, line 21 or 22.	10000	<u> Bransa ayang Palawang</u>
Department of the Treasury				tach to Form 990.				Open to Public
Internal Revenue Service Name of the organization	► Informa	tion about S	chedule I (Forn	1 990) and its inst	uctions is at www	v.irs.gov/form990.		inspection
•	TOTAL OF AND						Employer identific	
METROPOLITAN MU							13-1624086	
	nformation on Grants and							
the selection crit 2 Describe in Part	zation maintain records to su teria used to award the grant IV the organization's proced	s or assistand dures for mor	e?	of grant funds in the	e United States.		[X Yes No
Part II Grants ar 990, Part	nd Other Assistance to D IV, line 21, for any recipi	omestic Ore	ganizations ar eived more the	nd Domestic Gov an \$5,000. Part II	ernments. Com can be duplicat	plete if the organiz ed if additional spa	ation answered "Ye ce is needed.	s" on Form
1 (a) Name and or o	address of organization 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
(1)								***************************************
(2)		1						
(3)								
(4)								
(5)								
(6)								
(9)								
(10)							***************************************	
(11)								
(12)								
2 Enter total num 3 Enter total num	ber of section 501(c)(3) and ber of other organizations lis	l government sted in the lin	organizations le 1 table	isted in the line 1 to	able			-

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

Schedule I (Form 990) (2015)

JSA 5E1288 1.000

06571Q 2536 2/3/2017 3:56:08 PM V 15-7.18

METROPOLITAN MUSEUM OF ART Schedule | (Form 990) (2015) 13-1624086

(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, appraisat, other)	(f) Description of non-cash assistance
THE BOTHMER PELLONSHIP	. 1.	6,253.		N/A	N/A
SYLVAN C. AND PAM COLEMAN FELLOWSHIP	6.	102,230.		N/A	N/A
3 CHESTER DALE FELLOWSHIP	6.	163,574.		N/A	N/A
ANNETTE DE LA RENTA PELLOWSHIP	2.	69,933.		N/A	N/A
THE DOUGLASS FOUNDATION FELLOWSHIP IN AMERICAN ART	1.	31,473.		N/A	м/А
3 SHBRMAN FAIRCHILD FOUNDATION FELLOWSHIP	2.	75,267,		N/A	N/A
7 ANDREW W. MELLON ART HISTORY PELLOWSHIP	11.	278.114.		N/A	N/A

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

rt III Grants and Other Assistance to Individ Part III can be duplicated if additional spa	uais in the Ur ce is needed.	nited States. Co	mplete if the c	rganization answered "	Yes" on Form 990, Part IV, line 22.
(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
ANDREW W. MELLON CONSERVATION FELLOWSHIP	11.	297,002.		N/A	N/A
ANDREW W. MELLON POSTDOCTORAL CURATORIAL FELLOWSHP	2.	158,377,		N/A	N/A
J. CLAWSON MILLS FEILOWSHIP	3.	64,500.		N/A	N/A
HEGOP KEVORKIAN FELLOWSHIP	2.	58,854.		N/A	N/A
HANNS AND BRIGITTE HORNEY SWARZENSKI FELLOWSHIP	2.	43,238.		N/A	N/A
JANE AND MORGAN WHITNEY FELLOWSHIP	. 19.	419,944.		N/A	N/A
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

Schedule I (Form 990) (2015)

5E15041.000 06571Q 2536 2/3/2017 3:56:08 PM V 15-7.18

13-1624086

Schedule I (Form 990) (2015)

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	(a) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
POLAIRE WEISSMAN FELLOWSHIP	1.	32,667.		N/A	N/A
RESEARCH SCHOLARSHIP IN PHOTOGRAPH CONSERVATION	1.	48,000.		N/A	N/A
ANDREW W. MELLON COLLECTIONS SCHOLARSHIP	4.	164,426.		N/A	N/A
LEONARD A. LAUDER FELLOWSHIP	4.	238,467.		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, 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)

JSA

5E16041.000 06571Q 2536 2/3/2017 3:56:08 PM V 15-7.18

Schedule I (Form 990) (2015)

13-1624086 Page 2

Part III Gr Pa	ants and Other Assistance to li rt III can be duplicated if addition	<mark>ndividuals in the U</mark> r al space is needed.	nited States. Co	mplete if the o	rganization answered	d "Yes" on Form 990, Part IV, line 22.
	(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
11						
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)

5E15041.000 06571Q 2536 2/3/2017 3:56:08 PM V 15-7.18

SCHEDULE J (Form 990)

Compensation Information
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. Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

METROPOLITAN MUSEUM OF ART

Part | Questions Regarding Compensation

Employer identification number

13-1624086

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			110
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			800
	X First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence		100	
	X Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
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	8 8 8		
_	explain	1b	X	
2	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? ,	2	X	
3	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.			
	The state of the s			
	X Compensation committee X Written employment contract X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
_	Type of the Board of Componential Committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	A STATE OF THE STA	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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:			
a Ł	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
6	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:			
а	The organization?	6a		X
	Any related organization?	6b		<u>X</u>
	If "Yes" on line 6a or 6b, describe in Part III.	00		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	x	
8	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	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	1800		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2015

Page 2

Schedule J (Form 990) 2015

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.

		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & Incentive compensation	(iil) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
THOMAS P. CAMPBELL	(i)	942,287.	0.	127,622.	37,501.	321,525.	1,428,935.	0
1DIR & CEO, EX-OFFICIO TRUSTEE	(ii)	0.	0.	0.	0.	0.	0.	0
DANIEL H. WEISS	(i)	327,931.	300,000.	154,008.	35,087.	1,086.	818,112.	0
2PRES&COO FROM 7/15;EX-OF TRUST	(ii)	0.	0.	0.	0.	0.	0.	0
EMILY K. RAFFERTY	(i)	216,630.	0.	2,017,937.	37,500.	10,409.	2,282,476.	1,583,400
3PRES., EX-OFPIC. TRUSTEE TO 3/15	(ii)	0.	0.	0.	0.	0.	0.	0
CLYDE B. JONES	(i)	199,258.	37,874.	8,610.	27,521.	651.	273,914.	0
4SVP INST. ADVMNT, FROM 7/2015	(ii)	0.	0.	0.	0.	0.	0.	0
CARRIE R. BARRATT	(i)	346,090.	0.	3,426.	37,501.	20,822.	407,839,	0
5DEPUTY DIR COLLECTIONS/ADMIN.	(H)	0.	0.	0.	0.	0.	0.	0
JENNIFER RUSSELL	(i)	364,768.	0.	10,483.	37,377.	1,668.	414,296.	0
6ASSOC DIR. OF EXHIB. TO 6/16	(ii)	0.	0.	0.1	0.	0.	0.	0.
SHARON H. COTT	(i)	424,534.	0.	4,009.	37,501.	20,712.	486,756.	0
7SR VP, SEC & GEN COUNSEL	(n) [0.	0.	0.	0.	0.	0.	0
HAROLD L. HOLZER	(i)	194,425.	0.	155,235.	37,072.	17,409.	404,141.	0 .
8SR VP, PUBLIC AFFAIRS TO 10/15	(ii)	0.	0.	0.	0.	0.	0.	0.
OLENA M. PASLAWSKY	(0)	477,595.	0.	6,925.	37,500.	9,374.	531,394.	0.
9SR VP, CFO & TREASURER TO 6/16	(6)	0.	0.	0.	0	0.	0	0.
NINA MCN. DIEFENBACH	(1)	346,129.	0.	3,429.	37,501.	20,823.	407,882.	0.
10 VP DEVEL. & MEMBSHP. TO 6/16	(8)	0.	0.	0.	0	0.	0.	0.
TOM JAVITS	(i)	352,154.	0.	5,326.	37,501.	20,843.	415,824.	0.
11VP CONSTRUCTION & FACILITIES	(ii)	0.	0.	0.	ō.	0.	0	0.
JO PROSSER	(i)	407,846.	0.	2,070.	34,784.	20,645.	465.345.	0.
12VP MERCHANDISING & RETAIL	(ii)	0.	0.	0.	0.	0.	0	0.
DEBRA A. MCDOWELL	(i)	305,475.	0.	2,958.	37,500.	8,633.	354,566.	0.
13VP FOR HUMAN RESOURCES	(0)	0.	0.	0.	0.	0.	0.	0.
ELYSE TOPALIAN	(i)	248,294.	0.	2,396.	36,169.	19,942.	306,801.	0.
14VP FOR COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
SUZANNE E. BRENNER	(i)	594,298.	624,828.	4,902.	338,000.	21,525.	1,583,553.	291,748.
15 SVP & CHIEF INVESTMENT OFFICER	(0)	0.	0.	0.	0.	0.	0.	2,7,740.
JEFFREY BLAIR	(1)	225,035.	0.	500.	32,158.	8,248.	265,941.	0.
16ASST.SEC&SR ASSOC.COUN.TO 2/16	(0)	0.	0.1	0.	0.	0,2.0	0.	0.

Schedule J (Form 990) 2015

JSA 5E1291 1.000

06571Q 2536 2/3/2017 3:56:08 PM V 15-7.18

13-1624086

Page 2

Schedule J (Form 990) 2015

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.

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

Schedule J (Form 990) 2015

JSA 5E1291 1.000

06571Q 2536 2/3/2017 3:56:08 PM V 15-7.18

METROPOLITAN MUSEUM OF ART

13-1624086

Schedule J (Form 990) 2015

Part III. Supplemental Information

Page 3

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

Schedule J (Form 990) 2015

5E1505 1.000 06571Q 2536 2/3/2017 3:56:08 PM V 15-7.18

METROPOLITAN MUSEUM OF ART

13-1624086

Page 3

Schedule J (Form 990) 2015

Part III Supplemental Information

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

TREATED AS TAXABLE COMPENSATION.

SCHEDULE J, PART 1, 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

JSA

5E1505 1.000 06571Q 2536 2/3/2017 3:56:08 PM V 15-7.18

METROPOLITAN MUSEUM OF ART

13-1624086

Page 3

Schedule J (Form 990) 2015

Part III Supplemental Information

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

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

JSA

5E15061.000 06571Q 2536 2/3/2017 3:56:08 PM V 15-7.18

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

METROPOLITAN MUSEUM OF ART									- 1		identii 2408		ı numb
Part I Bond Issues											,2300		
(a) issuer name	(b) issuer EIN	(c) CUSIP#	(d) Date iss	sued	(e) Issue price	(f) i	Description of p	urpose	(g) De	feased	(h) beha issi	If of	(i) Poo financ
A									Yes	No	Yes	Nó	Yes
A TRUST FOR CULTURAL RESOURCES OF THE CITY OF MY	911882413	649717NP6	12/01/2	1006	65,000,000.	PARTIAL FU	NDING OF CAL	ITAL PROJECT		х		х	
R								•]		
B TRUST FOR CULTURAL RESOURCES OF THE CITY OF MY	511882413	649717NQ4	12/01/2	006	65,000,000.	PARTIAL FU	NDING OF CAF	ITAL PROJECT		х		х	
С													
.				_					-				
Part II Proceeds		<u> </u>			· · · · · · · · · · · · · · · · · · ·								
				T	Α		В	,					
1 Amount of bonds retired					<u>~</u>		В	C				D	
2 Amount of bonds legally defeased				+					···········				
3 Total proceeds of issue					5,000,000	65	000,000.						
4 Gross proceeds in reserve funds				1	3,000,000		300,000.						
5 Capitalized interest from proceeds				†						_			
b Proceeds in retunding escrows				<u> </u>									
/ Issuance costs from proceeds				 	795,690	 -	795,690.						
6 Credit ennancement from proceeds						·	,,,,,,,,,,,						
vvorking capital expenditures from proceeds										-			
To Capital expenditures from proceeds				6.	4,204,310	64 3	04,310.						
11 Other spent proceeds					-,201,510	01,	.02,310.						
12 Other unspent proceeds													
13 Year of substantial completion			•••••										
				Yes	No	Yes	No	Yes	No		Yes		
14 Were the bonds issued as part of a current refundi	ng issue?				X	103	X	163	140		162		No
15 Were the bonds issued as part of an advance refur	ndino issue?		1		X		x						
16 Has the final allocation of proceeds been made?				х		X		·					
17 Does the organization maintain adequate box	oks and records	to suppo	rt the										
final allocation of proceeds?	<u> </u>		,	X		х	[
Part III Private Business Use							· · · · · · · · · · · · · · · · · · ·						
					Α		В	C				D	
1 Was the organization a partner in a partnership	o, or a member	of an LLC,	[Yes	No	Yes	No	Yes	No	+	Yes	Ť	No
which owned property financed by tax-exempt bon	ds?		<u> </u>		Х		Х			+			
4 Are there any tease arrangements that may	requit in Arivata	hueineee	uco of		V					\top			
bond-financed property? For Paperwork Reduction Act Notice, see the instructions for	Form 990		<u> </u>		X		X						000) 20-

JSA 5E1295 1000571Q 2536 2/3/2017

Schedule K (Form 990) 2015

3:56:08 PM V 15-7.18

METROPOLITAN MUSEUM OF ART

13-1624086

the second	ule K (Form 990) 2015								Page 2
Part	PA Private Business Use (Continued) PA				AL PROJE				
			A		В		С		D
3a /	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?,	Х		Х					
	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		Х					
	Are there any research agreements that may result in private business use of								
<u>l</u>	bond-financed property? , , , , ,		Х		X				
	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?								
	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 5	Enter the percentage of financed property used in a private business use as a								
г	result of unrelated trade or business activity carried on by your organization.								
a	another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 1	Total of lines 4 and 5 , , ,		%		%	***************************************	%		%
7 [Does the bond issue meet the private security or payment test?		Х		Х				T
	Has there been a sale or disposition of any of the bond-financed property to a			*******					
. n	nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		x		х				
	f "Yes" to line 8a, enter the percentage of bond-financed property sold or				·		-		<u></u>
	disposed of		%		%		%		%
	f "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
s	sections 1.141-12 and 1.145-2?								1
9 +	las the organization established written procedures to ensure that all								
n	nonqualified bonds of the issue are remediated in accordance with the				1				
re	equirements under Regulations sections 1.141-12 and 1.145-2?	Х] [x					ĺ
Part	Ⅳ Arbitrage		<u></u>		4		L		
			A		В		; T	ľ)
1 -	las the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
F	Penalty in Lieu of Arbitrage Rebate?		X		х			: **	
2 1	f "No" to line 1, did the following apply?								
a F	Rebate not due yet?		1						
b E	xception to rebate?	X			x				
c N	Vo rebate due?		†						
I f	"Yes" to line 2c, provide in Part VI the date the rebate computation was				<u> </u>				
	performed								
3 !	s the bond issue a variable rate issue?, , , , , , , , ,	Х		X	r	1			
4a H	has the organization or the governmental issuer entered into a qualified		<u> </u>	***************************************	 				
h	edge with respect to the bond issue?		x		х				1
b N	lame of provider		·····	····					
c T	erm of hedge,								
d M	Vas the hedge superintegrated?,,,,,								
e 1/	Vas the hedge terminated?								
	100 mo mago minimaleum 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·····	1		i				

JSA 5E1296 1.000

06571Q 2536 2/3/2017 3:56:08 PM V 15-7.18

Schedule K (Form 990) 2015

METROPOLITAN MUSEUM OF ART

13-1624086

A No X	Yes X Yes X Sedule K (s	B No X	Yes	C No	Yes	
X X	X Yes X	X X B No	Yes	C		
A No	Yes	B No	Yes			
A No	Yes	B	Yes			
A No	Yes	B	Yes			
A No	Yes	B	Yes			
A No	Yes	B	Yes			
No	Yes	No	Yes			
No	Yes	No	Yes			
No	x	No	Yes			
No	x	No	Yes			
	x			No		
	x					
ons on Sch	x edule K (s	see instruc	tions).			
ns on Sch	A dedule K (s	see instruct	tions).			
ns on Sch	edule K (s	see instruct	tions).			
	• • • • • • • • • • • • • • • • • • • •					
				Sci	hedule K (For	m 9!
					Sc	Schedule K (For

METROPOLITAN MUSEUM OF ART

13-1624086

Schedule K (Form 990) 2015

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

Page 4

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 K (Form 990) 2015 PAGE 67

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) Domplete 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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

		de e		
	pen	To	Pub	dic.
				W
a r	spe	ctic	m	
2	وبراء	× 10	201.0	

Employer identification number

METE	ROPOLITAN MUSEUM	OF ART						13	-162	2408	6			
Part		Fransactions organization a	(section 501 answered "Y	l(c)(3 es" o), sec n Forn	tion 501(c)(4), and n 990, Part IV, line	501(c)(29) orga 25a or 25b, or F	anizations orm 990	only) -EZ, P	art V,	line 4	0b.		
1	(a) Name of disqualified	person				n disqualified person and	(c) Description of transaction		saction	tion) Con	ected?	
					organi	zation	(0)		OI (IGN)	3441011		Υ	es	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
3 Part		x, if any, on l From Interes	ine 2, above	, rein es" oı	nburse	d by the organizatio	n , , .			* \$ <u>_</u>	or if t	he		
(a) Name of interested person (b) Relationship with organization		(c) Purpose of Ioan	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(f) Balance due	(g) In default? (h) Approv by board of committee		pard or	d or agree					
				То	From			Yes	No	Yes	No	Yes	N	0
(1)														

	To	From		Yes	No	Yes	No	Yes	No
(1)									
(2)									
(3)									
(4)									
(5)					-				
(6)									
(7)									
(8)									
(9)									
(10)									
Total		······	2	100	A STAN	(40.00	V 5 1 5 1 5 4 4		V 2545 V 1

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(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)			W	
10)				

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

METROPOLITAN MUSEUM OF ART

Schedule L (Form 990 or 990-EZ) 2015

Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues?	
				Yes	No
(1) WHALE ROCK FLAGSHIP FUND LTD.	SEE PART V	2,051,083.	MANAGEMENT & PERFORMANCE FEE		х
(2) BROADREACH CAPITAL PARTNERS	SEE PART V		MANAGEMENT PEE		Х
(3)					^
(4)				 	
(5)				—	
(6)					
(7)				 	
(8)					ļ
(9)					
0)					

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

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.

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

1	rypes 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 amou	nts
1	Art - Works of art	Х	224.	0.		
2	Art - Historical treasures			0.		
3	Art - Fractional interests	X	9.	0.		
4	Books and publications			U.		
5	Clothing and household		N MANAGEMENTAN			
•	goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded	Х	184.	34 255 679	MKT VALUE- GIFT DA	
10	Securities - Closely held stock	22	101.	34,233,073.	MKI VALUE GIFI DA	AIH
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	Х	1.	20 000 240	A DDD A T CLAY	
16	Real estate - Commercial	^_	т.	20,990,340.	APPRAISAL	
17	Real estate - Other					
18	Collectibles					
19	Food inventory.					
20	Drugs and medical supplies					
21						
22	Taxidermy				<u> </u>	
23						
23 24	Scientific specimens		***************************************			********
24 25	Archeological artifacts					
26	Other ►()					
20 27	Other ►()					
	Other ►()					
28 29	Other ►()					
29	Number of Forms 8283 received to	by the orga	nization during the tax year	ar for contributions for		_
	which the organization completed Fo	orm 8283, F	'art IV, Donee Acknowledge	ment	T	<u>6.</u>
20~	During the year did the arrani-ti-					<u> 0</u>
ova	During the year, did the organization	on receive b	y contribution any propert	y reported in Part I, lines	1 through	
	28, that it must hold for at least three	ee years fro	m the date of the initial co	ntribution, and which is n	ot required	334
r_	to be used for exempt purposes for ti		Iding period?		30a	Χ
	If "Yes," describe the arrangement in					
31	Does the organization have a g	ift accepta	ince policy that requires	the review of any no	on-standard	N.
٠.	contributions?				31 X	
52a	Does the organization hire or use	third partie	s or related organizations	to solicit, process, or se	ell noncash	
,	contributions?		• • • • • • • • • • • • • • • • • • • •		32a X	
	If "Yes," describe in Part II.					
33	If the organization did not report an a	amount in c	olumn (c) for a type of prop	erty for which column (a)	is checked,	
	describe in Part II.				- Path 1997 5	

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

Schedule M (Form 990) (2015)

Part II

Page 2

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

2015
Open to Public
Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Employer identification number

Name of the organization

13-1624086

METROPOLITAN MUSEUM OF ART

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

Schedule O (Form 990 or 990-EZ) 2015

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

Page 2

13-1624086

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

JSA 5E1228 1.000

Name of the organization
METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

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:

JSA 5E1228 1.000

Name of the organization
METROPOLITAN MUSEUM OF ART

Employer identification number 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

Schedule O (Form 990 or 990-EZ) 2015

Name of the organization

Employer identification number

Page 2

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

Name of the organization
METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

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)

CURITORIAL, 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

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number 13-1624086

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 & LECTURES

Name of the organization
METROPOLITAN MUSEUM OF ART

Employer identification number 13-1624086

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
EREUER, 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

Schedule O (Form 990 or 990-EZ) 2015

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

Page 2

13-1624086

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

Name of the organization
METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

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

Name of the organization
METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

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

Schedule O (Form 990 or 990-EZ) 2015

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

Page 2

13-1624086

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

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number 13-1624086

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

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number 13-1624086

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

Name of the organization
METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

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

Name of the organization
METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

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

Name of the organization		Employer identification	number					
METROPOLITAN MUSEUM OF ART		13-1624086						
TOTAL	(62,130,861)							
		ATTACHMENT 1						
FORM 990, PART III, LINE 4D - OTHER PROGRAM	SERVICES							
DESCRIPTION	GRANTS	EXPENSES	REVENUE					
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					
TO	TALS	99,930,443.	2,615,627					
NODW OOO DARE UT I THE 15 OFFEE		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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

BEYER BLINDER BELLE

CONSTRUCTION MANAGER

7,698,340.

JSA 5E1228 1.000

Schedule O (Form 990 or 990-EZ) 2015

Schedule O (Form 990 or 990-EZ) 2015 Name of the organization	Employer	Pa dentification number
METROPOLITAN MUSEUM OF ART		L624086
	ATTACHME	
990, PART VII- COMPENSATION OF THE FIVE	HIGHEST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSARIA
	DESCRIPTION OF SERVICES	COMPENSATION
120 BROADWAY		
NEW YORK, NY 10271		
20 20737		
RC DOLNER, LLC	CONSTRUCTION MANAGER	6,351,994.
307 5TH AVE., 3RD FLOOR NEW YORK, NY 10016		
10K, W1 10016		
AUL AVILA INC	DESIGN CONSULTANT	1,697,246.
0 WEST 22ND STREET, STE 1012	DESECUTION CONSULTANT	1,097,240.
EW YORK, NY 10010		
ASTERPIECE INTERNATIONAL		
9 BROADWAY	CUSTOMHOUSE BROKERS	1,605,532.
EW YORK, NY 10006		
IG SHOW CONSTRUCTION MANAGEMENT	CONSTRUCTION MANAGER	644,605.
31 WEST 29TH STREET, STE 504		011,003.
EW YORK, NY 10001		

METROPOLITAN MUSEUM OF ART

13-1624086

SCHEDULE R (Form 990)

Department of the Treasury

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

Internal Revenue Service Name of the organization METROPOLITAN MUSEUM OF ART 13-1624086 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (a)
Name, address, and EIN (if applicable) of disregarded entity (b) Primary activity (c) Legal domicile (state or foreign country) (d) Total income (f) Direct controlling entity (1) (2)

(3) (4) (5) (6)

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. Part II

(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	Section 5 cont ent	g) 512(b)(13) rolled tity?
(1)						Yes	No
(2)							-
(3)						T	
(4)							
(5)						ļ	
(6)							<u> </u>
(7)							:
Y.							

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

Schedule R (Form 990) 2015

SE1307 1.000 06571Q 2536 2/3/2017

3:56:08 PM V 15-7.18

PAGE 90

METROPOLITAN MUSEUM OF ART

13-1624086

Part III Identification of Robecause it had one	or intore related org	anizations	treated as a	rship C partne	omplete it ership durir	f the o	organizati tax year.	on answere	d "Yes"	on l	Form	990, Part IV	line	34	
(a) Name, address, and EIN of related organization	(b) Primary activily	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	i	(e) Predominant ncome (related unrelated, excluded from fax under ctions 512-514		(f) Share of to income	tal Share o	g) of end-of- assets	Grapes	(h) portomie rations?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Ger ma	(j) neral or naging rtner?	(k) Percentage ownership
(1)										Yes	No		Yes	No	
(2)			···				· · · · · · · · · · · · · · · · · · ·						-		
(3)				_		-									
(4)													_		
(5)					\								-		
(6)				-	· · · · · · · · · · · · · · · · · · ·								_		
<u>(7)</u>						_							-		
Part IV Identification of Re	elated Organizations	Taxable	s a Corpora	ation or	Trust Co	mplet	te if the or	ganization :	nswere	/" he	Yes"	on Form 990	Par	+ 11/	
ille 34 because it i	(a)	ited organ	zations treat	ed as a	corporati	on or	trust durir	ng the tax ye	ar.		n co n	(g)	, 1 ai	,	
Name, address, and I	EIN of related organization		Primary	activity	Legal domicile (state or foreign country)		entity	Type of enti (C corp, S corp trust)		hare inco	of total	Share of end-of-year a	sets	(h) Percent owners	hip 512(b)(1 controlle
(1) CHARITABLE TRUSTS (13)															Yes No
			TRUST			N/A		TRUST							x
(2)			_												
(3)									-						
(4)											***************************************				
(5)										•					
(6)															
(7)														· · · · · · · · · · · · · · · · · · ·	
JSA 5E1308 1,000	<u> </u>				<u> </u>	L						Sched	ule R	(Form	990) 2015

Schedule R (Form 990) 2015

06571Q 2536 2/3/2017 3:56:08 PM V 15-7.18

PAGE 91

Schedule R (Form 990) 2015

METROPOLITAN MUSEUM OF ART

13-1624086

Page 3

Part V	- Samuella Complete in the organization answered	es" on Form 990, Pa	art IV, line 34, 35b, or 36.			
Note. C	omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Ye	s N
1 Du	ring the tax year, did the organization engage in any of the following transactions with one or more	e related organizations	listed in Parts II-IV?			
a Re	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	244
D ()	t, grant, or capital contribution to related organization(s)				1b	\top
0 011	c, grant, or capital contribution from related organization(s)				1c	+
	and an ideal guarantees to or for related organization(s)				1d	
e Lo	ans or loan guarantees by related organization(s)				1e	
o Sa	ridends from related organization(s)	· · · · · · · · · · · · · · · ·			1f	_
h Po	e of assets to related organization(s)	· · · · · · · · · · · · · · · ·			1g	1
i Ex	rchase of assets from related organization(s)	· · · · · · · · · · · · · · · ·			1h	
i Lea	change of assets with related organization(s).				1i	↓_
	ase of facilities, equipment, or other assets to related organization(s)				1j	
k Lea	see of facilities, equipment, or other assets from related organization(s)				1k	
	rolling to the second of the interstity of turing also a collections for related organization (c)				1)	╁
H11 1 C	ionance of services of inembership of fundraising solicitations by related organization(s)				1m	-
11 0116	aring of facilities, equipareria, making lists, or other assets with related organization(s)				10	+-
o Sha	aring of paid employees with related organization(s)				10	+
					10	
p Rei	mbursement paid to related organization(s) for expenses,				1p	3462.6264
q Rei	mbursement paid by related organization(s) for expenses				1q	
r Oth	er transfer of cash or property from related organization(s)				11	
					4	-
. If th	e answer to any or the above is Tes, see the histractions for information on who must complete	this line, including cov	ered relationships and trans	action three	sholds.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	1	(d)	
		type (a-s)	Amount involved		of determin nt involved	ng
ļ						
				_		
<u> </u>						
)						
309 1.000			Sch	edule R (Fo	orm 990)	2015

Schedule R (Form 990) 2015

06571Q 2536 2/3/2017 3:56:08 PM V 15-7.18

PAGE 92

METROPOLITAN MUSEUM OF ART

13-1624086

Page 4

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

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

(a) Name, address, and EIN of entity	(b) (c) Primary activity Legal domicile (state or foreign country)		ign income (related.	organizations?		total income	(g) Share of end-of-year assets	(h) Disproportionate alfocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
)			sections 512-514)	Yes	No			Yes	No		Yes	No	
							:						
)										· · · · · · · · · · · · · · · · · · ·			
)	· · · · · · · · · · · · · · · · · · ·			 									
)							!						
)						- 1							
													·····
)													
)													
								-					
					\dashv								·
												_	

JSA 5E1310 1.000

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

06571Q 2536 2/3/2017 3:56:08 PM V 15-7.18

PAGE 93

METROPOLITAN MUSEUM OF ART

13-1624086

Schedule R (Form 990) 2015

Page 5

Part VII Supplemental Information

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