Return of Organization Exempt From Income Tax

Form **990**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

20**22** Open to Public

OMB No. 1545-0047

| A | For th | ne 202 | 2 calendar year, or tax year begir | nning 07/01/20 | 22 | and en | ding | | 06 | 30/20 | 23 | |
|--------------|----------------|-------------|------------------------------------------------------------------------------------------------|---------------------------------|-----------------|-----------------------------------------|-----------------------------------------|----------------------------------------|---------|-----------------|---------|----------------------------------------|
| ρ. | Check if a | | C Name of organization | | | | | D Employer id | ientifi | ication num | ber | |
| 5 | | | METROPOLITAN MUSEUM (| OF ART | | | | l | | | | |
| | Addr | | Doing Business As | | | | *************************************** | 13 | -16 | 24086 | | |
| | Nam | e change | Number and street (or P.O. box if mail is | not delivered to street address | s) | Room/suit | е | E Telephone | | | | |
| | Initia | l retum | 1000 FIFTH AVENUE | | | | | (2 | 121 | 879-55 | 500 | |
| Г | Term | inated | City or town, state or province, country, | and ZIP or foreign postal code | | *************************************** | | \- | 12/ | | 700 | ······································ |
| | Amei | | NEW YORK, NY 10028-0 | 198 | | | | G Gross receip | nferi\$ | COO EO | e 50 | 20 |
| | | cation | F Name and address of principal officer: | MAX HOLLEIN | | | | H(a) Is this a gro | | | Yes | X No |
| ــــــ | i pend | ing | 1000 FIFTH AVENUE, N | | 20 0200 | | | subordinate | s? | | ŧ | - |
| Ī | Tax-ex | cempt sta | 7 7 7 |) (insert no.) | | | E07 | H(b) Are all subcr | | · | Yes | No |
| J | | | WWW.METMUSEUM.ORG |) 🖣 (insertino.) | 4947(a)(1) | OF | 527 | 1 | | st. (see instru | zions) | |
| K | | | | Association Other | | I Van | | H(c) Group exem | | · | | |
| | art I | | nmary | Association Other | <u> </u> | L Yea | romorma | tion: 1870 M | State | e of legal do | micile: | NY |
| | 1 | | | | | ATTITUTE OF THE | | 1270777 | | | | |
| a |] | | describe the organization's mission o | | | | | | F' A | RT COL | LEC. | <u> </u> |
| Governance | | | DIES, CONSERVES, AND PRE | | | | | ROSS ALL | | | | |
| ž. | _ | | ES AND CULTURES. PLEASE | | | | | ~ ··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· | | | | |
| š | 2 | Uneck | this box 🕨 🔲 if the organization d | iscontinued its operation | s or dispose | ed of more | than 25% | of its net asset | 1 1 | ı | | |
| | 1 . | Numb | er of voting members of the governing | body (Part VI, line 1a) | | | | | 3 | | | 47 |
| es | 4 | Numb | er of independent voting members of t | he governing body (Part \ | /I, line 1b) . | | | | 4 | | | 44 |
| Ϋ́ | 5 | Total r | number of individuals employed in cale | endar year 2022 (Part V, lir | ne 2a) | | | | 5 | | 2 | ,127 |
| Activities & | 6 | Total r | number of volunteers (estimate if neces | sary) | | | | | 6 | | 1 | ,341 |
| ٩ | 7a | Total ι | unrelated business revenue from Part V | III, column (C), line 12 | | | | | 7a | 4, | 687 | ,915. |
| | b | Net ur | related business taxable income from | Form 990-T, line 34 | | | | | 7b | | | NONE |
| | | | | | | | | Prior Year | | Curr | ent Ye | ar |
| ē | 8 | Contri | butions and grants (Part VIII, line 1h) | | COD | V FOD | ך 📖 ד | 307,540,92 | 22. | 383, | 849 | ,407. |
| Revenue | 9 | Progra | am service revenue (Part VIII, line 2g) | | או או או או או | T FUR Jedection | | 11,654,82 | 21. | 7, | 531 | ,830. |
| Re. | 10 | 1111000 | ment moone (runt vin, column (A), inte | 25 J, 4, Aliu / U) | <u></u> | | | 296,595,26 | 54. | 366, | 359 | ,726. |
| | 11 | Other | revenue (Part VIII, column (A), lines 5, | 6d, 8c, 9c, 10c, and 11e) | | | | 37,710,9 | L7. | 3, | 786 | ,863. |
| | 12 | | evenue - add lines 8 through 11 (must | | | | | 553,501,92 | 24. | 761, | 527 | ,826. |
| | 13 | Grants | s and similar amounts pald (Part IX, colu | ımn (A), lines 1-3) | | | | 3,056,78 | 30. | 2, | 356 | ,363. |
| | 14 | Benefi | its paid to or for members (Part IX, colu | mn (A), line 4) | | | | N | ONE | | | NONE |
| S | 15 | Salarie | es, other compensation, employee bene | efits (Part IX, column (A), I | ines 5-10) | | . 1 | 94,153,23 | 16. | 210, | 703 | ,057. |
| Expenses | 16a | Profes | sional fundraising fees (Part IX, column | (A), line 11e) | | | | 120,96 | 58. | | 110 | ,788. |
| ă X | b | Total f | undraising expenses (Part IX, column (I | D), line 25) 🕨20 , 8 | 57,928. | | | | | | **** | |
| ш | 17 | Other | expenses (Part IX, column (A), lines 11 | a-11d, 11f-24e) | | | . 2 | 21,425,90 |)5. | 207, | 073 | 856. |
| | 18 | Total e | expenses. Add lines 13-17 (must equal | Part IX, column (A), line 2 | 5) | | . 4 | 18,756,86 | 59. | 420, | 244 | 064. |
| | 19 | | ue less expenses. Subtract line 18 from | | | | | 34,745,05 | 55. | | | 762. |
| Sor | 20 21 22 | | | | | | Begin | ning of Current \ | /ear | End | of Yea | r |
| set | 20 | Total a | assets (Part X, line 16) | | | | 5,3 | 73,900,47 | 76. | 5,614, | 873, | 152. |
| t As | 21 | Total li | iabilities (Part X, line 26) | | | | E | 55,417,71 | | | | 704. |
| 2.5 | 22 | Net as | sets or fund balances. Subtract line 21 | from line 20 | | | 4,7 | 18,482,76 | 55. | | | |
| Pa | rt II | | ınature Block | | | | | | | | | |
| Und | der per | naities of | f perjury, I declare that I have examined thi complete. Declaration of preparer (other than | s return, including accompa | nying schedu | ies and stat | ements, a | nd to the best of | my I | knowledge | and be | lief, it is |
| 1100 | z, corre | CL, and C | complete: Declaration of preparer (other than | onicer) is based on all inforr | nation of which | on preparer | has any kr | iówledge. | | | | |
| ٠. | | | E Filed | | | | | 02/3 | 13/: | 2024 | | |
| Sig | | | Signature of officer | | | | | Date | | | | |
| He | re | JAME | SON KELLEHER | | coo, c | FO & T | REASU | RER | | | | |
| | | | Type or print name and title | | | | | | | | | |
| | | Print/1 | Type preparer's name | Preparer's signature | | Date | | Check | if F | PTIN | ~~~ | |
| Paic | | TRAV | VIS L PATTON | E Filed | | 02/1 | 2/202 | - | | P00369 | 623 | |
| | oarer | Firm's | | | | 32/1 | | Firm's EIN ▶ | | 2-0460 | | |
| บรย | Only | | | STE 1100 WASHINGTON, | DC 20001 | | | Phone no. | | 12-414 | | <u> </u> |
| May | the II | | cuss this return with the preparer showr | | w/ | | 1 | FRUIT NV. | | . X Ye | ······ | |
| | | | Reduction Act Notice, see the separat | | <u> </u> | · · · · · · | · · · · · | · · · · · · · · · · · · · · · · · · · | <u></u> | | | (2022) |
| | - | | • | | | | | | | | | (~ ~ ~ ~) |

Form 990 (2022) Part IV Checklist of Required Schedules

Page 3

| | | | Yes | No |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------|-----------------------------------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | X | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| _ | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| _ | "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| _ | complete Schedule D, Part III | 8 | X | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| 40 | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | <u>X</u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| 11 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable. | | | |
| 3 | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| a | complete Schedule D, Part VI | | 4. | |
| h | Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more | 11a | X | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 446 | 77 | |
| c | Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more | 11b | X | |
| _ | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | ł | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | 110 | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | х | 21 |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | -11 | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | - | Х |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | x | |
| 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 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| 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 | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | X. | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| 47 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | _X | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| 40 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | X | *************************************** |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| 10 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | -X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Ves." complete Schedule G. Part III. | | 1 | •• |
| 20 = | If "Yes," complete Schedule G, Part III | 19 | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | <u>X</u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 20b | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 24 | - | v |
| JSA 25 1021 | | 21 Form | 000 | X |
| 2E 1021 | 06571Q K686 V22-7.11 | r-orm | 9 3 U (| 2022) |
| | e services 1 to account | | | |
| | | | | |

Part IV Checklist of Required Schedules (continued)

Form 990 (2022)

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| | | | Yes | No |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------|-----------------------------------------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | Х | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | Х | |
| d | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | Х |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | X |
| q | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | Х |
| 25 a | 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 | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, | | | |
| | Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| 0.4 | conservation contributions? If "Yes," complete Schedule M | 30 | X | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| 22 | complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | - | |
| 21 | | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | | | |
| 35 = | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 | X | ** |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 35a | | X |
| U | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 251- | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 35b | | *************************************** |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 26 | - | v |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | | X |
| • | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 27 | | v |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | 37 | | <u>X</u> |
| | 19? Note: All Form 990 filers are required to complete Schedule O | 38 | x | |
| Part | V Statements Regarding Other IRS Filings and Tax Compliance | | 4x [| |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | · · · · | Yes | No |
| 1 a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE | | ĺ | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | х | |

| Form | METROPOLITAN MUSEUM OF ART 13-1624 | 1086 | r | ` F |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|-----------------------------------------|
| Par | | Τ | Yes | age 5 |
| | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | 100 | 140 |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 2,127 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | Х | **** |
| 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 account)? | 4a | Х | |
| b | If "Yes," enter the name of the foreign country EGYPT | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | <u>X</u> |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| va | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| h | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | OD | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | x | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | *************************************** |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | •••••• |
| ħ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | *************************************** |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | ĺ | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | 0- | | |
| h | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9a 9b | | |
| | Section 501(c)(7) organizations. Enter: | 90 | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | Section 501(c)(12) organizations. Enter: | | 1 | |
| | Gross income from members or shareholders | | ĺ | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | *************************************** |
| а | 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. | |] | |
| D | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | the organization is licensed to issue qualified health plans | 1 | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 140 | | ···· |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14a 14b | | <u>X</u> |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 170 | | |
| | excess parachute payment(s) during the year? | 15 | x | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952, or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | |

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Form 990 (2022) METROPOLITAN MUSEUM OF ART Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 47 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... Χ 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Х Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Х X. ĸ Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?..... 8a X **b** Each committee with authority to act on behalf of the governing body?...... 8b Χ 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 on Schedule O. Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 10b 11a X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?. b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Χ c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Х 13 13 Х 14 Did the organization have a written document retention and destruction policy?........ 14 X 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? 15a Х 15b Х If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Χ b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure SEE SCHEDULE O 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain on Schedule O)

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

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

Form 990 (2022)

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, office Individua | unle: er ani | Pos heck ss pe | erson | n both st Highest compensated en is or employee | an | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------|-----------------------------------------------------------------------------------------|-----------------------|-----------------|----------------------|-----------|-------------------------------------------------|----|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| (1) LAUREN A. MESERVE | 35.00 | | | | | | | | | |
| SVP & CHIEF INVESTMENT OFFICER | NONE | 1 | | х | | | | 1,407,610. | NONE | 392,659. |
| (2) DANIEL H. WEISS | 35.00 | | | - | - | | | | 110111 | 332,033. |
| PRESIDENT, CEO TO 6/23 | NONE | Х | | х | | | | 1,406,934. | NONE | 64,934. |
| (3) MAX HOLLEIN | 35.00 | | | | | | | | 210211 | 02,301. |
| MARINA KELLEN FRENCH DIRECTOR | NONE | X | | Х | | | | 1,340,254. | NONE | 56,699. |
| (4) CLYDE B. JONES | 35.00 | | | | | | | | | |
| SVP, INSTITUTIONAL ADV TO 6/22 | NONE | | | | ļ | X | | 1,003,124. | NONE | 47,585. |
| (5) LAWRENCE CHOI | 35.00 | | | | | | | | | |
| SNR INVESTMENT OFFIC FROM 7/22 | NONE | | | | | Х | | 602,788. | NONE | 33,783. |
| (6) JAMESON KELLEHER | 35.00 | | | | | | | | | |
| SVP, FIN & OPS, CFO, TREASURER | NONE | | | Х | | | | 568,585. | NONE | 44,300. |
| (7) SHARON H. COTT | 35.00 | | | | | | | | | |
| SVP, SECRETARY & GEN. COUNSEL | NONE | | | Х | | | | 488,526. | NONE | 64,614. |
| (8) STEPHEN MARTIN MANNELLO | 35.00 | | | | | | | | | |
| GMM & HEAD OF RETAIL | NONE | | | | | X | | 398,409. | NONE | 55,437. |
| (9) QUINCY HOUGHTON | 35.00 | | | | | | | | | |
| DEPUTY DIR FOR EXHIBITIONS | NONE | | | Х | | | | 386,249. | NONE | 65,459. |
| (10) KENNETH WEINE | 35.00 | | | | | | | | | |
| VP EX. AFFAIRS/CHIEF COMMS OFF | NONE | | | Х | | | | 377,608. | NONE | 56,445. |
| (11) ANDREA BAYER | 35.00 | | | | | | | | | |
| DEPUTY DIR, COLLECTIONS/ADMIN | NONE | | | Х | | | | 357,567. | NONE | 65,324. |
| (12) STEPHEN A. MANZI | 35.00 | | | | | | | | | |
| CHIEF DEV OFF, INDIV GIVING | NONE | | | L | ļ | X | | 348,514. | NONE | 65,203. |
| (13) JHAELEN HERNANDEZ ELI | 35.00 | | | | | | | | | |
| VP CAPITAL PROJECTS FROM 7/22 | NONE | | | Х | | | | 349,864. | NONE | 56,068. |
| (14) INKA DROGEMULLER | 35.00 | | | | | | | | | |
| DEP DIR DIGITAL/EDU/PUB/LIB | NONE | <u> </u> | L | Х | | | | 351,393. | NONE | 43,100. |

Form 990 (2022)

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| Part VII Section A. Officers, Directors, Tr | 1 | y <u>- 11</u> | ipic | | | anu | ny | |] | ees (| 1 |
|---------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------|-----------------------|---------|-----------------|------------------------------|---------------|-------------------------|-----------------------------------------|-----------------------------------------|------------------------------|
| (A) Name and title | (B) | | | • | C) | | | (D) | (E) | | (F) |
| Name and the | Average hours per | (do | not c | | sition c mon | e than d | one | Reportable compensation | Reportat | | Estimated amount of |
| | week (list any | ' | | | | is both | | from | compensatio related | | other |
| | hours for | | | 7 | | tor/trus | | the | organizati | | compensation |
| | related | or d | Inst | Officer | Key | la High | Former | organization | (W-2/1099-N | | from the |
| | organizations below dotted | lire di | ĝ | Cer | em | bloy | mer | (W-2/1099-MISC) | | , | organization |
| | line) | of at | ona | | Key employee | 8 8 | , | | | | and related organizations |
| | , | Individual trustee or director | 2 | | yee | mpe | | | | | Organizations |
| | | 8 | Institutional trustee | | | Highest compensated employee | | | | | |
| 15) STEVEN R. RYAN | 35.00 | | | | | | | | | | |
| CHIEF TECHNOLOGY OFFICER | NONE | | | | | X | | 329,282. | | NONE | 60,384 |
| 16) RISHI AGNANI | 35.00 | | | | | | | | | *************************************** | |
| INTERIM CHIEF HR OFF FROM 7/22 | NONE | | | | X | | | 288,922. | | NONE | 62,637 |
| 17) JEANETTE BRIZEL | 35.00 | | | | 1 | | 1 | | | | 02/03/ |
| CHIEF HR OFFICER TO 6/22 | NONE | | | | l _x | | | 054 441 | | NICHTE | 20.00 |
| 18) CANDACE K. BEINECKE | | | 1 | - | 1-2 | | - | 254,441. | | NONE | 26,395 |
| | 5.00 | 1 | | | | | | | | | |
| ELECTIVE TRUSTEE & CO-CHAIR | NONE | X | | X | <u> </u> | <u> </u> | - | NONE | | NONE | NON |
| 19) HAMILTON E. JAMES | 5.00 | | | | |] | | | | | |
| ELECTIVE TRUSTEE & CO-CHAIR | NONE | X | | X | | | | NONE | | NONE | NON |
| 20) RICHARD L. CHILTON, JR. | 2.00 | | | | | | | | | | |
| ELECTIVE TRUSTEE & VICE CHAIR | NONE | X | | x | | | | NONE | | NONE | NON |
| 21) CHARLES N. ATKINS | 1.00 | | | | | | | | | | 1102 |
| ELECTIVE TRUSTEE TO 5/10/23 | NONE | x | | | | | | NONE | | NONE | NTON: |
| 22) DEBRA BLACK | 1.00 | 1-2 | | - | | | _ | 140145 | | NONE | NON |
| ELECTIVE TRUSTEE | | 1,, | | | | 1 | | | | | 1 |
| | NONE | X | ļ! | ├ | - | <u></u> | ļ | NONE | | NONE | NON |
| 23) SAMANTHA BOARDMAN | 2.00 | | | | | | | | | | J |
| ELECTIVE TRUSTEE | NONE | X | | | <u> </u> | | <u> </u> | NONE | | NONE | NON |
| 24) JAMES BREYER | 1.00 | | | | | | | | | | |
| ELECTIVE TRUSTEE | NONE | X | | | | | | NONE | | NONE | NON |
| 25) URSULA BURNS | 1.00 | | | | | | | | | | |
| ELECTIVE TRUSTEE | NONE | X | | | | | | NONE | | NONE | NON |
| 1h Sub-total | | 4 | J | <u></u> | -d | J | 1 | 10,260,070. | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | |
| c Total from continuation sheets to Part VII, S | | • • • | ٠. | | • • | • • • | | | | NONE | |
| d Total (and lines the and to) | section A . | | | • • | | | ₽ | NONE | | NONE | |
| d Total (add lines 1b and 1c) | | <u> </u> | | | | • • • | ▶ | 10,260,070. | | NONE | 1,261,026 |
| 2 Total number of individuals (including but not reportable compensation from the organization | : limited to t on ▶ | hose | liste | d al | | e) who 50 | o re | ceived more than t | \$100,000 of | | |
| | | | | | | | | | | | Yes No |
| 3 Did the organization list any former offi | cer, directo | r, or | tru | ıste | e, | кеу є | emp | loyee, or highest | compensa | ted | |
| employee on line 1a? If "Yes," complete Sched | iule J for sui | on ina | iviai | uai | | | • • | | | | 3 |
| 4 For any individual listed on line 1a, is the | sum of rep | ortab | ole c | com | pen | satio | n ar | nd other compens | ation from t | he | |
| organization and related organizations gr | eater than | \$15 | 50,0 | 00? | ? If | "Yes | s," (| complete Schedul | e J for su | ıch | SE- SS S S S S S |
| individual | | | | | | | | | | | 4 |
| 5 Did any person listed on line 1a receive or | accrue co | mnen | sati | on i | fron | anv | im | related organizatio | in or individu | (e) | |
| for services rendered to the organization? If "Y | es." comple | te Sch | redu | ile J | l for | such | ners | san | on or marvia | Jai | 5 |
| Section B. Independent Contractors | | | | | | | <u> </u> | | | | 1311 |
| 1 Complete this table for your five highest con | anancated i | ndone | | | 000 | traata | 41 | hat especiated asset | /h == 0400 / | | |
| compensation from the organization. Report | compensati | on for | the | 311L G | land | ls acto | 05 LI | nat received more | than \$100,0 | 100 0 | [|
| year. | compensati | 011 101 | HIC | : ca | ieiic | iai ye | ai e | mang with or with | iii the organ | izatioi | 1s tax |
| | | | | | | | - | | | | |
| (A) Name and business ad | dress | | | | | | | (B) | | _ | (C) |
| ramo ano basiness au | | | | | | | | Description of ser | VICES | | ompensation |
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| | *************************************** | | | | | | | | | | |
| | | | | | | | T | | | | |
| | | | | • | | | 1 | | | *************************************** | |
| 2 Total number of independent contractors (i | ncludina bi | it not | lin | niter | d to | thos | e li | sted above) who | received | | |
| more than \$100,000 in compensation from the | ne organizat | ion 🌶 | > | | | 100 | | 2.23 40000) 11110 | - COCIVEU | | |

| Name 26) WELLINGTON ELECTIVE TRUSTER 27) N. ANTHONY ELECTIVE TRUSTER 28) STEPHEN M. GELECTIVE TRUSTER 30) MARK FISCH ELECTIVE TRUSTER 31) COLVIN W. GELECTIVE TRUSTER 32) JEFFREY W. GELECTIVE TRUSTER 33) AMY GRIFFIN ELECTIVE TRUSTER 34) CAROLINE DIA ELECTIVE TRUSTER 35) J. TOMILSON ELECTIVE TRUSTER 36) JEFF HIMMELI ELECTIVE TRUSTER 37) JEFF HIMMELI ELECTIVE TRUSTER 38) JEFF HIMMELI ELECTIVE TRUSTER 10 Sub-total C Total from continu d Total (add lines 1b) 2 Total number of ind 2 Total number of ind | E COLES E CUTLER E N | (B) Average hours per week (list any hours for related organizations below dotted line) 1.00 NONE 2.00 NONE 2.00 | (do box, | not c unle | Posi heck ss per d a d | tion more son irecto | s to to Highest compensated | ne an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
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| ELECTIVE TRUSTER (9) BLAIR EFFROM ELECTIVE TRUSTER (0) MARK FISCH ELECTIVE TRUSTER (1) COLVIN W. GR ELECTIVE TRUSTER (2) JEFFREY W. (1) ELECTIVE TRUSTER (3) AMY GRIFFIN ELECTIVE TRUSTER (4) CAROLINE DLA ELECTIVE TRUSTER (5) J. TOMILSON ELECTIVE TRUSTER (6) JEFF HIMMELIA ELECTIVE TRUSTER (6) JEFF HIMMELIA ELECTIVE TRUSTER (7) JEFF HIMMELIA ELECTIVE TRUSTER (8) JEFF HIMMELIA ELECTIVE TRUSTER (9) JEFF HIMMELIA ELECTIVE TRUSTER (1) JEFF HIMMELIA ELECTIVE TRUSTER (2) JEFF HIMMELIA ELECTIVE TRUSTER (3) JEFF HIMMELIA ELECTIVE TRUSTER (4) JEFF HIMMELIA ELECTIVE TRUSTER (5) JEFF HIMMELIA ELECTIVE TRUSTER (6) JEFF HIMMELIA ELECTIVE TRUSTER (6) JEFF HIMMELIA ELECTIVE TRUSTER (7) JEFF HIMMELIA ELECTIVE TRUSTER (8) JEFF HIMMELIA ELECTIVE TRUSTER (9) JEFF HIMMELIA ELECTIVE TRUSTER (1) JEFF HIMMELIA ELECTIVE TRUSTER (1) JEFF HIMMELIA ELECTIVE TRUSTER (1) JEFF HIMMELIA ELECTIVE TRUSTER (2) JEFF HIMMELIA ELECTIVE TRUSTER (3) JEFF HIMMELIA ELECTIVE TRUSTER (4) JEFF HIMMELIA ELECTIVE TRUSTER (5) JEFF HIMMELIA ELECTIVE TRUSTER (6) JEFF HIMMELIA ELECTIVE TRUSTER (6) JEFF HIMMELIA ELECTIVE TRUSTER (7) JEFF HIMMELIA ELECTIVE TRUSTER (8) JEFF HIMMELIA ELECTIVE TRUSTER (9) JEFF HIMMELIA ELECTIVE TRUSTER (1) JEFF HIMMELIA ELECTIVE TRUSTER (2) JEFF HIMMELIA ELECTIVE TRUSTER (3) JEFF HIMMELIA ELECTIVE TRUSTER (4) JEFF HIMMELIA ELECTIVE TRUSTER (6) JEFF HIMMELIA ELECTIVE TRUSTER (7) JEFF HIMMELIA ELECTIVE TRUSTER (8) JEFF HIMMELIA ELECTIVE TRUSTER (9 | E N | | X | | | | | | NONE | NONE | NOI |
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| ELECTIVE TRUSTER AMY GRIFFIN LECTIVE TRUSTER AMY GRIFFIN LECTIVE TRUSTER CAROLINE DIA LECTIVE TRUSTER J. TOMILSON LECTIVE TRUSTER JECTIVE TRUSTER LECTIVE TRUSTER BUBLECTIVE TRUSTER CONTROL LECTIVE TRUSTER CONTROL LECTIVE TRUSTER CONTROL LECTIVE TRUSTER CONTROL CO | | NONE | x | | | | | | NONE | NONE | NOI |
| LECTIVE TRUSTER 2) JEFFREY W. (LECTIVE TRUSTER 3) AMY GRIFFIN LECTIVE TRUSTER 4) CAROLINE DIA LECTIVE TRUSTER 5) J. TOMILSON LECTIVE TRUSTER 6) JEFF HIMMELI LECTIVE TRUSTER b Sub-total c Total from continu d Total (add lines 1b Total number of ind | | 2.00 | 1 | | | \neg | | | 11/01/15 | NONE | 1101 |
| 2) JEFFREY W. (ELECTIVE TRUSTER 3) AMY GRIFFIN LECTIVE TRUSTER 4) CAROLINE DLA ELECTIVE TRUSTER 5) J. TOMILSON LECTIVE TRUSTER 6) JEFF HIMMELI LECTIVE TRUSTER b Sub-total c Total from continu d Total (add lines 1b Total number of ind | | NONE | X | | | | | | NONE | NICINIES | NIO1 |
| AMY GRIFFIN AMY GRIFFIN LECTIVE TRUSTER A) CAROLINE DIA LECTIVE TRUSTER 5) J. TOMILSON LECTIVE TRUSTER 6) JEFF HIMMELI LECTIVE TRUSTER b Sub-total c Total from continu d Total (add lines 1b Total number of ind | | 2.00 | - | | | | | | INOINE | NONE | NO |
| 3) AMY GRIFFIN LECTIVE TRUSTER 4) CAROLINE DIA LECTIVE TRUSTER 5) J. TOMILSON LECTIVE TRUSTER 6) JEFF HIMMELI LECTIVE TRUSTER b Sub-total c Total from continu d Total (add lines 1b total number of index continues to the continue of the continue of the continuent of the continuent continue | | NONE | X | | | | | | NONE | MONTE | NO |
| LECTIVE TRUSTER 4) CAROLINE DIA LECTIVE TRUSTER 5) J. TOMILSON LECTIVE TRUSTER 6) JEFF HIMMELA LECTIVE TRUSTER b Sub-total c Total from continu d Total (add lines 1b Total number of ind | · | 1.00 | 1-2 | | | \dashv | | | NONE | NONE | NOI |
| 4) CAROLINE DIA CLECTIVE TRUSTER 5) J. TOMILSON CLECTIVE TRUSTER 6) JEFF HIMMELI CLECTIVE TRUSTER b Sub-total c Total from continu d Total (add lines 1b | · · · · · · · · · · · · · · · · · · · | NONE | x | | | | | | NONIE | *** | 3701 |
| LECTIVE TRUSTER 5) J. TOMILSON LECTIVE TRUSTER 6) JEFF HIMMELI LECTIVE TRUSTER b Sub-total c Total from continu d Total (add lines 1b Total number of ind | | 1.00 | 1 ^ | | \vdash | | | | NONE | ENONE | NOI |
| 5) J. TOMILSON LECTIVE TRUSTER 6) JEFF HIMMELI LECTIVE TRUSTER b Sub-total c Total from continu d Total (add lines 1b | | NONE | x | | | | | | MONTH | 310311 | |
| LECTIVE TRUSTER 6) JEFF HIMMELI LECTIVE TRUSTER b Sub-total c Total from continu d Total (add lines 1b Total number of ind | *************************************** | 1.00 | <u> </u> | | | \dashv | | | NONE | NONE | NOI |
| 6) JEFF HIMMELI LECTIVE TRUSTER b Sub-total c Total from continu d Total (add lines 1b Total number of ind | | NONE | X | | | | | | NONT | NONTE | **** |
| LECTIVE TRUSTED b Sub-total c Total from continu d Total (add lines 1b Total number of ind | | 1.00 | | | | | | | NONE | NONE | NOI |
| b Sub-total | | NONE | x | | | | | | NONE | NONTE | 1101 |
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| d Total (add lines 1b Total number of ind | ration chapte to Part VII | Soction A | • • • | • • | | ٠. | | | | | |
| Total number of ind | | | | | | | • • | | | | |
| | | | | | | | | re | caived more than | 100 000 of | |
| | sation from the organization | | 11036 | 11310 | uau | | | , 16 | ceived more than s | | |
| B Did the organizat | tion list any former off | ione directo | | å. | .nto. | . 1. | | | farrage on black-of | | Yes No |
| employee on line 1 | a? If "Yes," complete Sche | dule J for suc | ch ind | ividu | 18106 181 | ;, K | ey e | mpi | oyee, or nignest | compensated | 3 |
| For any individual | listed on line 1a, is the | sum of rep | ortab | le c | omr | ens | sation | an | d other compens | ation from the | |
| organization and | related organizations g | reater than | \$15 | 0,0 | 00? | lf | "Yes | ," c | complete Schedule | e J for such | 4 |
| Did any person list | ted on line 1a receive o | r accrue coi | mpen | satio | on fr | om | anv | นกก | elated organizatio | n or individual | |
| ection B. Independer | nt Contractors | 100, compre | | 1000 | 70 0 | ,,,, | Suci j | 0013 | | <u> </u> | 5 |
| Complete this table | e for your five highest con the organization. Report | mpensated in compensation | ndepe | nde the | nt c | onti | ractor ar yea | rs th | nat received more nding with or with | than \$100,000 of in the organization | ı's tax |
| you. | (A) | | | | | | | Ţ | (B) | · | (C) |
| | Name and business a | ddress | | | | | | ļ | Description of ser | vices Cr | ompensation |
| | | | | ~~~ | | • • • • • • • • • • • • • • • • • • • • | | <u> </u> | | | |
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| | | | · ····· | | | | | 1 | | | |

Page 8

| Section A. Officers, Directors, (A) | i | 7 -:- | | | | unu | 9 | | | |
|--------------------------------------------------|-----------------------|--------------------------------|-----------------------------------------|--------------|---------------|------------------------------|--------------|---------------------------------|---------------------------------|---------------------|
| Name and title | (B) Average | | | • | (C) sition | | | (D) Reportable | (E) | (F) |
| realitie and side | hours per | (do | not c | | | e than e | one | compensation | Reportable compensation from | Estimated amount of |
| | week (list any | box, | , unle | ss p | erson | is both | an | from | related | other |
| | hours for | | | | | tor/trus | | the | organizations | compensation |
| | related | ls ₹ | ins | Officer | e S | Hig | Former | organization | (W-2/1099-MIS | 1 |
| | organizations | tire | Ē | Cef | en | ples bes | me | (W-2/1099-MISC) | (| organization |
| | below dotted line) | director | 9 | , | oldu | ee X | | | | and related |
| | line) | Individual trustee or director | al tr | | Key employee |) mp | | | Ì | organizations |
| | | tee | Institutional trustee | | | Highest compensated employee | | | | |
| 37) MING CHU HSU | 1.00 | | | | | - | | | | |
| ELECTIVE TRUSTEE TO 9/12/22 | NONE | X | | | | | | NONE | NO | NE NON |
| 38) MICHAEL BYUNGJU KIM | 1.00 | - | | 1 | 1 | 1 | 1 | | | 21011 |
| ELECTIVE TRUSTEE | NONE | 1 x | | | ŀ | 1 | | NONE | 777 | ATO ATO |
| 39) JULIA KOCH | | +- | + | 1 | - | - | - | NONE | NO: | NE NON |
| | | 4 | | | | | | | | |
| ELECTIVE TRUSTEE FROM 1/9/23 | NONE | X | ऻ | ļ | ļ | ļ | ļ | NONE | NO | NE NON |
| 40) SACHA LAINOVIC | 2.00 | 1 | | | | | | | | |
| ELECTIVE TRUSTEE | NONE | X | | | | | | NONE | ио: | NE NON |
| 41) AERIN LAUDER | 1.00 | | | | | | | | | |
| ELECTIVE TRUSTEE FROM 1/9/23 | NONE | 1 x | | | | | | NONE | NIO. | NIE NIONII |
| 42) PHILIP F. MARITZ | | 1 | - | 1- | - | - | | NONE | NO | NE NONI |
| | 2.00 | ٠ | | | | | | | | |
| ELECTIVE TRUSTEE | NONE | X | _ | ļ | ļ | | ļ | NONE | NO | NOM NOM |
| 43) CATIE MARRON | 11.00_ | | | | | | | | | |
| ELECTIVE TRUSTEE | NONE | X | | | | | | NONE | NO | NE NONI |
| 44) BIJAN MOSSAVAR-RAHMANI | 2.00 | | | | | | | | | |
| ELECTIVE TRUSTEE | NONE | X | | | | | | NONE | NO | ATOMIT |
| 45) DASHA NIARCHOS | | | | | | - | - | 1401472 | INO. | NON! |
| | | 1 | | | | | | | | |
| ELECTIVE TRUSTEE | NONE | X | <u> </u> | ļ | ļ | | <u> </u> | NONE | NO | NE NONE |
| 46) JEFFREY M. PEEK | 1.00 | | | | | | 1 | | | |
| ELECTIVE TRUSTEE TO 9/13/22 | NONE | X | | | | | | NONE | NOI | NE NONE |
| 47) GINA PETERSON | 1.00 | | | | | | | | | **** |
| ELECTIVE TRUSTEE | NONE | 1 x | | | | | | NONE | NOI | NE NONI |
| 1b Sub-total | 1 | 1 | .1 | | | | > | | 110. | 10101 |
| c Total from continuation sheets to Part VII, | Continu A | | | | | | | | | |
| | | | | | | • • • | ▶ | | | |
| d Total (add lines 1b and 1c) | | <u></u> | <u> </u> | • • | | • • • | > | | | |
| 2 Total number of individuals (including but no | ot limited to t | hose | liste | ed a | bov | e) who | о ге | ceived more than | \$100,000 of | |
| reportable compensation from the organizat | ion 🕨 | | | | ····· | ····· | | | | IV. IN |
| 3 Did the organization list any former of | ficer, directo | r, or | tru | uste | e. | kev e | emp | olovee, or highest | compensated | Yes No |
| employee on line 1a? If "Yes," complete Sche | edule J for suc | ch ind | livídi | ual | | | | | | 3 |
| | | | | | | | | | | |
| 4 For any individual listed on line 1a, is the | sum of rep | ortan | ne c | com | iper | satio | n ar | nd other compens | sation from the | |
| organization and related organizations | greater than | \$15 | ٥,0، | 007 | (11 | "Yes | 5," (| complete Schedul | le J for such | |
| individual | | • • • | ٠. | ٠. | | • • • | | | • • • • • • • • | 4 |
| 5 Did any person listed on line 1a receive of | or accrue co | mpen | sati | on ' | fron | n any | นกเ | related organizatio | n or individual | |
| for services rendered to the organization? If | "Yes," comple | te Sch | nedu | ile J | l for | such | pers | son | | 5 |
| Section B. Independent Contractors | | | | | | | | | | |
| 1 Complete this table for your five highest co | mpensated i | ndepe | end∈ | ent | con | tracto | rs fi | hat received more | than \$100,000 | of |
| compensation from the organization. Report year. | t compensati | on for | the | ca | lend | dar ye | ar e | ending with or with | in the organization | tion's tax |
| (A) | | | | | | | | /D) | | (0) |
| Name and business a | ddress | | | | | | | (B) Description of se | rvices | (C) Compensation |
| | | | | | | | | | | |
| | | | *************************************** | ····· | | | + | | | |
| | | | | | | | | | | |
| 2 Total number of independent contractors | (including b- | ,+ | . I) | a it a | A 4- | | <u></u> | ated about the | | |
| more than \$100,000 in compensation from | the organizat | at 1101 tion 🗈 | . 11ff ▶ | inte | u (C | , mos | e II | sted above) who | received | |

| Name and title | | ł | | | | | | 1 1 | (E) | (F) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------|--------------|--------------------------------------|---------------------------------|-----------------------------------------|-----------------------------------------|--------------------------------------------------------------------------|
| | Average hours per week (list any | per (do not check more than one box, unless person is both an officer and a director/frustee) compensation from relation | | | | Reportable compensation from related | Estimated amount of other | | | |
| | hours for related organizations below dotted line) | individual trustee 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 organizations |
| B) EDWARD N. PICK | 1.00 | | | | | | | | | |
| LECTIVE TRUSTEE | NONE | X | | | | | | NONE | NONE | NON |
|) JOHN PRITZKER | | | | | | | | | | |
| LECTIVE TRUSTEE | NONE | X | | | | | | NONE | NONE | NON |
|)) SIR PAUL RUDDOCK | 1.00_ | | | | | | | | | |
| JECTIVE TRUSTEE | NONE | X | | | | | | NONE | NONE | NON |
| .) ALEJANDRO SANTO DOMINGO | 2.00_ | | | | | | | | | |
| LECTIVE TRUSTEE | NONE | X | | | | | | NONE | NONE | NON |
| POTIVE TRUCTER TO 0/12/02 | 1.00 | | | | | | | | | |
| LECTIVE TRUSTEE TO 9/13/22 | NONE | X | | | | | | NONE | NONE | NON |
| KAREN PATTON SEYMOUR | 1.00_ | ** | | | | | | | | |
| ECTIVE TRUSTEE) ANDREW SOLOMON | NONE | X | | | | | | NONE | NONE | NON |
| | | ** | | | | | | | | |
| ECTIVE TRUSTEE | NONE | X | | | | | | NONE | NONE | ION |
| BEATRICE STERN | 1.00 | ., | | | | | | | | |
| ECTIVE TRUSTEE | NONE | X | | | | | | NONE | NONE | NON |
| GABY SULZBERGER | <u>1.00</u> - | | | | | | | | | |
| ECTIVE TRUSTEE | NONE | X | | | | | | NONE | NONE | NON |
| ANN G. TENENBAUM | | | | | | | | | | |
| ECTIVE TRUSTEE | NONE | X | | | | | | NONE | NONE | NON |
|) MERRYL H. TISCH ECTIVE TRUSTEE | | | | | | | | | | |
| Sub-total | NONE | X | <u> </u> | | | | | NONE | NONE | NON |
| Total from continuation sheets to Part VII, Total (add lines 1b and 1c) Total number of individuals (including but no reportable compensation from the organizati | t limited to the | | | | | | re | ceived more than | \$100,000 of | |
| Did the organization list any former off employee on line 1a? If "Yes," complete Sche | icer, directo dule J for suc | h ind | ividu | ual . | | • • • | | | | Yes No |
| For any individual listed on line 1a, is the organization and related organizations of individual | reater than | \$15 | 0,0 | 00? · · · | If | "Yes | ," c | complete Schedul | e J for such | 4 |
| Did any person listed on line 1a receive of for services rendered to the organization? If " | r accrue cor Yes," complet | npen: 'e <i>Sch</i> | satio edu | on f le J | rom for | any such | unr pers | elated organization | n or individual | 5 |
| ction B. Independent Contractors | | | | | | | | | | |
| Complete this table for your five highest co compensation from the organization. Report year. | mpensated in compensation | ndepe on for | nde | nt c cal | ont end | racto ar yea | rs th ar e | nat received more nding with or with | than \$100,000 o in the organization | f n's tax |
| (A) Name and business a | ddress | | | | | | | (B) Description of ser | vices C | (C) ompensation |
| | | | | | | | | | | |

| Average hours per | | | | C) | | | (D) | (E) | /EX |
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| hours per | | | | o, sition | | | Reportable | | (F) |
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| week (list any | , | | | | is both | | from | related | other |
| hours for | | | | | or/trust | | the | organizations | compensation |
| related | or d | nst | Officer | Key | emg Higi | Former | organization | (W-2/1099-MISC) | from the |
| organizations below dotted | rec | Ē | eq | em | nest | mer | (W-2/1099-MISC) | | organization |
| line) | Q E | Institutional | | pio | e 5 | | | | and related organizations |
| | ust | 2 | | /ee | Tipe | | | | organizations |
| | ee | stee | | | nsate | | | | |
| 2.00 | | | <u> </u> | - | <u> </u> | | | | |
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| t limited to the | hose | liste | d al | bove | e) who | re | ceived more than \$ | 5100,000 of | |
| on 🕨 | | liste | ed al | bove | e) who | | | | Yes No |
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| on icer, directo dule J for suc | or, or ch ind | liste tru livid | ed al | e, I | e) who | mpi | loyee, or highest | compensated | Yes No |
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| icer, directodule J for suc sum of repreater than | or, or ch ind portab \$15 | tru lividi ole o | uste ual com 00? | e, l e, l pen | e) who | mpi | loyee, or highest and other compens complete Scheduk | compensated ation from the | |
| icer, directodule J for suc sum of repreater than | or, or ch ind portab \$15 | tru livida ole o 50,0 | uste ual com 00? | e, l pen | e) who | mpi an | loyee, or highest | compensated ation from the J for such | 3 X |
| icer, directodule J for suc sum of repreater than | or, or ch ind portab \$15 | tru livida ole o 50,0 | uste ual com 00? | e, l pen | e) who | mpi an | loyee, or highest | compensated ation from the J for such | 3 X |
| icer, directodule J for suc sum of repreater than | or, or ch ind portab \$15 | tru livida ole o 50,0 | uste ual com 00? | e, l pen | e) who | mpi an | loyee, or highest and other compens complete Scheduk | compensated ation from the J for such | 3 X |
| icer, director dule J for successive of represented than accrue convers," complete | or, or ch ind cortab \$15 mpen te Sch | tru ivida ele co,0 sati | uste ual com 00? | e, I pen If from | e) who | mpi | doyee, or highest | compensated ation from the J for such n or individual | 3 X X 4 X 5 X |
| icer, director dule J for successive of represented than accrue convers," complete | or, or ch ind cortab \$15 mpen te Sch | tru ivida ele co,0 sati | uste ual com 00? | e, I pen If from | e) who | mpi | doyee, or highest | compensated ation from the J for such n or individual | 3 X X 4 X 5 X |
| icer, director dule J for successive of represented than accrue convers," complete | or, or ch ind cortab \$15 mpen te Sch | tru ivida ele co,0 sati | uste ual com 00? | e, I pen If from | e) who | mpi | doyee, or highest and other compens complete Scheduk | compensated ation from the J for such n or individual | 3 X 4 X 5 X |
| icer, director dule J for successive of represented than accrue convers," complete | or, or ch ind cortab \$15 mpen te Sch | tru ivida ele co,0 sati | uste ual com 00? | e, I pen If from | e) who | mpi | doyee, or highest and other compens complete Schedule completed organization con | compensated ation from the J for such n or individual | 3 X 4 X 5 X |
| icer, director dule J for such sum of repreter than accrue con Yes," complete compensated in compensated | or, or ch ind cortab \$15 mpen te Sch | tru ivida ele co,0 sati | uste ual com 00? | e, I pen If from | e) who | mpi | doyee, or highest and other compens complete Schedule completed organization con | compensated ation from the J for such n or individual than \$100,000 o n the organization | 3 X 4 X 5 X |
| icer, director dule J for successive of represented than accrue convers," complete | or, or ch ind cortab \$15 mpen te Sch | tru ivida ele co,0 sati | uste ual com 00? | e, I pen If from | e) who | mpi | doyee, or highest and other compens complete Schedule completed organization con | compensated ation from the J for such n or individual than \$100,000 o n the organization | 3 X 4 X 5 X |
| icer, director dule J for such sum of repreter than accrue con Yes," complete compensated in compensated | or, or ch ind cortab \$15 mpen te Sch | tru ivida ele co,0 sati | uste ual com 00? | e, I pen If from | e) who | mpi | doyee, or highest and other compens complete Schedule completed organization con | compensated ation from the J for such n or individual than \$100,000 o n the organization | 3 X 4 X 5 X |
| icer, director dule J for such sum of repreter than accrue con Yes," complete compensated in compensated | or, or ch ind cortab \$15 mpen te Sch | tru ivida ele co,0 sati | uste ual com 00? | e, I pen If from | e) who | mpi | doyee, or highest and other compens complete Schedule completed organization con | compensated ation from the J for such n or individual than \$100,000 o n the organization | 3 X 4 X 5 X |
| icer, director dule J for such sum of repreter than accrue con Yes," complete compensated in compensated | or, or ch ind cortab \$15 mpen te Sch | tru ivida ele co,0 sati | uste ual com 00? | e, I pen If from | e) who | mpi | doyee, or highest and other compens complete Schedule completed organization con | compensated ation from the J for such n or individual than \$100,000 o n the organization | 3 X 4 X 5 X |
| icer, director dule J for such sum of repreter than accrue con Yes," complete compensated in compensated | or, or ch ind cortab \$15 mpen te Sch | tru ivida ele co,0 sati | uste ual com 00? | e, I pen If from | e) who | mpi | doyee, or highest and other compens complete Schedule completed organization con | compensated ation from the J for such n or individual than \$100,000 o n the organization | 3 X 4 X 5 X |
| icer, director dule J for such sum of repreter than accrue con Yes," complete compensated in compensated | or, or ch ind cortab \$15 mpen te Sch | tru ivida ele co,0 sati | uste ual com 00? | e, I pen If from | e) who | mpi | doyee, or highest and other compens complete Schedule completed organization con | compensated ation from the J for such n or individual than \$100,000 o n the organization | 3 X 4 X 5 X |
| icer, director dule J for successive sum of repreater than | or, or ch indicated in the second for the second fo | truide (60,0 sati | usterual com 00? on fulle J | e, I pen If for | sation "Yes " any such "ractor | mpi | doyee, or highest and other compens complete Schedule completed organization con | compensated ation from the J for such n or individual than \$100,000 o n the organization | 3 X 4 X 5 X |
| icer, director dule J for such sum of repreater than accrue con Yes," complete the compensated in compensation diress | or, or ch indicated in the second for the second fo | truide (60,0 sati | usterual com 00? on fulle J | e, I pen If for | sation "Yes " any such "ractor | mpi | doyee, or highest and other compens complete. Scheduk complete organization con | compensated ation from the J for such n or individual than \$100,000 o n the organization | 3 X 4 X 5 X |
| | 2.00 NONE 1.00 NONE | Control Cont | 2.00 NONE X 1.00 NONE X | 2.00 | 2.00 NONE X 1.00 NONE X | | 2.00 | | |

Part VIII Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue exclude from tax under sections 512-51 |
|---------------------------------------------------------|--------|----------------------------------------------------|------------------------------------------|-----------------------------------------|----------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| its, | 1a | Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants, and Other Similar Amounts | b | Membership dues 1b | 23,574,019. | | | | |
| ΩĒ | c | Fundraising events 1c | 29,833,255. | | | | |
| ar , | d | Related organizations 1d | | | | | |
| a,e | e | Government grants (contributions) 1e | 13,768,863. | | | | |
| S.S. | f | All other contributions, gifts, grants, | | | | | |
| | | and similar amounts not included above . 1f | 316,673,270. | | | | The state of the s |
| Ęŏ | 9 | Noncash contributions included in | | | | | |
| E p | | lines 1a-1f 1g | | | | | |
| | h | Total. Add lines 1a-1f | | 383,849,407. | | | |
| e). | | | Business Code | | | | |
| ζ̈ | 2a | EDUCATIONAL PRGMS, CONCERTS & LECTURES | 532000 | 1,765,866. | 1,765,866. | | |
| Program Service Revenue | b | PHOTO RENTALS & FILM FEES | 532000 | 25,000. | | 25,000. | |
| Εğ | C | CURATORIAL | 541900 | 4,688,714. | 4,688,714. | | |
| Re | d | DEVELOPMENT PROGRAMMING | 541.990 | 1,052,250. | 1,052,250. | | |
| ō, | е | | | | | | |
| ш. | Į į | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 7,531,830. | | | |
| | 3 | Investment income (including dividends | | 66 100 777 | | | |
| | 4 | other similar amounts) | | 66,109,727. NONE | | 2,121,561. | 63,988,166 |
| | 4 5 | Income from investment of tax-exempt bor Royalties | | 10,145. | | | 20.745 |
| | | (i) Real | (ii) Personal | 10,145. | | | 10,145 |
| | 6a | Gross rents 6a | (1,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | c | Rental income or (loss) 6c NO | NE NONE | | | | |
| | ď | Net rental income or (loss) | | NONE | | | |
| | 7a | Gross amount from (i) Securities | (ii) Other | | : | | |
| | | sales of assets | | | | | |
| | | other than inventory 7a 1,115,224,53 | 2. | | | | |
| <u>a</u> | b | Less: cost or other basis | | | | | |
| en | | and sales expenses 7b 814,974,53 | 3. | | | | - |
| é | E | Gain or (loss) 7c 300,249,99 | 9. | | | | |
| <u> </u> | d | Net gain or (loss) | | 300,249,999. | | | 300,249,999 |
| Other Revenue | 8a | Gross income from fundraising | | | | | |
| 0 | | events (not including \$29,833,255. | | | | | |
| | | of contributions reported on line | | | | | |
| | | 1c). See Part IV, line 18 | 796,638. | *************************************** | Į | | ļ |
| | b | Less: direct expenses 8b | 8,476,923. | | | | |
| | С | Net income or (loss) from fundraising event | s | -7,680,285. | | | -7,680,285 |
| | 9a | Gross income from gaming | | | | | |
| Ì | ! | activities. See Part IV, line 19 9a | NONE | | i | | |
| | b | Less: direct expenses 9t | | | ··· | | |
| | С | Net income or (loss) from gaming activitie | 5 | NONE | | | |
| | 10a | | | | | | |
| | | returns and allowances | | | | | |
| | b | Less: cost of goods sold | | | | | |
| | С | Net income or (loss) from sales of inventory. | | 3,670,971. | 2,981,329. | 689,642. | |
| Miscellaneous Revenue | | CODDODATE EXCENTS | Business Code | 2 62 62 | | | - |
| ne | 11a | CORPORATE EVENTS | 722320 | 3,031,590. | 1,179,878. | 1,851,712. | |
| ver s | b | PARKING GARAGE RESTAURANT | 812930 | 3,020,053. | | | 3,020,053 |
| Re | C | | 722511 | 507,613. | 1 324 374 | | 507,613 |
| Ξ | d | All other revenue | | 1,226,776. 7,786,032. | 1,226,776. | | |
| 1 | 12 | Total revenue. See instructions | | 761,527,826. | 12,894,813. | A 607 DIE | 360 005 503 |
| JSA | | | | | 12,0091,013.] | 4,687,915. | 360,095,691 Form 990 (2022 |
| 2E105 | | 571Q K686 | V22-7.11 | | | | r ਹਾਜ਼ ਕੁਡਾਊ (2022 |

Part IX Statement of Functional Expenses

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

| 36 | Check if Schodulo O contains a room | | | | |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------|-------------------------------------|--------------------------------|
| Δ. | Check if Schedule O contains a resp | | | | |
| | not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | NONE | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 2,349,696. | 2,349,696. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | 6,667. | 6,667. | | |
| 4 | Benefits paid to or for members | NONE | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 10 200 070 | 2 425 462 | 6 005 067 | |
| _ | Г | 10,260,070. | 2,435,463. | 6,095,361. | 1,729,246. |
| ь | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | אניאזוי | | | |
| 7 | | NONE 135,459,515. | 60 705 540 | E9 010 1E0 | 2 242 222 |
| 8 | Pension plan accruals and contributions (include | 2,046,001. | 69,705,542. 1,005,219. | 57,710,153. 898,001. | 8,043,820. |
| 0 | section 401(k) and 403(b) employer contributions) | 2,040,001. | 1,003,219. | 898,001. | 142,781. |
| 9 | Other employee benefits | 52,772,098. | 24,530,951. | 24,789,413. | 3,451,734. |
| 10 | Payroll taxes | 10,165,373. | 4,994,339. | 4,461,638. | 709,396. |
| 11 | (| | | | |
| ŧ | Management | NONE | | | |
| | Legal | 1,460,894. | 100,031. | 1,360,863. | |
| | Accounting | 655,339. | | 655,339. | · |
| | Lobbying | 98,665. | | | 98,665. |
| | Professional fundraising services. See Part IV, line 17. | 110,788. | | | 110,788. |
| | f Investment management fees | 8,177,458. | | 8,177,458. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| 4.0 | (A), amount, list line 11g expenses on Schedule O.) | 10,928,493. | 8,413,709. | 1,976,115. | 538,669. |
| 13 | Advertising and promotion | 8,620,671. 23,322,495. | 340,308. | 5,403,901. | 2,876,462. |
| 14 | Office expenses | 5,636,757. | 20,076,597. 3,989,935. | 2,302,113. 1,296,587. | 943,785. |
| 15 | Royalties | NONE | 3,969,933. | 1,230,307. | 350,235. |
| 16 | Occupancy | 5,853,930. | 2,455,964. | 3,397,786. | 180. |
| 17 | Travel | 2,778,693. | 2,482,628. | 125,472. | 170,593. |
| 18 | Payments of travel or entertainment expenses | | | | 270,000. |
| | for any federal, state, or local public officials | NONE | | | |
| 19 | Conferences, conventions, and meetings | 399,656. | 218,621. | 99,277. | 81,758. |
| 20 | Interest | 13,683,444. | 10,762,740. | 2,737,830. | 182,874. |
| 21 | Payments to affiliates, | NONE | | | |
| 22 | Depreciation, depletion, and amortization | 49,317,917. | 43,135,998. | 6,029,780. | 152,139. |
| 23 | Insurance | 1,454,748. | 1,356,570. | 97,672. | 506. |
| 24 | | | | | |
| | above. (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | 1 | | | |
| | (A), amount, list line 24e expenses on Schedule O.) | | | | |
| | PURCHASES OF ART | 52,401,477. | 52,401,477. | | VIII. |
| | REPAIRS & MAINTENANCE | 15,091,027. | 12,994,725. | 1,943,147. | 153,155. |
| | CATERING SERVICES RECRUITMENT EXPENSE | 6,015,329. | 3,022,235. | 1,871,952. | 1,121,142. |
| | | 495,761. | 101 500 | 495,761. | |
| | All other expenses Total functional expenses. Add lines 1 through 24e | 681,102. 420,244,064. | 121,502. | 559,600. | 00 000 |
| | 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 | 120,241,004. | 266,900,917. | 132,485,219. | 20,857,928. |
| | following SOP 98-2 (ASC 958-720) | | | | |
| 421 | | | | | Form 990 (2022) |

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Page 11

Part X Balance Sheet

| | Check if Schedule O contains a response or note to any line in this F | | <u></u> | |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------|------------------------------------------|
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | 68,754,668. | 1 | 45,439,134. |
| 2 | Savings and temporary cash investments | | 2 | 6,422,535. |
| 3 | Pledges and grants receivable, net | 151,726,397. | 3 | 223,550,729. |
| 4 | Accounts receivable, net | 6,099,391. | 4 | 10,390,308. |
| 5 | Loans and other receivables from any current or former officer, director, | | | |
| | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons | NONE | 5 | NONE |
| 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| 1 | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | NONE | 6 | NONE |
| \$ 7 | Notes and loans receivable, net | NONE | | NONE |
| Assets | Inventories for sale or use | 9,431,661. | 8 | 9,878,144. |
| ₹ 9 | Prepaid expenses and deferred charges | 5,783,720. | | 7,357,307. |
| 10 a | Land, buildings, and equipment: cost or other | | | 773377307. |
| | basis. Complete Part VI of Schedule D 10a 1349254254. | | | |
| ŀ | Less: accumulated depreciation 10b 951,480,031. | 1 | 100 | 397,774,223. |
| 11 | Investments - publicly traded securities SEE SCHEDULE .O | · · · · · · · · · · · · · · · · · · · | | 1,226,827,605. |
| 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| 13 | Investments - program-related. See Part IV, line 11. | | | 3,635,268,632. |
| 14 | Intangible assets | | | NONE |
| 15 | Other assets. See Part IV, line 11 | | | NONE |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | | | 51,964,535. |
| 17 | Accounts payable and accrued expenses | | 16 | 5,614,873,152. |
| 18 | Grants payable | 90,769,668. | | 79,562,642. |
| 19 | Deferred revenue | NONE | | NONE |
| 20 | | 6,889,177. | *************************************** | 8,384,747. |
| 21 | Tax-exempt bond liabilities | 150,806,512. | 20 | 144,377,019. |
| 1 | | NONE | 21 | NONE |
| Liabilities | Loans and other payables to any current or former officer, director, | | | |
| <u> </u> | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| 23 | controlled entity or family member of any of these persons | NONE | | NONE |
| 24 | Secured mortgages and notes payable to unrelated third parties | 14,817,156. | 23 | 14,966,331. |
| ı | Unsecured notes and loans payable to unrelated third parties | 247,751,691. | 24 | 247,858,017. |
| 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| 200 | of Schedule D | 144,383,507. | 25 | 121,965,948. |
| 26 | Total liabilities. Add lines 17 through 25 | 655,417,711. | 26 | 617,114,704. |
| nces | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. | | | |
| 물 27 | Net assets without donor restrictions | 1,328,483,721. | 27 | 1,388,627,410. |
| <u>m</u> 28 | | 3,389,999,044. | 28 | 3,609,131,038. |
| Assets or Fund Balances 2 2 2 2 2 3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 | Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. | | | , , , , , , , , , , , , , , , , , , , , |
| 29 | Capital stock or trust principal, or current funds | | 29 | |
| 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 | Total net assets or fund balances | 4 718 400 765 | 32 | 4 007 750 440 |
| ž 33 | Total liabilities and net assets/fund balances | 5 272 QAA 476 | 33 | 4,997,758,448. |
| | | J,J,J,J,J, 4 /6. | J.) | 5,614,873,152. Form 990 (2022) |

METROPOLITAN MUSEUM OF ART 13-1624086 Form 990 (2022) Page 12 Reconciliation of Net Assets Part XI 1 761,527,826 1 2 2 420,244,064. 3 3 <u>341,283,762</u>. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4,718,482,765. -106,388,113 5 6 6 7 7 8 44,380,034 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 997,758,448 10 4 Part XII Financial Statements and Reporting No Yes Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Χ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Consolidated basis X Separate basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of

the audit, review, or compilation of its financial statements and selection of an independent accountant?....

If the organization changed either its oversight process or selection process during the tax year, explain on

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits...

Form 990 (2022)

Х

Х

2c

3a

Schedule O.

SCHEDULE A

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ,

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

OMB No. 1545-0047
2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| The organization is not a private foundation because it is: (For lines 1 through 12, check only or ganization is not a private foundation because it is: (For lines 1 through 12, check only or 1 | box.) b)(1)(A)(i). (A)(iii). ction 170(b)(1)(A)(| |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------|
| A church, convention of churches, or association of churches described in section 170 (b)(1)(A)(ii). (Altach Schedule E (Form 990).) A school described in section 170(b)(1)(A)(ii). (Altach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1) A medical research organization operated in conjunction with a hospital described in shospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1) A norganization that normally receives a substantial part of its support from a gove described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives a substantial part of its support from a gove described in section 170(b)(1)(A)(vi). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in or university: An organization that normally receives (1) more than 331/3 % of its support from contrinceipts from activities related to its exempt functions, subject to certain exceptions; a sequired by the organization after June 30, 1975. See section 509(a)(2). (Complete P. An organization organized and operated exclusively to test for public safety. See section 509(a)(1) (Complete P. An organization organized and operated exclusively for the benefit of, to perform the box on lines 12a through 12d that describes the type of supporting organization at June 12d that describes the type of supporting organization at Jupe I. A supporting organization operated, supervised, or controlled by its support the supporting organization operated, supervised, or controlled by its support the supporting organization supervised or controlled in connection with its su control or management of the supporting organization operated in connection wits supported organization. You must complete Part IV, Sections A and C. | b)(1)(A)(i). (A)(iii). ction 170(b)(1)(A)(| |
| A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1) A medical research organization operated in conjunction with a hospital described in shospital's name, city, and state: An organization operated for the benefit of a college or university owned or opera section 170(b)(1)(A)(iv). (Complete Part II.) A dederal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part III.) A norganization that normally receives a substantial part of its support from a gove described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(xi) operated in or university or a non-land-grant college of agriculture (see instructions). Enter the naruniversity: An organization that normally receives (1) more than 331/3 % of its support from contrincecipts from activities related to its exempt functions, subject to certain exceptions: support from gross investment income and unrelated business taxable income (less acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively for the benefit of, to perform the flux one or more publicly supported organizations described in section 509(a)(1) or section the box on lines 12a through 12d that describes the type of supporting organization at Type II. A supporting organization operated, supervised, or controlled by its support the supported organization supervised or controlled in connection with its supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s) (see instructions). You must complete Part IV, Sections A and C. Type III non-functionally integrated. A supporting organization | (A)(iii). ction 170(b)(1)(A)(| |
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| Type III functionally integrated. A supporting organization operated in connection we its supported organization(s) (see instructions). You must complete Part IV, Sections of Type III non-functionally integrated. A supporting organization operated in connect that is not functionally integrated. The organization generally must satisfy a distribution requirement (see instructions). You must complete Part IV, Sections A and D, and P Check this box if the organization received a written determination from the IRS that functionally integrated, or Type III non-functionally integrated supporting organization fenter the number of supported organizations. The provide the following information about the supported organization (iii) to the organization (described on lines 1-10 above (see instructions)) | nat control or mana | ge the supported |
| its supported organization(s) (see instructions). You must complete Part IV, Sections d Type III non-functionally integrated. A supporting organization operated in connect that is not functionally integrated. The organization generally must satisfy a distribution requirement (see instructions). You must complete Part IV, Sections A and D, and F and Check this box if the organization received a written determination from the IRS that functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations. The provide the following information about the supported organization (iii) Type of organization (iii) to the organization (iii) to the organization (iii) to the organization (iii) above (see instructions)) | | |
| d Type III non-functionally integrated. A supporting organization operated in connect that is not functionally integrated. The organization generally must satisfy a distribution requirement (see instructions). You must complete Part IV, Sections A and D, and P Check this box if the organization received a written determination from the IRS that functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations. g Provide the following information about the supported organization (ii) Type of organization (iii) the organization (described on lines 1-10 above (see instructions)) | ith, and functionally | y integrated with, |
| that is not functionally integrated. The organization generally must satisfy a distribution requirement (see instructions). You must complete Part IV, Sections A and D, and P. Check this box if the organization received a written determination from the IRS that functionally integrated, or Type III non-functionally integrated supporting organization functionally in | A, D, and E. | |
| requirement (see instructions). You must complete Part IV, Sections A and D, and P Check this box if the organization received a written determination from the IRS that functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations | | |
| check this box if the organization received a written determination from the IRS that functionally integrated, or Type III non-functionally integrated supporting organization fenter the number of supported organizations | n requirement and | an attentiveness |
| functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations | art V. | |
| f Enter the number of supported organizations | t is a Type I, Type II, | Type III |
| g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document? | | |
| (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization (described on lines 1-10 above (see instructions)) | | |
| (described on lines 1-10 listed in your govening above (see instructions)) document? | | |
| above (see instructions)) document? | Amount of monetary | (vi) Amount of |
| | support (see instructions) | other support (see instructions) |
| ies ivo | , | |
| (A) | | |
| | | |
| (B) | | |
| | | |
| (C) | | |
| | | |
| (D) | | |
| | | |
| | | |
| (E) | | |
| (E) | | |

Schedule A (Form 990) 2022 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 343,470,192 245,041,493 194,219,691 307,540,922 383,849,407. 1,474,121,705. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf NONE The value of services or facilities furnished by a governmental unit to the organization without charge 16,194,609 14,685,720 12,711,126 12,725,626 14,729,420 71,046,501. 359,664,801. 259,727,213 Total. Add lines 1 through 3..... 206,930,817. 320,266,548 398,578,827. 1,545,168,206. 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)..... 43,330,188. Public support. Subtract line 5 from line 4 1,501,838,018. Section B. Total Support **(b)** 2019 (a) 2018 Calendar year (or fiscal year beginning in) (c) 2020 (d) 2021 (e) 2022 (f) Total 359,664,801 259,727,213 206,930,817 Amounts from line 4 320,266,548. 398,578,827. 1,545,168,206. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 45,146,385 50,863,902 36,502,901 33,295,493 63,998,311 229,806,992. Net income from unrelated business activities, whether or not the business is regularly carried on NONE 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) NONE 11 Total support. Add lines 7 through 10 . . 1,774,975,198. 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 15 80.40 % 16a 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990) 2022 Page 3

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | | | | | | |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------|-------------------|-----------------|------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 . | | | | | | |
| 4 | Tax revenues levied for the | | | | | : | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7 a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10 a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether | | | | | | |
| | or not the business is regularly carried on. | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | E |
| 14 | First 5 years. If the Form 990 is for | the organizati | on's first, secon | d, third, fourth, | or fifth tax ye | ear as a section | 501(c)(3) |
| | organization, check this box and stop here. | | | | | | |
| Sec | tion C. Computation of Public Supp | ort Percenta | ge | | | | |
| 15 | Public support percentage for 2022 (line 8, | column (f), divid | led by line 13, colu | mn (f)) | | 15 | % |
| 16 | Public support percentage from 2021 Scher | | | | | 16 | % |
| Sec | tion D. Computation of Investment | | | | | | |
| 17 | Investment income percentage for 2022 (lin | | | 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from 2021 S | | | | | | % |
| 19 a | 331/3% support tests - 2022. If the org | | | | | | |
| | 17 is not more than 331/3%, check this | | | | | | |
| b | 331/3% support tests - 2021. If the orga | | | | | | |
| | line 18 is not more than 331/3%, check | | | | | | |
| 20 | Private foundation. If the organization of | | | | | | |
| IC A | | | | | | | |

Part IV Supporting Organizations

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

| Section A. All Supporting Organizat | tions |
|-------------------------------------|-------|
|-------------------------------------|-------|

| Secti | ion A. An Supporting Organizations | | , | |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 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 lines 3b and 3c below. | За | | |
| 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. | 3b | and a superior superi | i |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3с | | |
| 4 a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | 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. | 4c | | |
| 5а | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5а | | |
| 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 | | |
| 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). | 8 | | |
| 9 a | 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | |
| ¢ | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | | |
| 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, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | 10a | | |
| 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.) | 10b | | |

Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)

| | Supporting Organizations (continued) | | • | |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | 44- | | |
| b | A family member of a person described on line 11a above? | 11a 11b | 1 | |
| c | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | 110 | | |
| | provide detail in Part VI . | 11c | | |
| Secti | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | T | | The second secon |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |
| Secti | on C. Type Il Supporting Organizations | | L | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | Yes | No |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 a b c | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance) The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see | | • | · |
| 2 | Activities Test. Answer lines 2a and 2b below. | | | |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 a | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in Part VI . | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Type III Non-Functionally Integrated 509(a)(3) Supporting O | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qua | lifying trust on | Nov. 20, 1970 (expla | in in Part VI). See |
| instructions. All other Type III non-functionally integrated supporting or | ganizations n | nust complete Section | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | · h | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | The state of the s | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount see instructions). | t, 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | *************************************** | |
| 2 Enter 0.85 of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | , , , , , , , , , , , , , , , , , , , , | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-function. | | ted Type III cumporting | a organization |
| (see instructions). | onday anegra | ted Type in supporting | y organization |

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | | | |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------|----|-------------------------------------------|--|--|
| Sect | on D - Distributions | | | | Current Year | | |
| 1 | Amounts paid to supported organizations to accomplish ea | | | 1 | | | |
| 2 | Amounts paid to perform activity that directly furthers exer | npt purposes of support | ed | | | | |
| | organizations, in excess of income from activity | | 2 | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organi | zations | 3 | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - p | | 5 | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | | | | |
| | (provide details in Part VI). See instructions. | | | 8 | | | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2022 | ıs | (iii) Distributable Amount for 2022 | | |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 | | | | | | |
| | (reasonable cause required - explain in Part VI). See | | | | | | |
| | instructions. | **** | | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | | | |
| a | From 2017 | | | | | | |
| b | From 2018 | A.A. | | | | | |
| С | From 2019 | | | | | | |
| ď | From 2020 | | | | | | |
| е | From 2021 | | | | | | |
| f | Total of lines 3a through 3e | | | | | | |
| g | Applied to underdistributions of prior years | | | | | | |
| <u>h</u> | Applied to 2022 distributable amount | | | | | | |
| <u>i</u> | Carryover from 2017 not applied (see instructions) | | | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| 4 | Distributions for 2022 from | | | | | | |
| | Section D, line 7: \$ | | | | | | |
| a | Applied to underdistributions of prior years | **** | | | | | |
| b | Applied to 2022 distributable amount | | | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | - | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | _ | | | |
| 0 | and 4b from line 1. For result greater than zero, explain in | | | | | | |
| | Part VI. See instructions. | | | İ | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | V | | | | | |
| ' | and 4c. | | | | | | |
| 8 | Breakdown of line 7: | | · | - | | | |
| a | Excess from 2018 | | · | | | | |
| b | Excess from 2019 | | | | | | |
| c | Excess from 2020 | | | | | | |
| d | Excess from 2021 | | | | | | |
| e | Excess from 2022 | | | | | | |
| - | ENOUGO HOTH EVER, , , , | | | | | | |

Schedule A (Form 990) 2022

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

2022

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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.

| If the Tax) | Section 501(c)(3) organizations e organization answered "Yes," (See separate instructions), the Section 501(c)(4), (5), or (6) org | | ction under section 501(f xy Tax) (See separate | h)): Complete Part II-B. Do no instructions) or Form 990-l | ot complete Part II-A. EZ, Part V, line 35c (Proxy |
|----------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | e of organization | unizations, Complete Fait III. | | Employer ide | ntification number |
| | ROPOLITAN MUSEUM OF | TGA | | | 624086 |
| | | organization is exempt unde | er section 501(c) or | | |
| 1 | | ne organization's direct and ir | | | |
| | definition of "political campa | | F | paign adminide in Fair | The state of the s |
| 2 | | xpenditures. See instructions . | | \$ | |
| 3 | Volunteer hours for political | campaign activities. See instruc | tions | | · · · · · · · · · · · · · · · · · · · |
| Pai | t B Complete if the o | organization is exempt unde | r section 501(c)(3). | | |
| 1 | Enter the amount of any exc | cise tax incurred by the organiza | tion under section 495 | 55\$ | |
| 2 | Enter the amount of any exc | ise tax incurred by organization | managers under sect | tion 4955 , , , \$ | |
| 3 | If the organization incurred a | a section 4955 tax, did it file For | m 4720 for this year? | | Yes No |
| 4 a | Was a correction made? | | | | Yes No |
| Name and | If "Yes," describe in Part IV. | | | | |
| Pa | t C Complete if the c | organization is exempt unde | er section 501(c), e | xcept section 501(c)(3 |). |
| 1 | activities | xpended by the filing organizati | | \$ | |
| 2 | 527 exempt function activiti | g organization's funds contribute es | | \$ | |
| 3 | line 17b | enditures. Add lines 1 and 2. E | | \$ | |
| 5 | Enter the names, addresses organization made payment the amount of political cont | e Form 1120-POL for this year? and employer identification nur s. For each organization listed, cributions received that were pro d or a political action committee | nber (EIN) of all secti enter the amount pai emptly and directly d | ion 527 political organiza id from the filing organiza elivered to a separate po | ations to which the filing tation's funds. Also enter olitical organization, such |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and 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) 2022

| 3 | Check if the filing organization checked box A and "limited control" provisions apply. | | | | | | |
|----|----------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------|-----------------------------|--|--|--|
| | | ying Expenditures eans amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | |
| 1a | Total lobbying expenditures to influence | public opinion (grassroots lobbying) | 15,442. | | | | |
| b | Total lobbying expenditures to influence | a legislative body (direct lobbying) [| 297,478. | | | | |
| C | Total lobbying expenditures (add lines 1 | a and 1b) | 312,920. | | | | |
| d | Other exempt purpose expenditures | | 465,704,689. | | | | |
| е | Total exempt purpose expenditures (add | d lines 1c and 1d) [| 466,017,609. | | | | |
| f | Lobbying nontaxable amount. Enter th | e amount from the following table in both | | | | | |
| | columns. | 1,000,000. | | | | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | |
| | Not over \$500,000 | 20% of the amount on line 1e. | | | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | |
| | Over \$17,000,000 | \$1,000,000. | | | | | |
| | | 5% of line 1f) | 250,000. | | | | |
| h | Subtract line 1g from line 1a. If zero or le | ess, enter -0 | NONE | | | | |
| i | Subtract line 1f from line 1c. If zero or le | ss, enter -0 | NONE | | | | |
| j | | on either line 1h or line 1i, did the organiza | | | | | |
| | reporting section 4911 tax for this year? | | | Yes No | | | |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

| | | Lobbying Expend | ditures During 4-Yea | ar Averaging Period | | |
|----|----------------------------------------------------------|-----------------|----------------------|---------------------|------------|-----------|
| | Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (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 |
| С | Total lobbying expenditures | 313,323. | 381,179. | 282,146. | 312,920. | 1,289,568 |
| 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 | 19,000. | 27,036. | 17,066. | 15,442. | 78,544 |

Schedule C (Form 990) 2022

| or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed escription of the lobbying activity. During the year, did the filing organization attempt to influence foreign, national, state, or local | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------|-------|-----|
| During the year did the filing organization attempt to influence foreign, national, state, or local | Yes | No | | Am | ount | |
| legislation, including any attempt to influence public opinion on a legislative matter or | | | | | | |
| referendum, through the use of: | | | | | | |
| Volunteers? | | | | | | |
| c Media advertisements? | | | | | | |
| d Mailings to members, legislators, or the public? | | | | | | |
| e Publications, or published or broadcast statements? | | | | | | |
| f Grants to other organizations for lobbying purposes? | | | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | | |
| i Other activities? | | | | | | |
| j Total. Add lines 1c through 1i | | | | | | |
| a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | ļ | | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | | |
| art III-A Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6). | (c)(5) | , or s | ectio | n | | |
| | | | | | Yes | |
| 30 1 (- (- 1) 1 (1) 1 (1) (1) (1) | | | | | | S |
| Were substantially all (90% or more) dues received nondeductible by members? | | | <i>.</i> | | | S |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | 2 | | ·S |
| Did the organization make only in bound lebbying expanditures of \$2,000 or level | m the | prior | year? | 2 | | · S |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes." | m the (c)(5) OR (b | prior), or s o) Par | year? | 2 3 | 3, is | |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2 and 2 and 2 are answered "No" Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A and a complete if the organization is exempt under section of the organization | m the (c)(5) OR (b | prior), or s o) Par | year? | 2 3 | 3, is | |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts) | m the (c)(5) OR (b | prior), or s o) Par | year? ection | 2 3 | 3, is | |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). | m the (c)(5) OR (b | prior , or s o) Par | year? ection | 2 3 | 3, is | |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). | m the (c)(5) OR (b | prior , or s o) Par of | year? section t III-A | 2 3 | 3, is | |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. | m the (c)(5) OR (t | prior), or s o) Par | year? ections of III-A | 2 3 | 3, is | |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. | m the (c)(5) OR (t | prior), or s o) Par | year? section t III-A | 2 3 | 3, is | |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. | m the (c)(5) OR (t | prior , or s o) Par of | year? section t III-A | 2 3 | 3, is | |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization are expenditured to see the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Conswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Carryover from last year. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due | m the (c)(5) OR (t | prior), or s o) Par of | year? section till-A 2a 2b 2c 3 | 2 3 | 3, is | |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Conswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Carryover from last year. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion | m the (c)(5) OR (t | prior pr | year? section t III-A | 2 3 | 3, is | |

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

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

Open to Public Inspection

| Nam | e of the organization | | Employer identification number |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| ME | TROPOLITAN MUSEUM OF ART | | 13-1624086 |
| | art I Organizations Maintaining Donor Adv | ised Funds or Other Similar Funds or | |
| | 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 donor | advisors in writing that the assets held | in donor advised |
| | funds are the organization's property, subject to the | | |
| 6 | Did the organization inform all grantees, donors, a | | |
| | only for charitable purposes and not for the benef | | |
| | conferring impermissible private benefit? | | Yes No |
| | art II Conservation Easements. | W/ H = 000 = (0/4 = == | |
| | Complete if the organization answered | | |
| 1 | Purpose(s) of conservation easements held by the | | |
| | Preservation of land for public use (for example | | of a historically important land area |
| | Protection of natural habitat | Preservation | of a certified historic structure |
| 2 | Preservation of open space | | other transition of |
| 2 | Complete lines 2a through 2d if the organization he easement on the last day of the tax year. | eid a quainled conservation contribution in | Held at the End of the Tax Year |
| а | Total number of conservation easements | | |
| b | Total acreage restricted by conservation easements | | 2a 2b |
| c | Number of conservation easements on a certified | | 2c |
| d | Number of conservation easements included in (c) | | 20 |
| - | a historic structure listed in the National Register. | | 2d |
| 3 | Number of conservation easements modified, training | | · · · · · · · · · · · · · · · · · · · |
| | tax year | | mater by the organization during the |
| 4 | Number of states where property subject to conse | rvation easement is located | |
| 5 | Does the organization have a written policy reg | | ion, handling of |
| | violations, and enforcement of the conservation eas | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspe | ecting, handling of violations, and enforcing | conservation easements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspect | ting, handling of violations, and enforcing co | onservation easements during the year |
| | | | |
| 8 | Does each conservation easement reported on line 2 | | |
| _ | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization rep | ports conservation easements in its re | venue and expense statement and |
| | balance sheet, and include, if applicable, the text organization's accounting for conservation easemer | of the foothore to the organization's fin | iancial statements that describes the |
| 13% | art III Organizations Maintaining Collections | | r Similar Accate |
| | Complete if the organization answered | "Yes" on Form 990. Part IV. line 8 | Similar Assets. |
| 1a | | | |
| ıa | If the organization elected, as permitted under FA of art, historical treasures, or other similar asset service, provide in Part XIII the text of the footnote | ts held for public exhibition, education, | e statement and balance sheet works or research in furtherance of public |
| | service, provide in Part XIII the text of the footnote | to its financial statements that describes th | nese items. |
| b | If the organization elected, as permitted under FA | ASB ASC 958, to report in its revenue st | tatement and balance sheet works of |
| | art, historical treasures, or other similar assets hel provide the following amounts relating to these iter | ia for public exhibition, education, or rese | earch in furtherance of public service, |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of ar | | |
| - | following amounts required to be reported under Fr | | 20000 TOT THIRATIONAL YAIT, PLOVIDE THE |
| а | Revenue included on Form 990, Part VIII, line 1 | the state of the s | \$ |
| b | Assets included in Form 990, Part X | * * * * * * * * * * * * * * * * * * * * | \$ |

 (i) Unrelated organizations
 3a(i)
 X

 (ii) Related organizations
 3a(ii)
 X

 b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
 3b

Describe in Part XIII the intended uses of the organization's endowment funds.

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

| | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|----------|----------------------------------------------|--------------------------------------|------------------------------------|------------------------------|----------------|
| 1a | Land | | 1,015,000. | | 1,015,000. |
| b | Buildings | | 43,136,878. | 32,924,006. | 10,212,872. |
| С | Leasehold improvements., | | 1239497881. | 867,597,859. | 371,900,022. |
| d | Equipment, | | 65,604,495. | 50,958,166. | 14,646,329. |
| <u>e</u> | Other | | | | |
| Tota | II. Add lines 1a through 1e. (Column (d) mus | t equal Form 990, Part | X. column (B), line 1 | Oc.) | 397 774 223 |

Schedule D (Form 990) 2022

| Part VII Investments - Other Securities. Complete if the organization answe | red "Yes" on Form 990, Pa | | Part X, line 12. |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------|-----------------------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market | |
| (1) Financial derivatives | , , | | |
| (2) Closely held equity interests | • | | |
| (3) Other | | | |
| (A) PRIVATE EQUITY | 1,266,515,920. | FMV | |
| (B) REAL ASSETS | 527,110,533. | FMV | |
| (C) EQUITY FUNDS | 884,747,564. | FMV | |
| (D) HEDGE FUNDS | 846,205,407. | FMV | |
| (E) FUND OF HEDGE FUNDS | 110,689,208. | FMV | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | . 3,635,268,632. | | |
| Part VIII Investments - Program Related. Complete if the organization answe | red "Yes" on Form 990, Pa | ırt IV, line 11c. See Form 990, F | art X, line 13. |
| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market | |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | , , , , , , , , , , , , , , , , , , , , |
| (5) | | | ,,,,,,, |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. Complete if the organization answe | red "Yes" on Form 990, Pa | irt IV, line 11d. See Form 990, F | Part X, line 15. |
| | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (Part X Other Liabilities. Complete if the organization answe line 25. | | | 990, Part X, |
| 1. (a) Des | cription of liability | | (b) Book value |
| (1) Federal income taxes | | | |
| (2)ANNUITY & SPLIT-INT OBLIGS. | | | 14,036,406. |
| (3)PENSION AND OTHER ACCRUED RTRM | | | 91,563,149. |
| (4)LEASE LIABILITY | · | | 16,366,393. |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 2 | 25.) <u></u> | | 121,965,948. |

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

JSA 2E1270 1.000

| ran | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | n. | |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 647,673,471. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| С | Recoveries of prior year grants | 1 | |
| d | Other (Describe in Part XIII.) | 1 | |
| е | Add lines 2a through 2d | 2e | -91,658,693. |
| 3 | Subtract line 2e from line 1 | 3 | 739,332,164. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| С | Add fines 4a and 4b | 4c | 22,195,662. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 761,527,826. |
| Part | Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | ırn. | |
| 1 | Total expenses and losses per audited financial statements | 1 | 357,464,067. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | 1 | |
| ¢ | Other losses | 1 | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | 61,812,459. |
| 3 | Subtract line 2e from line 1 | 3 | 295,651,608. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| C | Add lines 4a and 4b | 4c | 124,592,456. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 420,244,064. |
| 2; Part | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | nation | |
| | | | |
| *************************************** | | | |
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| | | | |

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 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. IT OFFERS 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, PART V, LINE 3A & 4

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS: THE MUSEUM'S ENDOWMENT FUNDS ARE INTENDED TO SUPPORT EDUCATIONAL PROGRAMS, SCHOLARLY RESEARCH AND PUBLICATIONS, ACQUISITIONS OF WORKS OF ART, CONSERVATION OF WORKS OF ART, SPECIAL EXHIBITS 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 \$357,609,459 FROM OPERATING

ACTIVITIES AND \$290,064,013 FROM NON-OPERATING ACTIVITIES FOR REVENUE,

GAINS AND OTHER SUPPORT. TOTAL PART XI, LINE 1 \$647,673,471.

SCHEDULE D, PART XI, LINE 2D

RECONCILING ITEMS FOR REVENUE INCLUDE THE FOLLOWING:

FEDERAL INDEMNIFICATION

1,486,605

UTILITIES PROVIDED BY THE CITY OF NEW YORK

13,242,815

14,729,420

TOTAL

Schedule D (Form 990) 2022

SCHEDULE D, PART XI, LINE 4B

| RECONCILING | TTEMS | FOR | REVENITE | TMCLIDE | THE | FOLLOWING |
|-------------------|-------------|-----|-----------------|---------------|------------|------------------------------------------|
| 1/TI/COM/CTTTTA/L | T T TUI'ILD | PUL | T. C. V E.IVIJE | 3.000.3303.70 | 1 171 177. | - 1" () ; i : i : 1 () () 1 () () |

| MANAGEMENT FEES AND OTHER INVESTMENT EXPENSES | 8,083,974 |
|-----------------------------------------------|--------------|
| EXCESS INVESTMENT RETURN | 57,149,428 |
| COST OF SALES | (38,606,116) |
| FUNDRAISING EVENTS | (8,476,923) |
| PROCEEDS FROM SALE OF ART | 50,931 |
| 2015 BOND RETURNS | 629,535 |
| CORPORATE SPECIAL EVENTS | 693,676 |
| MUSEUM LOANS | 549,596 |
| PARTNERSHIP UBIT | 2,121,561 |
| | |

SCHEDULE D, PART XII, LINE 2D

TOTAL

RECONCILING ITEMS FOR EXPENSES INCLUDE THE FOLLOWING:

| COST OF SALES | 38,606,116 |
|--------------------------------------------|------------|
| FUNDRAISING EVENTS | 8,476,923 |
| FEDERAL INDEMNIFICATION | 1,486,605 |
| UTILITIES PROVIDED BY THE CITY OF NEW YORK | 13,242,815 |
| | |
| TOTAL | 61,812,459 |

22,195,662

SCHEDULE D, PART XII, LINE 4B

| RECONCILING ITEMS FOR EXPENSES INCLUDE THE FOLLOWING: | |
|-------------------------------------------------------|-------------|
| DEPRECIATION AND MISCELLANEOUS NON-CAPITAL EXPENSES | 47,006,947 |
| PURCHASES OF ART | 52,401,477 |
| MANAGEMENT FEES AND OTHER INVESTMENT INCOME | 8,083,974 |
| INVESTMENT EXPENSES ON THE SERIES 2015 BOND | 93,484 |
| CORPORATE SPECIAL EVENTS | 693,676 |
| MUSEUM LOANS | 549,596 |
| EFFECT OF INTEREST RATE SWAP | 12,881,339 |
| NET PERIODIC PENSION AND POST RETIREMENT BENEFIT COST | 2,881,963 |
| | ~~~~~~~~~~ |
| TOTAL | 124,592,456 |

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number METROPOLITAN MUSEUM OF ART 13-1624086 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total employees. of offices in region (by type) (such as, a program service. expenditures for agents, and fundraising, program services, the region describe specific type of and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) EUROPE NONE NONE GRANTMAKING 6,667. (2) EUROPE NONE NONE PROGRAM SERVICES RESEARCH & EXHIBITIONS 1,282,008. (3) SUB-SAHARAN AFRICA NONE NONE PROGRAM SERVICES RESEARCH & EXHIBITIONS 47,363. (4) EAST ASIA AND THE PACIFIC NONE NONE PROGRAM SERVICES RESEARCH & EXHIBITIONS 791,354. (5) SOUTH ASIA NONE NONE PROGRAM SERVICES RESEARCH & EXHIBITIONS 27,635. (6) SOUTH AMERICA NONE NONE PROGRAM SERVICES RESEARCH & EXHIBITIONS 9,644. (7) MIDDLE EAST AND NORTH AFRICA NONE NONE PROGRAM SERVICES RESEARCH & EXHIBITIONS 464,515. (8) NORTH AMERICA NONE NONE PROGRAM SERVICES RESEARCH & EXHIBITIONS 426,357. (9) CENTRAL AMERICA/CARIBBEAN NONE NONE PROGRAM SERVICES RESEARCH & EXHIBITIONS 1,596. (10) CENTRAL AMERICA/CARIBBEAN NONE NONE INVESTMENTS 1,415,549,836. (11) EUROPE NONE NONE INVESTMENTS 25,936,227. (12) NORTH AMERICA NONE INVESTMENTS 2,852,245. (13)(14)(15)(16)(17)3a NONE NONE 1,447,395,447. Total from continuation sheets to Part I c Totals (add lines 3a and 3b)

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

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Schedule F (Form 990) 2022

1,447,395,447

METROPOLITAN NUSEUM OF ART

Schedule F (Form 990) 2022

Part

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

13-1624086

Page 2

| (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|--------------------------|----------------------------------------------|------------|-------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (1) | | | | | | | | |
| (2) | | | | | | | | *************************************** |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | The state of the s |
| (9) | | | | | | | | of Vyr |
| (7) | | | | | | | | 7,000 |
| (8) | | | | | | | | |
| (6) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |
| (13) | | | | | | | | A TOTAL COLUMN TO THE TOTA |
| (14) | | | | | | | | Water and the same of the same |
| (15) | | | | | | | | |
| (16) | | | | | | | | |

Schedule F (Form 990) 2022

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . • N

Enter total number of other organizations or entities. က

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2022

Part

| (a) Type of grant or assistance (b) Region | (b) Region | (c) Number of | (d) Amount of | (e) Manner of | (f) Amount of | (g) Description | (h) Method of |
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| A COMMISSION OF THE PROPERTY O | | ecione. | casti grafii | disbursement | noncasn assistance | or noncash assistance | valuation (book, FMV, appraisal, other) |
| (1) T. ROUSSEAU PELLOWSHIP | EUROPE/ICELAND/GREENLAND | | 6,667. | ERIK | | M/A | #/ |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | ALL THE PARTY OF T | | MINISTER CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO | The state of the s | TTTTTALL A. MARKETTE TTTTTALLAND |
| (5) | | | - The state of the | | The state of the s | | Portion |
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| (11) | | | | | | | |
| (12) | | | | | Total Parket Par | | POTENTIAL TOTAL TO |
| (13) | | | | | | | THE PARTY OF THE P |
| (14) | | | | | ANAMAN TANAMAN | Marie 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | The state of the s |
| (15) | | | | | A CONTRACTOR OF THE PROPERTY O | | The state of the s |
| (16) | | | | | | | A CONTRACTOR OF THE PROPERTY O |
| (11) | | | | | | | |
| (18) | | | | | | | |
| | | | | | THE THE PROPERTY OF THE PROPER | Sch | Schedule F (Form 990) 2022 |

Part IV Foreign Forms 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) 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; don't file with Form 990) X No 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 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) 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) 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; don't file with Form 990) X Yes No

Schedule F (Form 990) 2022

Supplemental Information

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).

MONITORING PROCEDURES - FORM 990, SCHEDULE F, PART I, LINE 2

THE MUSEUM AWARDS 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 ARE 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 PERSON OF THE MUSEUM.

EVERY GRANTEE IS ASSIGNED A SPECIFIC SUPERVISOR AT THE START OF THE GRANTEE'S FELLOWSHIP PERIOD. THE SUPERVISOR IS EITHER A CURATOR, CONSERVATOR, OR SCIENTIST FROM THE DEPARTMENT HOSTING THE INDIVIDUAL GRANTEE. THE GRANTEE AND SUPERVISOR ARE IN CONTACT THROUGHOUT THE YEAR AND DISCUSS ALL OF THE DETAILS OF THE GRANTEE'S RESEARCH WORK. IN ADDITION, THE ACADEMIC AND PROFESSIONAL PROGRAMS OFFICE, WHICH IS

Part V

Supplemental Information

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).

RESPONSIBLE FOR ALL OF THE FELLOWS, REQUIRES PERIODIC UPDATES ON THE

GRANTEE'S RESEARCH.

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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-F7

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

OMB No. 1545-0047

Internal Revenue Service Inspection Name of the organization Employer identification number METROPOLITAN MUSEUM OF ART 13-1624086 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants X Mail solicitations а X Internet and email solicitations X b f Solicitation of government grants C X Phone solicitations g X Special fundraising events Ы X In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) SEE SUPPLEMENT INFORMATION Yes No 2 3 g 10 Total 369,070. 94,078. 369,070. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

Schedule G (Form 990) 2022

| Pa | ırt II | Fundraising Events. Complete than \$15,000 of fundraising ev gross receipts greater than \$5,00 | ent contributions and g | nswered "Yes" on Form gross income on Form | n 990, Part IV, line 990-EZ, lines 1 and | 18, or reported more 6b. List events with |
|-----------------|----------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| a) | | | (a) Event #1 COSTUME INSTITU (event type) | (b) Event #2 ACQUISITION FUN (event type) | (c) Other events 8 (total number) | (d) Total events (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 21,795,644. | 4,020,325. | 4,813,924. | 30,629,893. |
| œ | 2 3 | Less: Contributions | THE PARTY OF THE P | 3,902,515. | 4,376,596. | 29,833,255. |
| | | line 2) | 241,500. | 117,810. | 437,328. | 796,638. |
| | 4 | Cash prizes | | | | |
| " | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | |
| X Exp | 7 | Food and beverages | | | | |
| Direc | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 5,976,756. | 815,854. | 1,684,313. | 8,476,923. |
| | 10 11 | Direct expense summary. Add lin Net income summary. Subtract | nes 4 through 9 in colu line 10 from line 3, col | umn (d) | | 8,476,923. -7,680,285. |
| Pa | rt III | Gaming. Complete if the org \$15,000 on Form 990-EZ, lin | anization answered "\ | Yes" on Form 990, F | Part IV, line 19, or | reported more than |
| Revenue | | \$10,000 OH OHN 000 EZ, III | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| & G | 1 | Gross revenue | | | al property of the state of the | |
| ses | | Cash prizes | | | | |
| ect Expenses | 3 | Noncash prizes, | | | | |
| Direct I | 4 | Rent/facility costs | | | | |
| <u></u> | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes % | Yes % | Yes% No | |
| | 7 | Direct expense summary. Add lin | nes 2 through 5 in colu | ımn (d) | | |
| | 8 | Net gaming income summary. S | ubtract line 7 from line | 1. column (d) | | |
| 9 a b | E | Enter the state(s) in which the organization licensed to con | anization conducts gar | ming activities: in each of these state: | | . Yes No |
| i0a b | V If | Vere any of the organization's gamino "Yes," explain: | g licenses revoked, susp | pended, or terminated dur | ring the tax year? | . Yes No |

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V22-7.11

| Sched | ule G (Form 990 or 990-EZ) 2022 METROPOLITAN MUSEUM OF ART | 13-162408 | 36 Page 3 |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | s No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entit | | |
| | formed to administer charitable gaming? | | s No |
| 13 | Indicate the percentage of gaming activity conducted in: | · · · · · · · · · · · · · · · · · · · | .3 110 |
| a | The organization's facility | 42- | 0/ |
| | | | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events book records: | s and | |
| | 1600143. | | |
| | | | |
| | Name ▶ | | |
| | Addrage | | |
| | Address ► | | |
| 15 a | Does the organization have a contract with a third party from whom the organization receives | namino | |
| | revenue? | | e No |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ | | 5 NO |
| - | amount of gaming revenue retained by the third party > \$ | and the | |
| С | If "Yes," enter name and address of the third party: | | |
| • | in rest, effect hame and address of the third party. | | |
| | Name ▶ | | |
| | Address • | | |
| | Address ► | | |
| 16 | Gaming manager information: | | |
| | | | |
| | Name ▶ | | |
| | | | , |
| | Gaming manager compensation ▶ \$ | | |
| | | | |
| | Description of services provided > | | |
| | | | |
| | Director/officer Employee Independent contractor | | |
| 17 | Mandatary distributions | | |
| | Mandatory distributions: | | |
| а | Is the organization required under state law to make charitable distributions from the gaming pro | | |
| | retain the state gaming license? | Ye | s No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organization to the company of th | ınizations | |
| | or spent in the organization's own exempt activities during the tax year ▶ \$ | | |
| Pari | | (iii) and (v), and | d |
| | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additio | nal information | |
| | (see instructions), | | |
| SCHI | EDULE G, PART II, LINE 11 AND FORM 990, PART VIII, LINE 8 | | |
| M/OTE | THE CT COL 200 LOCA DESCRIPTION ADOLES DOES NOT THAT I'M ACC 2022 2000 | | |
| | THE \$7,680,286 LOSS PRESENTED ABOVE DOES NOT INCLUDE THE \$29,833,255 | | |
| | CONTRIBUTIONS WHICH RESULTED IN A NET GAIN FROM THESE EVENTS OF | | |
| APPI | ROXIMATELY \$22.2 MILLION. | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| | Sched | lule G (Form 990 or 9 | 990-EZ) 2022 |

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

INFOCISION

ACTIVITY :

TELE- MARKETING

CUSTODY OR CONTROL OF CONTRIBUTION? NO

GROSS RECEIPTS FROM ACTIVITY : 44,070.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 34,078.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: 44,070.

NAME:

NGK GLOBAL

ACTIVITY :

CONSULTANTS

CUSTODY OR CONTROL OF CONTRIBUTION?

GROSS RECEIPTS FROM ACTIVITY : 325,000.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 60,000.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: 325,000.

SCHEDULE (Form 990)

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

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

Attach to Form 990.

| ٨ | 2 | |
|------------|----------------------|--|
| בעם מומועמ | t IV, line 21 or 22. | |
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| ņ | 2 | |
| 3 | <u>,</u> | |
| ָנו | ₹ | |
| | | |

OMB No. 1545-0047

Open to Public

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, X Yes Employer identification number 13-1624086 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Go to www.irs.gov/Form990 for the latest information. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance METROPOLITAN MUSEUM OF ART Department of the Treasury Internal Revenue Service Name of the organization Part Part

| Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | nat received | more than \$5, | 000. Part II can t | oe duplicated if a | idditional space is r | eeded. | |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) | | | | | Address of the state of the sta | The state of the s | 1777./// AMMINIANA |
| (2) | | | THE PROPERTY OF THE PROPERTY O | A LA CATALON CONTRACTOR CONTRACTO | THE PARTY OF THE P | THE PROPERTY OF THE PARTY OF TH | unilagare e e e e e e e e e e e e e e e e e e |
| (3) | | | | | | | |
| (4) | | | a | | A THE STATE OF THE | A STATE OF THE PARTY OF THE PAR | |
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| (11) | | | | | | | Management of the state of the |
| (12) | Ook a made delication | | | | | | |
| 2 Enter total number of section 501(c)(3) and dovernm | o frammant o | raanizatione liet | ant organizations listed in the line 1 table | 9 | | | |

3 Enter total number of other organizations listed in the line 1 table.

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

Schedule I (Form 990) 2022

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 13-1624086 Schedule I (Form 990) (2022)

Part III Grants and

| | 2000 | | | 100000000000000000000000000000000000000 | ************************************** |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (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 |
| THE BOTHNER FELLOWERIF | М | 43,252. | | N/A | N/A |
| ZSYLVAN C. AND PAM COLEMAN WEMORIAL FELLOWSHIP | 123 | 144,250. | | N/A | N/Ā |
| 3 CHESTER DALE FELLOWSHIP | r | 160,934. | | N/A | N/A |
| 4 ANNEITE DE LA RENTA FELLORSHIP | ens | 6.00 | | N/A | N/A |
| 5THE DOUGLASS FOUNDATION FELLOWSHIP | | 6,917. | A COLUMN TO THE PARTY OF THE PA | N/A | N/B |
| 6 ANDREW W. MELLOW ART HISTORY PELLOWSHIP | h | 433, 294. | TOTAL CONTINUES OF THE PARTY OF | H / N | William Commission of the Comm |
| TAMPREM W. MELLON CONSERVATION FELLOWSHIP | 60 | 222,583. | | N/A | 2/W |
| Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. | information re | quired in Part I, I | ine 2, Part III, c | olumn (b); and any o | ther additional |

Page 2

METROPOLITAM MUSEUM OF ART

Schedule I (Form 990) (2022)

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

Part≡

| (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 |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------|
| TRESEARCH SCHOLARSHIP IN PHOTOGRAPH CONSERVATION FE | 7 | 47,917. | | 11/A | N/R |
| 20 clarson bills feliorship | *** | 148,167. | | 8/A | N/A |
| 3 SLIFKA FORNDATION FELLOWSHIP | | 38,333. | | M/A | N/2. |
| 4 JANE AND WORGAN WHITNEY FELLOWSHIP | ** | 233,732. | | N/A | H/A |
| 5 POLAIRE WEISSMAN FELLOWSBIP | | 6,917, | | N/A | 8/8 |
| 6MELLON SUPPLEMENTAL PELLOWSHIP FUNDS | 9 | 221,643, | | 1/N | N/A |
| GERALE AND MAY RITTER MEMORIAL FUND FELLOWSHIP | 2 | 84,833. | Type a debut to the second of | N/A | M/A |
| Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. | information re | quired in Part I, I | ine 2, Part III, c | olumn (b); and any o | ther additional |

Page 2

Schedule I (Form 990) (2022) METROPOLITAN BUSEUM OF ART

Part III

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|------------------------------------------------------------------|--------------------------|--------------------------|--------------------------------------|------------------------------------------------------------------------------------|----------------------------------------|
| TVIICHEK FELLOWSHIP | gund | 6,917. | | N/A | N/A |
| 2 STERN PELLOWGIT | | 56,500. | | 14/B | N/B |
| 3 SHERWAN FAIRCHILD FOUNDATION FELLOWSHIF | ١٠,١ | 32,417. | | N/A | N/A. |
| 4 DIAMONSTEIN SPEILVOGEL PELLOWSHIP | en. | 118,750. | | N/A | N/R |
| 5BIACKWOOD PELLOWSHIP | wink | 6,917. | | M/R | N/R |
| 6 LEONARD A. LAUDER FOSTBOCTORAL FELLOWSHIP | 63 | 128,250. | | M/A | N/A |
| 7 LEGWARD A. LAUDER PREDOCTORAL FELLOWSHIF | ru. | 105,756. | 00.50.5 | M/A | W/P |
| Part IV Supplemental Information. Provide the infor information. | nformation re | quired in Part I, I | ine 2, Part III, o | rmation required in Part I, line 2, Part III, column (b); and any other additional | ther additional |

Page 2

METROPOLITAN MUSSUM OF ART

Schedule I (Form 990) (2022)

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

| | (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 |
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| 1 LEOWARD | 1 LEGHARD A. LAUDER DISTINGUISHED SCHOLAR | ପ | 38,007. | | N/A | N/A |
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| Part IV | Supplemental Information. Provide the infor information. | nformation rec | quired in Part I, | line 2, Part III, c | rmation required in Part I, line 2, Part III, column (b); and any other additional | ther additional |

MONITORING PROCEDURES - FORM 990, SCHEDULE I, PART I, LINE

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

Schedule I (Form 990) (2022)

Part III

Page 2

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

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
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| 7 | | | | | | |
| | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. | nformation re | quired in Part I, I | ine 2, Part III, c | olumn (b); and any o | ther additional |

EMPLOYEE OF THE MUSEUM. SUCH AS A TRUSTEE, AN OFFICER, OR A KEY

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

SCHEDULE J (Form 990)

Part

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

METROPOLITAN MUSEUM OF ART

Questions Regarding Compensation

Employer identification number 13-1624086

Yes Nο 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel \mathbf{x} Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 1b X 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 on line Х Indicate which, if any, of the following the 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. Compensation committee X Written employment contract X Independent compensation consultant Compensation survey or study X Form 990 of other organizations Х Approval by the board or compensation committee 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: a Receive a severance payment or change-of-control payment?..... 42 Х 4b Х X 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. 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: 5a Х 5b X

If "Yes" on line 5a or 5b, describe in Part III.

If "Yes" on line 6a or 6b, describe in Part III.

compensation contingent on the net earnings of:

Schedule J (Form 990) 2022

6a

6b

7

8

Х

X

X

X

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

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

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

| Talamananan yang talamanan di angganan kananan angganan kananan angganan an | | (B) Breakdown of W-2 | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | 1099-NEC compensation | (C) Retirement and | (D) Nonfaxable | (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)(l)-(D) | in column (B) reported as deferred on prior Form 990 |
| LAUREN A. MESERVE | € | 686,314. | 718,674. | 2,622. | 382,495. | 10,164. | 1,800,269. | 378,735. |
| 1 SVP & CHIEF INVESTMENT OFFICER | € | NONE | NONE | NONE | NONE | NONE | The state of the s | |
| DANIEL H. WEISS | € | 1,081,040. | NONE | 325,894. | 42,556. | 22,378. | 1,471,868. | NONE |
| 2 PRESIDENT, CEO TO 6/23 | € | NONE | NONE | NONE | NONE | HONE | NONE | NONE |
| MAX HOLLEIN | 8 | 1,031,867. | NONE | 308,387. | 33,550. | 23,149. | 1,396,953. | HONE |
| 3 MARINA KELLEN FRENCH DIRECTOR | € | NONE | NONE | NONE | NONE | NONE | | NONE |
| CLYDE B. JONES | € | 279,820. | NONE | 723,304. | 42,556. | 5,029. | 1,050,709. | NONE |
| 4 SVF, INSTITUTIONAL ADV TO 6/22 | € | NONE | NONE | NONE | HONE | NONE | NONE | NONE |
| LAWRENCE CHOI | • | 197,607. | 405,000. | 181. | 24,400. | 9,383. | 636,571. | NONE |
| 5 SNR INVESTMENT OFFIC FROM 7/22 | Ξ | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JAMESON KELLEHER | € | 566,902. | NONE | 1,683. | 33,406. | 10,894. | 612,885. | NONE |
| 6 SVP, FIN & OPS, CFO, TREASURER | € | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| SHARON H. COTT | (1) | 481,222. | NONE | 7,304. | 42,556. | 22,058. | 553,140. | NONE |
| 7 SVP, SECRETARY & GEN. COUNSEL | Ξ | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| STEPHEN MARTIN MANNELL | ε | 394,606. | NONE | 3,803. | 32,499. | 22,938. | 453,846. | NONE |
| | € | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| QUINCY HOUGHTON | = | 380,528. | NONE | 5,721. | 42,556. | 22,903. | 451,708. | NONE |
| 9 DEPUTY DIR FOR EXHIBITIONS | € | NONE | NONE | NONE | NONE | NONE | NONE | 1000 |
| KENNETH WEINE | 0 | 373,898. | NONE | 3,710. | 33,550. | 22,895. | 434,053. | NONE |
| 10 VP EX. AFFAIRS/CHIEF COMMS OFF | 3 | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ANDREA BAYER | = | 347,418. | NONE | 10,149. | 42,556. | 22,768. | 422,891. | NONE |
| 11 DEPUTY DIR, COLLECTIONS/ADMIN | Ξ | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| INKA DROGEMULLER | € | 349,570. | NONE | 1,823. | 33,550. | 9,550. | 394,493. | NONE |
| arr | | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| JHAELEN HERNANDEZ ELI | Ξ | 349,063. | NONE | 801. | 33,550. | 22,518. | 405,932. | HONE |
| JECTS FROM 7/22 | Ξ | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| STEPHEN A. MANZI | 0 | 321,138. | 1,500. | 25,876. | 42,556. | 22,647. | 413,717. | NONE |
| 14 CHIEF DEV OFF, INDIV GIVING | E | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| STEVEN R. RYAN | • | 324,372. | NONE | 4,910. | 37,980. | 22,404. | 389,666. | NONE |
| 15 CHIEF TECHNOLOGY OFFICER | € | | NONE | NONE | NONE | NONE | NONE | NONE |
| | € | 268,873. | NONE | 20,049. | 41,319. | 21,318. | 351,559. | HONE |
| 16 INTERIM CHIEF HR OFF FROM 7/22 | € | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| | | | | | | | Sch | Schedule J (Form 990) 2022 |

Schedule J (Form 990) 2022

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

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

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

| individual. | | (B) Breakdown of W-2 a | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | 099-NEC compensation | (C) Dotirement and | ojskovstavila | (C) Total of our man | 12 Carlotte |
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| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(j)-(D) | (r) Compensation in column (B) reported as deferred on prior Form 990 |
| JEANETTE BRIZEL | ε | 163,709. | ENON | 90,732. | 21,692. | 4,703. | 280.836. | NONE |
| 1 CHIEF HR OFFICER TO 6/22 | (E) | | - | NONE | NONE | NONE | NONE | |
| | (3) | | | | The state of the s | | ASSESSMENT AND ASSESSMENT ASSESSMENT AND ASSESSMENT AS | *************************************** |
| 2 | € | | | 71.4 | | 77 A. S. | | |
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Partill Supplemental Information

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

PERSONAL HOUSING - FOR CALENDAR YEAR 2022, THE MUSEUM PROVIDED A HOUSING ALLOWANCE TO THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, DANIEL WEISS AND TO THE DIRECTOR, MAX HOLLEIN. THESE ALLOWANCES WERE TREATED AS TAXABLE COMPENSATION.

SCHEDULE J, PART 1, LINE 4A

\$606,014, AND JEANETTE BRIZEL RECEIVED A SEVERANCE PAYMENT OF \$58,667. CLYDE B. JONES RECEIVED A SEVERANCE PAYMENT OF IN CALENDAR YEAR 2022,

SCHEDULE J, PART I, LINE 4B

THE FOLLOWING PERSONS PARTICIPATED IN OR RECEIVED PAYMENTS FROM A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN IN CALENDAR YEAR 2022:

- \$111,416 DANIEL WEISS Schedule J (Form 990) 2022

Part III Supplemental Information

Schedule J (Form 990) 2022

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.

MAX HOLLEIN - \$106,110

[~ SCHEDULE J, PART I, LINE

MESERVE, RECEIVED A BONUS PAYMENT OF \$718,674, WHICH IS INCLUDED IN FURSUANT TO THE MUSEUM'S INCENTIVE COMPENSATION PLAN FOR INVESTMENT STAFF, SENIOR VICE PRESIDENT AND CHIEF INVESTMENT OFFICER, LAUREN Œ COLUMN SCHEDULE J, PART II

SCHEDULE J, PART II, COLUMN (C)

DEFERRED COMPENSATION AS FOLLOWS: INCLUDES (C) COLUMN

EMPLOYMENT BEFORE IT IS PAID. THE EXACT AMOUNT IS SUBJECT TO ADJUSTMENT FORFEITED IF THE RECIPIENT LEAVES THE MUSEUM'S A BONUS PAYMENT FOR LAUREN MESERVE OF \$339,939. THIS DEFERRED BASED ON THE PERFORMANCE OF THE ENDOWMENT FUND. COMPENSATION MAY BE

SCHEDULE K (Form 990)

Name of the organization Department of the Treasury

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.

20**22** Open to Public Inspection

Employer identification number

OMB No. 1545-0047

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

(I) Pooled financing Yes No Yes No (h) On behalf of issuer 13-1624086 (g) Defeased ۷ Yes 65,000,000. PARTIAL FUNDING OF CAPITAL PROJECT PARTIAL FUNDING OF CAPITAL PROJECT (f) Description of purpose 65,000,000. (e) Issue price (d) Date issued 12/01/2006 12/01/2006 (c) CUSIP # 649717NP6 649717NQ4 (b) Issuer EIN 91-1882413 91-1882413 A TRUST FOR CULTURAL RESOURCES OF THE CITY OF BY B TRUST FOR CULTURAL RESOURCES OF THE CITY OF NY METROPOLITAN MUSEUM OF ART (a) Issuer name Bond Issues Proceeds Part

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| τ- | Amount of bonds retired | | | W. W | | | | | |
| 7 | Amount of bonds legally defeased | | | | | | | | |
| က | Total proceeds of issue | 65, | 65,000,000. | 65,0 | 65,000,000. | | | | |
| ₱ | Gross proceeds in reserve funds | | | 7/07 | | | | | |
| ъ | Capitalized interest from proceeds | | | | | | | | |
| 9 | Proceeds in refunding escrows, | | | | | | | | |
| 7 | Issuance costs from proceeds | | 795,690. | | 795,690. | | | | |
| ∞ | Credit enhancement from proceeds | | | | | | | | |
| 6 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | 64, | 64,204,310. | 64,2 | 64,204,310. | | | | |
| 11 | Other spent proceeds | | | | | | | | - |
| 12 | Other unspent proceeds | | 7777 | | | | | | |
| £ | Year of substantial completion | | | | | | | | |
| | | Yes | oN | Yes | Š | Yes | No | Yes | o _N |
| 14 | Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, | | | | | | | | |
| | if issued prior to 2018, a current refunding issue)? | | × | *************************************** | × | | | | |
| 13 | Were the bonds issued as part of a refunding issue of taxable bonds (or, if | | | | | | | | |
| | issued prior to 2018, an advance refunding issue)? | | × | | × | ********* | | | |
| 16 | Has the final allocation of proceeds been made? | × | | × | | | | | ALL DESCRIPTION OF THE PROPERTY OF THE PROPERT |
| 17 | Does the organization maintain adequate books and records to support the | | | | | | | | *************************************** |
| | final allocation of proceeds? | × | | × | | | | | |
| For P | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | | | | | Sc | Schedule K (Form 990) 2022 | 1 990) 2022 |

| Pari Private Business Use | TAX EXEMPT | SET 1 | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|---------------|----------------|-----------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | ∢ | - | _ | 8 | ပ | () | ۵ | |
| 1 Was the organization a partner in a partnership, or a member of an LLC, | Yes | Š | Yes | N _O | Yes | °N | Yes | °Z |
| which owned property financed by tax-exempt bonds? | | × | | × | | | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | × | | × | | | | ALAMA MARKATANA ANALAMA |
| contracts th | > | | > | | | | | |
| b If "Yes" to line 3a does the organization multipely engage than organization or other outside | V | | 4 | | | | | |
| | × | | × | | | | | |
| c Are there any research agreements that may result in private business use of | | | | | | | | |
| bond-financed property? | | X | | × | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | manana desperante de la companya de |
| 4 Enter the percentage of financed property used in a private business use by entities | | 76 | | 70 | | 70 | | 70 |
| | | 0/ | | 0/ | | 0/ | W-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | /0/ |
| result of unrelated trade or business activity carried | | | | | | | | |
| | | % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | % | | % | | % | | % |
| Does the bond issue meet the private security or payment te | | × | | X | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | × | | × | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or | | | 7,000,000,000 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | manager of a contract of the c | - |
| disposed of | | % | | % | | % | | % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | da Procesar | |
| 9 Has the organization established written procedures to ensure that all | | 100 | | | | | | 44440 |
| nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | × | | × | | | | | |
| Part IV Arbitrage | | | | | , | | | |
| | ٧ | | 4 | В | ပ | | Q | |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and | Yes | No. | Yes | °N : | Yes | No | Yes | No |
| 2 If "No" to line 1 did the following apply? | | × | | X | | | | |
| 1 00 | | | | | | | | |
| b Exception to rebate? | × | | × | | | | | |
| c No rebate due? | | | | | | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was | | | | | | | | |
| | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | × | | × | | | | | - |
| | | | | | | Sch | Schedule K (Form 990) 2022 | 990) 2022 |

| Schedule K (Form 990) 2022 | | | | | | | | Page 3 |
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| Part (V Arbitrage (continued) | EXEMPT | SET 1 | | | | | | |
| | | | m | | | ပ | ۵ | |
| 4a Has the organization or the governmental issuer entered into a qualified | Yes | No | Yes | 8 | Yes | No | Yes | No |
| e bond issue? | | × | | × | | | | |
| b Name of provider | | | | | | | | |
| | | | | | | | | |
| legrated? | | | | | | | | - |
| ************************************** | | | | | | | | |
| 8 | A CANADA | × | | × | | | | |
| b Name of provider | | | | | | | | |
| | | | | | | | | |
| Was the regulatory safe harbor for establishing the fair mark | | | | | | W | | |
| 6 Were any cross proceeds invested heyond an available temporary heriod? | The state of the s | × | | × | | | | |
| 1 | | : | | ** | | | | |
| requirements of section 1487 | × | | × | | | | | |
| Estiav Drocedures To Indertake Corrective Action | 1 | | | | | | | |
| | • | | | | - | | | |
| | : | | <u>-</u> | | - ر د : | | ב | ĺ |
| shed written procedures to | Yes | No. | Yes | ON No | Yes | S N | Yes | S |
| identified and corrects | | | | | | | | |
| voluntary closing agreement program it self-remediation isn't available under | • | | | | | | | |
| OI | × | | × | | | | | |
| Supplemental Information. Provide additional information for responses to questions on Schedule K. | questions or | n Sched | ale K. Se | See instructions. | ons. | | | |
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| 2E1328 1,000 | | | | | | S | Schedule K (Form 990) 2022 | m 990) 2022 |

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

SCHEDULE K, PART III. LINES 4-6, PRIVATE BUSINESS AND UNRELATED USE

THE MUSEUM PERFORMS A DETAILED PRIVATE BUSINESS AND UNRELATED USE CALCULATION. THE MUSEUM CALCULATED ITS PRIVATE BUSINESS AND UNRELATED USE FOR THE FISCAL YEAR ENDED JUNE 30, 2023 TO BE NEARLY 0% IN TAX EXEMPT BOND-FINANCED SPACE. THIS ANALYSIS EXCLUDES COST OF ISSUANCE.

Schedule K (Form 990) 2022 JSA 2E1511 1.000

SCHEDULE L (Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

Name of the organization Em

Employer identification number

| ME.I. | ROPOLITAN MUSEUM | I OF ART | | | | | | | 13 | -162 | 4086 | 5 | | | |
|-------|-------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|--------------------------------------------------|-------------------|--------------------------------|-------------------|-----------------------------------------|----------|--------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|----------------------------------------------------|--|
| Pair | Excess Benefit Complete if the | Transactions organization a | (section 501 answered "Y | l(c)(3 es" o |), sect n Forn | tion 501(c)(4 n 990, Part I |), and V. line | section 501(c)(29 25a or 25b, or For |) organ | nizatio | ns on | lv). | Ob. | | |
| 1 | (a) Name of disqualified | | <u> </u> | | between | disqualified pers | | | cription | | | III C | | Сопеск | |
| | <u> </u> | | | | organiz | zation | | (0) Des | ~ | UI II di IS | action | | Ye | s No | |
| (1) | | | | | | | | | • | | | | | | |
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| (3) | | Vi | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | | |
| (5) | | | | | | | ···· | | | | | | | | |
| (6) | | | | | * | | | | | | | | | | |
| 2 | Enter the amount of t | | | | | | | | | | | | | | |
| , | under section 4958 , | | | | | | | · • • • • • • • • • • • • • • • • • • • | • • • | • • | \$_ | | | ····· | |
| 3 | Enter the amount of ta | ax, ir any, on ii | ne z, above, | reim | bursec | by the orga | nızatıo | ın | | • • | \$ _ | | | | |
| Par | M Lagrada and/a | . F | _4 _ 3 💍 | | | | | | | | | | | | |
| | | | | | n Eorn | . 000 E7 B | set V 3 | ine 38a or Form 99 | · O . D | N / 15 | - 00. | :5 41 | | | |
| | organization rep | orted an amo | unt on Form | 990. | Part) | K. line 5. 6. o | 111 V, 1 122 | ine soa oi Foitii 98 | o, Pan | IV, fif | le 20; | or ar tr | ie | | |
| | | | | 1 | | 1 | | T | 1 | | I | | | | |
| (a) | organization reported an amou (a) Name of interested person (b) Relationship with organization | | (c) Purpose of loan | | an to or | (e) Origin principal an | | (f) Balance due | (g) In (| default? | | | | (i) Written agreement? | |
| | | Willi Organization | , ioai | | ization? | principaran | IOUTE | | | | | nittee? | agreer | nentr | |
| | | | | То | From | | | | V | T | | | | | |
| (1) | | | | 10 | 110111 | | | | Yes | No | Yes | No | Yes | No | |
| (2) | | | | | | | | | - | | | | | | |
| (3) | | | | | - | | | | | | | | | | |
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| (8) | | | | | | | ······ | | | | | | | | |
| (9) | | | | | | | | | | | *************************************** | | | | |
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| Total | | | | | | | | \$ | | , | | 1 | 1 | | |
| Pari | | | | ******* | | | | | | | | | ··· | | |
| | Complete if the | organization a | inswered "Ye | es" o | n Form | 1 990, Part IV | , line 2 | 7. | | | | | | | |
| (a) | Name of interested person | | p between intere | | (c) | Amount of | | (d) Type of assistance | | (e) | Purpos | se of ass | sistance | | |
| | | person and | the organization | ۱ | as | ssistance | | | | , , | | | | | |
| (1) | | | | | | | | | | | | | *************************************** | | |
| (2) | | | | | | | | | | | | *************************************** | | | |
| (3) | | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | *************************************** | #/ ************************************ | |
| (6) | | | | | | | | | | | | | | | |
| (7) | | - | | | | | | | | | | | | | |
| (8) | | 1 | | | | | | | | | | | | | |

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

Schedule L (Form 990) 2022

(9) (10) Schedule L (Form 990 or 990-EZ) 2022

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organi | naring of ization's nues? |
|---------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|----------|---------------------------------|
| | | | | Yes | No |
| (1)SEARCHLIGHT CAPITAL PARTNERS | SEE PART V | 685,076. | MANAGEMENT & PARTNERSHIP FEE | | Х |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | ļ |
| (6) | | | | | <u> </u> |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | <u> </u> | |
| (10) | | | | | |

Part V Supplemental Information

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

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

SEARCHLIGHT CAPITAL PARTNERS ("SEARCHLIGHT") IS AN ENTITY FOUNDED BY THE HUSBAND OF TRUSTEE AERIN LAUDER. THE MUSEUM IS INVESTED IN TWO SEARCHLIGHT FUNDS AND PAYS FEES TO THE FUND.

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.

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

| STORY CONTRACT | ROPOLITAN MUSEUM OF ART | | | | <u>13-1624086</u> | 5 | |
|-----------------------|----------------------------------------|-------------------------------|--------------------------------------------------|---------------------------------------------------------------------------|-------------------|-----------------------------------------|-----------------------------------------|
| Pai | Types of Property | 1 | I | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | | (d) of determin stribution a | |
| 1 | Art - Works of art | Х | 171 | NONE | | ***** | ~ |
| 2 | Art - Historical treasures | | | | | | |
| 3 | Art - Fractional interests | | 5 | NONE | - | | |
| 4 | Books and publications | | | | | | *************************************** |
| 5 | Clothing and household goods | | | | | | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | | | | | | |
| 8 | Intellectual property | | | | | | |
| 9 | Securities - Publicly traded | | 138 | 12,211,686. | MKT VALUE | 2 01100 | 573 MIT |
| 10 | Securities - Closely held stock | | 1.00 | 12,411,000. | MVI ANDE | 7- GILI | DATI |
| 11 | Securities - Partnership, LLC, | | | | | · | |
| ٠. | or trust interests | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | |
| 13 | Qualified conservation | 1 | | | | | |
| | contribution - Historic | | | | | | |
| | structures , . , | | | | | | |
| 14 | Qualified conservation | | | | ļ | | |
| | contribution - Other | | | | , v | | |
| 15 | Real estate - Residential | | | | | · · · · · · · · · · · · · · · · · · · | |
| 16 | Real estate - Commercial | | | | | | |
| 17 | Real estate - Other | | | | | | |
| 18 | Collectibles | | | , , , , , , , , , , , , , , , , , , , | | ***** | |
| 19 | Food inventory | | | | | | |
| 20 | Drugs and medical supplies | | | | | | |
| 21 | Taxidermy | | | | | | |
| 22 | Historical artifacts | | | | | •••• | |
| 23 | Scientific specimens | | | | | | |
| 24 | Archeological artifacts | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 25 | Other ▶() | | | | | *************************************** | |
| 26 | Other ►() | | | | | | |
| 27 | Other ▶() | | | | | | |
| 28 | Other ►(| | | | 1 | | |
| 29 | Number of Forms 8283 received | by the ora | anization during the tax v | ear for contributions for | | | |
| | which the organization completed I | | | | 29 | | 60 |
| | · | | • | | | Ye | |
| 30a | During the year, did the organizat | ion receive | by contribution any prope | rty reported in Part I. line | s 1 through | | |
| | 28, that it must hold for at least the | | | | | | |
| | to be used for exempt purposes for | | | | | 30a | X |
| b | If "Yes," describe the arrangement i | | - 1 | | | | |
| 31 | Does the organization have a | gift accept | tance policy that require | es the review of any | nonstandard | | |
| | contributions? | | | | | 31 | ζ |
| 32a | Does the organization hire or use | e third parti | ies or related organization | s to solicit, process, or s | sell noncash | | |
| | contributions? | | | | | 32a } | |
| b | If "Yes," describe in Part II. | | | | | | |
| 33 | If the organization didn't report an | amount in c | column (c) for a type of pro | perty for which column (a |) is checked, | | |

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

Schedule M (Form 990) 2022

Part II

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

SCHEDULE M, PART I, COLUMN (B)

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.

USE OF THIRD PARTIES - FORM 990, 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 LAWS AND STANDARDS OF ACCOUNTING.

NON-REVENUE CONTRIBUTIONS - FORM 990, SCHEDULE M, PART I, LINE 33

IN ACCORDANCE WITH FASE'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,
GENERALLY, 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

Part II

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

DIRECTORS (AAMD), OF WHICH ORGANIZATIONS THE MUSEUM IS A MEMBER.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

METROPOLITAN MUSEUM OF ART

Employer identification number 13-1624086

FORM 990, PART III - PROGRAM SERVICES

MISSION AND ACCOMPLISHMENTS

THE METROPOLITAN MUSEUM OF ART WAS FOUNDED ON APRIL 13, 1870, WITH A
STATEMENT OF PURPOSE THAT HAS GUIDED IT FOR OVER 150 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."
THE MET IS DEVOTED TO A UNIVERSAL COLLECTION OF ART IN THE SERVICE OF THE
PUBLIC. DURING THE 2022 STRATEGIC-PLANNING PROCESS, THE NEED FOR AN
UPDATED, MORE INCLUSIVE AND WELCOMING MISSION STATEMENT WITH A MORE
TIGHTLY ARTICULATED EXPRESSION OF THAT PURPOSE BECAME APPARENT.
TO THAT END, ON MAY 10, 2022, 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 TIME AND CULTURES IN ORDER TO CONNECT ALL PEOPLE TO CREATIVITY, KNOWLEDGE, IDEAS, AND ONE ANOTHER."

FOR THE METROPOLITAN MUSEUM OF ART, FISCAL YEAR 2023 WAS A YEAR OF BUILDING ACROSS DISCIPLINES, DEEPENING OUR ENGAGEMENT AS A UNIVERSAL MUSEUM IN SERVICE TO THE WORLD, AND TRANSITIONING TO A NEW LEADERSHIP STRUCTURE, FOLLOWING THE RETIREMENT OF THE MUSEUM'S LAST PRESIDENT AND

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

METROPOLITAN MUSEUM OF ART

13-1624086

CEO AT THE END OF THE FISCAL YEAR, ON JUNE 30, 2023. IN JANUARY 2023, THE BOARD OF TRUSTEES DETERMINED THAT THE STRUCTURE THAT WOULD BEST ENSURE STRONG LEADERSHIP THROUGH INEVITABLE CHALLENGES AND THE ADVANCEMENT OF TIMELY NEW INITIATIVES WOULD BE ONE WITH THE DIRECTOR ADDING CHIEF EXECUTIVE OFFICER TO THE TITLE, WHILE ADDING THE NEWLY CREATED POSITION OF CHIEF OPERATING OFFICER, REPORTING TO THE DIRECTOR.

IN THIS CONTEXT, THE MET MADE CONTINUED PROGRESS THIS YEAR ON THE MUSEUM'S MAIN PRIORITIES AS OUTLINED IN THE STRATEGIC PLAN THAT WE APPROVED IN MAY OF FISCAL YEAR 2022, WHILE DELIVERING A YEAR OF EXCEPTIONAL PROGRAMMING ACROSS ALL OF OUR PLATFORMS - IN THE GALLERIES, THROUGH A SLATE OF MUCH-ANTICIPATED EXHIBITIONS AND NEW PRESENTATIONS OF OUR VAST COLLECTION; ONLINE, THROUGH INNOVATIVE AND ROBUST DIGITAL OFFERINGS; AND OUT IN THE WORLD, THROUGH REQUESTS FOR OUR DEEP EXPERTISE AND ENGAGEMENT IN A RANGE OF CULTURAL TOPICS AS WELL AS TRAVELING EXHIBITIONS AND COMMUNITY EVENTS. WE FURTHER STRENGTHENED OUR OPERATIONS AND FINANCES, INCLUDING ONGOING FUNDRAISING EFFORTS, SO THAT THE MUSEUM HAS A STRONG FOUNDATION TO SUPPORT ITS PEOPLE AND ITS PROGRAM AS WE ADAPT TO A MORE STABLE MOMENT IN THE ONGOING POST-PANDEMIC ENVIRONMENT. WE MADE STEADY AND SIGNIFICANT PROGRESS TOWARD REGAINING THE HIGH VISITOR LEVELS WE EXPERIENCED PRE-COVID, AND OUR MAJOR, TRANSFORMATIVE CAPITAL PROJECTS ARE ALL ON SCHEDULE. THE GALLERIES DEDICATED TO EUROPEAN PAINTINGS FROM 1300 TO 1800 WILL REOPEN FULLY IN NOVEMBER 2023, WHILE THREE OTHER CAPITAL PROJECTS - THE MICHAEL C. ROCKEFELLER WING, WHICH PRESENTS OUR COLLECTIONS OF THE ART OF SUB-SAHARAN AFRICA, OCEANIA, AND THE ANCIENT

Department of the Treasury

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AMERICAS; THE ANCIENT NEAR EASTERN AND CYPRIOT ART GALLERIES; AND THE OSCAR L. TANG AND H.M. AGNES HSU-TANG WING, WHICH WILL SHOWCASE MODERN AND CONTEMPORARY ART - ARE IN EARLIER PHASES.

ANOTHER KEY PRIORITY THIS YEAR WAS OUR WORK TO ENHANCE THE VISITOR

EXPERIENCE, BOTH ON-SITE AND BEYOND, AS WE EVOLVE TO MEET THE NEEDS OF

LOCAL, NATIONAL, AND GLOBAL AUDIENCES. WE ALSO CONTINUED TO FOCUS ON OUR

EFFORTS TO MAKE THE MUSEUM A MORE INCLUSIVE WORKPLACE AND INTRODUCED A

NUMBER OF INITIATIVES, INCLUDING DEPARTMENT-LEVEL DISCUSSIONS ABOUT HOW

OUR CORE VALUES OF RESPECT, INCLUSIVITY, COLLABORATION, EXCELLENCE, AND

INTEGRITY CAN HELP STRENGTHEN OUR COMMUNITY AND INCORPORATING OUR VALUES

INTO THE RECRUITING PROCESS. MANY DEPARTMENTS ARE STILL FEELING THE

EFFECTS OF LOWER STAFFING LEVELS, AND WHILE OUR WORK IN THIS AREA ISN'T

FINISHED, WE MADE NOTABLE PROGRESS THIS YEAR IN FILLING POSITIONS AND

HIRING NEW STAFF.

AS WE LOOK AHEAD, THE MET IS IN A STRONG FINANCIAL POSITION, AND WE ARE HEARTENED THAT VISITATION NUMBERS HAVE BEEN HIGHER THAN OUR ESTIMATES.

OVER THE NEXT THREE YEARS, WE WILL PRIORITIZE SIGNIFICANT INVESTMENTS TO IMPROVE OUR WORKPLACE, ENHANCE THE OVERALL VISITOR EXPERIENCE, AND SUPPORT OUR INFRASTRUCTURE. AS ALWAYS, WE BALANCE OUR FINANCES AND OPERATIONS AGAINST MANY EXTERNAL FACTORS THAT MAY IMPACT US, BUT WE ARE OPTIMISTIC ABOUT OUR CONTINUED RECOVERY AND STRENGTH AS A PREEMINENT CULTURAL INSTITUTION IN SERVICE TO THE WORLD.

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ON-SITE ATTENDANCE

IN FISCAL YEAR 2023, THE MUSEUM CONTINUED LAST YEAR'S VISITATION TRENDS, MAKING STEADY PROGRESS TOWARD REGAINING THE HIGH VISITOR LEVELS IT EXPERIENCED PRE-COVID, WHEN THE MET SAW RECORD ANNUAL ATTENDANCE IN FISCAL YEAR 2019, WITH OVER 5.3 MILLION TICKETED VISITORS (AT THE MET FIFTH AVENUE AND THE MET CLOISTERS). IN FISCAL YEAR 2021, AFTER CLOSING FOR SEVERAL MONTHS, WE WELCOMED 1.2 MILLION TICKETED VISITORS, FOLLOWED BY 2.9 MILLION TICKETED VISITORS IN FISCAL YEAR 2022. THIS YEAR, MUSEUM ATTENDANCE EXPERIENCED FURTHER RECOVERY TO 3.9 MILLION TICKETED VISITORS (INCLUDING 0.2 MILLION AT THE MET CLOISTERS).

THE MET HISTORICALLY IS ONE OF NEW YORK'S MOST VISITED TOURIST

ATTRACTIONS FOR DOMESTIC AND INTERNATIONAL AUDIENCES, AND IN FISCAL YEAR

2023, VISITOR CATEGORIES - INTERNATIONAL, DOMESTIC, TRI-STATE, AND LOCAL

- CONTINUED LAST YEAR'S TREND TOWARD PRE-PANDEMIC PROPORTIONS, WITH A

NOTABLE INCREASE IN INTERNATIONAL TOURISM. THIS YEAR, LOCAL VISITORS MADE

UP 44 PERCENT OF OUR ATTENDANCE, COMPARED TO 39 PERCENT PRE-COVID AND 42

PERCENT LAST YEAR; TRISTATE VISITORS, FOR THE SECOND YEAR IN A ROW, MADE

UP 13 PERCENT, COMPARED TO 11 PERCENT PRE-COVID; DOMESTIC VISITORS

(OUTSIDE THE TRISTATE AREA) FELL SLIGHTLY FROM 32 PERCENT TO 26 PERCENT

LAST YEAR, STILL HIGHER THAN THE 22 PERCENT PRE-COVID; AND INTERNATIONAL

VISITORS INCREASED TO 17 PERCENT FROM 13 PERCENT LAST YEAR, COMPARED TO

28 PERCENT PRE-COVID.

THE THOMAS J. WATSON LIBRARY SAW 13,234 VISITS BY OUTSIDE RESEARCHERS IN

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FISCAL YEAR 2023 AND REGISTERED 2,481 NEW OUTSIDE RESEARCHERS. THE MUSEUM LIBRARIES CIRCULATED 62,774 ITEMS TO READERS AND CONTINUED TO DIGITIZE RARE COLLECTION MATERIALS, BOTH PRINTED AND MANUSCRIPT, AND TO MAKE THEM AVAILABLE ONLINE, AVERAGING 175,322 HITS PER MONTH.

COLLECTION AND ACQUISITIONS

THE DEPTH AND BREADTH OF THE MET COLLECTION IS WHAT ALLOWS THE MUSEUM TO PRESENT AND SHARE WORKS WITH A GLOBAL AUDIENCE AND TELL MEANINGFUL STORIES ABOUT THEM. IN FISCAL YEAR 2023, KEY ACQUISITIONS INCLUDED: FOR THE AMERICAN WING, AN EXTRAORDINARY THREE-PART WINDOW DESIGNED BY AGNES NORTHROP (1857-1953) AND MADE AT TIFFANY STUDIOS FOR LINDEN HALL IN 1912; FOR THE DEPARTMENT OF MUSICAL INSTRUMENTS, AN EXCEPTIONALLY RARE CELLO. CALLED THE "AMARYILLIS FLEMING" CELLO, MADE IN 1610-1615 BY THE BROTHERS AMATI, WHOSE FAMILY ESTABLISHED CREMONA, ITALY, AS THE PREMIERE CENTER OF VIOLIN MAKING AND DEVELOPED THE INSTRUMENTS OF THE VIOLIN FAMILY AS WE RECOGNIZE THEM TODAY; FOR THE DEPARTMENT OF EUROPEAN PAINTINGS, A RARE WORK BY A 17TH-CENTURY WOMAN ARTIST, RACHEL RUYSCH (1664-1750), TITLED RACHEL RUYSCH AT WORK, FROM 1692, A COLLABORATION WITH THE PORTRAITIST MICHIEL VAN MUSSCHER (1645-1705); FOR THE DEPARTMENT OF EUROPEAN SCULPTURE AND DECORATIVE ARTS, A SUMPTUOUS-LOOKING STRONGBOX FROM 1750, AN EXTRAORDINARY EXAMPLE OF BERLIN ROCOCO STYLE, AN INTERPRETATION OF THE ROCOCO THAT WAS TAILORED TO THE TASTE OF FREDERICK THE GREAT, KING OF PRUSSIA (R. 1740-1786); FOR THE DEPARTMENT OF ASIAN ART, A DAZZLING, LATE 1850S HANGING SCROLL, THE HELL COURTESAN, BY THE JAPANESE ARTIST UTAGAWA KUNISADA II (1615-1868); AND FOR THE DEPARTMENT OF MODERN AND

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CONTEMPORARY ART, A WORK BY ED CLARK (1926-2019), A KEY ARTIST OF THE GENERATION AFTER THE ABSTRACT EXPRESSIONISTS, TITLED UNTITLED, FROM 1966.

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THE MET COLLECTION, CULTURAL PROPERTY, AND UPCOMING INITIATIVES THE MET HAS A VAST AND EVER-EVOLVING COLLECTION OF MORE THAN 1.5 MILLION OBJECTS THAT HAVE BEEN ACQUIRED THROUGHOUT OUR 153-YEAR HISTORY. THE COLLECTION SPANS MORE THAN 5,000 YEARS OF ART HISTORY FROM AROUND THE GLOBE - FROM ANCIENT TO CONTEMPORARY TIMES - MAKING THE MET A TRULY UNIVERSAL MUSEUM. AS SUCH, WE STEWARD IMPORTANT RESOURCES OF WORLD HERITAGE, AND AS MUSEUM COLLECTIONS ARE COMING UNDER INCREASINGLY INTENSE SCRUTINY, WE WELCOME THE GROWING ENGAGEMENT OF THE PUBLIC IN OUR CRITICAL LONG-TERM WORK AS A PUBLIC-SERVING INSTITUTION. WE STRIVE TO RESPOND TO ALL QUERIES WHILE BALANCING OUR RESPONSIBILITIES TO THE WORKS IN OUR COLLECTION, TO THE MANY AND VARIED COMMUNITIES AFFILIATED WITH THEM, TO THEIR PHYSICAL CARE, AND TO SCHOLARLY INVESTIGATION. AS A PREEMINENT VOICE IN THE GLOBAL ART COMMUNITY, IT IS INCUMBENT UPON THE MET TO ENGAGE MORE INTENSIVELY AND PROACTIVELY IN EXAMINING CERTAIN AREAS OF OUR COLLECTION AND TO INCREASE THE RESOURCES WE DEDICATE TO THIS ONGOING CRUCIAL WORK. THIS PROCESS, INCLUDING SEVERAL NEW INITIATIVES ARTICULATED IN MAY 2023 AND DESCRIBED BELOW, WILL BUILD ON DECADES OF RESEARCH, AND IT IS IMPORTANT THAT WE ALLOW WHATEVER TIME IS NECESSARY FOR THIS URGENT WORK TO BE COMPLETED.

THE MUSEUM HAS PARTNERED WITH GOVERNMENTS AND INSTITUTIONS AROUND THE GLOBE FOR MORE THAN A CENTURY, AND IN RECENT DECADES HAS RESTITUTED

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OBJECTS TO EGYPT, GREECE, ITALY, NIGERIA, AND TURKEY, AND WE CONTINUE TO RETURN OBJECTS TO THEIR COUNTRY OF ORIGIN BASED ON RESEARCH AND CAREFUL STUDY, AS WE DID IN PARTNERSHIP WITH NEPAL IN THE FIRST MONTHS OF FISCAL YEAR 2023. IN MAY 2023 WE ANNOUNCED A NEW COLLABORATIVE AGREEMENT WITH THE REPUBLIC OF ITALY, SICILIAN REGION, THAT PROVIDES FOR LONG-TERM LOANS OF ANCIENT MASTERPIECES TO THE MUSEUM AND THE EXCHANGE OF THREE-YEAR LOANS BETWEEN THE MET AND THE ARCHAEOLOGICAL REGIONAL MUSEUM "ANTONINO SALINAS" OF PALERMO.

THREE VALUES DRIVE OUR COLLECTING ACTIVITIES TODAY: RESEARCH, TRANSPARENCY, AND COLLABORATION. KEY TO OUR PROGRESS IN EACH OF THOSE AREAS IS THE PIONEERING WORK WE'VE DONE TO MAKE THE MET COLLECTION - AND KNOWN OWNERSHIP HISTORY FOR OUR WORKS OF ART - READILY AVAILABLE ON THE MUSEUM'S WEBSITE. IN MARCH OF THIS YEAR, WE LAUNCHED A NEW SECTION ON THE WEBSITE WHERE THE PUBLIC CAN FIND A RICH ARRAY OF INFORMATION AND RESOURCES ON THE MET'S COLLECTING PRACTICES AND PROVENANCE RESEARCH, AND IN MAY WE LAID OUT FOUR INITIATIVES FOR THE PATH AHEAD THAT ALLOW US TO BE BOTH RESPONSIVE AND PROACTIVE IN A COMPLEX ENVIRONMENT THAT REQUIRES THAT WE BE DILIGENT, THOUGHTFUL, AND FAIR. THE FOUR INITIATIVES ARE: 1) BROADEN, EXPEDITE, AND INTENSIFY OUR RESEARCH INTO ALL WORKS THAT CAME TO THE MUSEUM FROM ART COLLECTORS AND DEALERS WHO HAVE BEEN UNDER INVESTIGATION; 2) HIRE A HEAD OF PROVENANCE RESEARCH, REPORTING TO THE DIRECTOR'S OFFICE, WHO WILL COORDINATE ON-GOING PROVENANCE RESEARCH ACTIVITIES IN ALL CURATORIAL AREAS, ALONG WITH THREE ADDITIONAL PROVENANCE RESEARCHERS TO BUILD UPON THE WORK ALREADY UNDERWAY; 3) MAKE

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AN EXPANDED CONTRIBUTION TO THE PUBLIC DISCOURSE ON CULTURAL PROPERTY,
INCLUDING CONVENING THOUGHT LEADERS, ADVOCATES, AND OPINION MAKERS IN THE
AREA OF CULTURAL PROPERTY BOTH WITHIN THE MUSEUM AND OUTSIDE; AND 4)
FACILITATE COUNSEL FROM BOTH STAFF AND MET TRUSTEES BY FORMING A STAFF
COMMITTEE OF 18 CURATORS, CONSERVATORS, AND OTHERS FROM RELEVANT
DEPARTMENTS TO CONSIDER OUR POLICIES AND PRACTICES IN THESE AREAS AND A
BOARD TASK FORCE WITH THE MANDATE OF OFFERING THEIR EXPERIENCE AND
COUNSEL ON COLLECTING ACTIVITIES, INCLUDING LEGAL AND PUBLIC POLICY.
THESE INITIATIVES WILL MAKE THE MET AN EVEN STRONGER INSTITUTION AND A
MORE POWERFUL VOICE WITHIN THE GLOBAL COMMUNITY.

EXHIBITIONS AND PUBLICATIONS

THE MUSEUM'S EXHIBITION TEAM MOUNTED 38 EXHIBITIONS AND INSTALLATIONS IN FISCAL YEAR 2023, RANGING FROM SMALL COLLECTION-FOCUSED PRESENTATIONS TO MAJOR INTERNATIONAL LOAN SHOWS, INCLUDING A NEWLY DEFINED CATEGORY - SPECIAL INSTALLATIONS. THE PRESENTATIONS ILLUMINATED DIVERSE SUBJECT MATTER AND THEMES, GAVE VOICE TO MULTIPLE VIEWPOINTS, AND MADE NEW CONNECTIONS ACROSS CULTURES. THE FOLLOWING EXHIBITIONS WERE AMONG THE HIGHLIGHTS IN FISCAL YEAR 2023:

A PASSION FOR JADE: THE BISHOP COLLECTION; EMBRACING COLOR: ENAMEL IN CHINESE DECORATIVE ARTS, 1300-1900; CHROMA: ANCIENT SCULPTURE IN COLOR; BERND & HILLA BECHER; JEGI: KOREAN RITUAL OBJECTS; MICHAEL LIN: PENTACHROME; HEAR ME NOW: THE BLACK POTTERS OF OLD EDGEFIELD, SOUTH CAROLINA; NOBLE VIRTUES: NATURE AS SYMBOL IN CHINESE ART; THE FACADE COMMISSION: HEW LOCKE, GILT; THE TUDORS: ART AND MAJESTY IN RENAISSANCE

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ENGLAND; CUBISM AND THE TROMPE L'OEIL TRADITION; GANESHA: LORD OF NEW BEGINNINGS; LIVES OF THE GODS: DIVINITY IN MAYA ART; NEW YORK ART WORLDS, 1870-1890; RICHARD AVEDON: MURALS; BEYOND THE LIGHT: IDENTITY AND PLACE IN NINETEENTH-CENTURY DANISH ART; LEARNING TO PAINT IN PREMODERN CHINA; BERENICE ABBOTT'S NEW YORK ALBUM, 1929; JUAN DE PAREJA, AFRO-HISPANIC PAINTER; CECILY BROWN: DEATH AND THE MAID; ANXIETY AND HOPE IN JAPANESE ART; THE ROOF GARDEN COMMISSION: LAUREN HALSEY; KARL LAGER-FELD: A LINE OF BEAUTY; AND VAN GOGH'S CYPRESSES. SPECIAL INSTALLATIONS INCLUDED: VICTORIAN MASTERPIECES FROM THE MUSEO DE ARTE DE PONCE, PUERTO RICO; CROSSINGS; RENAISSANCE MASTER-PIECES OF JUDAICA: THE MISHNEH TORAH AND THE ROTHSCHILD MAHZOR; THE JOUSTING ARMOR OF PHILIP I OF CASTILE; AND PHILIP GUSTON: WHAT KIND OF MAN AM I? AT THE MET CLOISTERS: RICH MAN, POOR MAN: ART, CLASS, AND COMMERCE IN A LATE MEDIEVAL TOWN. THE SHAPE OF TIME: ART AND ANCESTORS OF OCEANIA FROM THE METROPOLITAN MUSEUM OF ART TRAVELED TO THE MUSEUM OF ART PUDONG (JUNE 1 THROUGH AUGUST 20, 2023).

THE PUBLICATIONS AND EDITORIAL DEPARTMENT SAW EXCELLENT RECOVERY IN
FISCAL YEAR 2022, WITH A PRE-PANDEMIC-LEVEL OUTPUT OF 21 NEW TITLES AND
SEVERAL REPRINTS. AMONG THESE WERE 12 EXHIBITION CATALOGUES, NOTABLY
INCLUDING THE HIGHLY ACCLAIMED SURREALISM BEYOND BORDERS; INSPIRING WALT
DISNEY, WHICH WENT INTO TWO PRINTINGS; AND WINSLOW HOMER: CROSSCURRENTS.
THE DEPARTMENT ALSO PUBLISHED THE LONG-AWAITED COLLECTION CATALOGUE
ITALIAN RENAISSANCE AND BAROQUE BRONZES IN THE METROPOLITAN MUSEUM OF
ART, AVAILABLE AS A FREE DIGITAL PUBLICATION THROUGH THE DEPARTMENT'S
ONLINE PLATFORM, METPUBLICATIONS, WHICH NOW PROVIDES FREE REMOTE ACCESS

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TO OVER 1,700 MET BOOKS AND ARTICLES. AND WE RELEASED THE ANNUAL METROPOLITAN MUSEUM JOURNAL AND FOUR ISSUES OF THE BULLETIN, INCLUDING BEFORE YESTERDAY WE COULD FLY: AN AFROFUTURIST PERIOD ROOM, WHICH FEATURED THE MUSEUM'S FIRST SPECIALLY COMMISSIONED GRAPHIC NOVEL.

EDUCATION

THE MUSEUM'S EDUCATION DEPARTMENT PRESENTED 40 PERCENT MORE ON-SITE EVENTS THIS FISCAL YEAR, COMPARED TO FISCAL YEAR 2022, INDICATING A WELCOME SHIFT TO NORMALCY POST-PANDEMIC. IN FISCAL YEAR 2023, A TOTAL OF 397,078 VISITORS ATTENDED 17,467 ONSITE EVENTS, AT BOTH THE MET FIFTH AVENUE AND THE MET CLOISTERS, WHILE 600,464 WORLDWIDE ENGAGED VIRTUALLY IN HYBRID EVENTS AS WELL AS 187 EXCLUSIVELY ONLINE ONES.

THE MET'S LARGE-SCALE ANNUAL EVENTS - INCLUDING THE LUNAR NEW YEAR

FESTIVAL (LAST HELD IN 2020), WORLD CULTURE FEST, GARDEN DAY AT THE MET

CLOISTERS, AND MUSEUM MILE FESTIVAL - PROVIDED COMMUNITY AMONG OUR MANY

AUDIENCES WISHING TO GATHER AGAIN, DRAWING MORE THAN 40,000 PEOPLE OF ALL

AGES AND ABILITIES FOR A HOST OF ACTIVITIES, PERFORMANCES, AND OTHER ART

EXPERIENCES.

THE MUSEUM IS COMMITTED TO SERVING AS A CULTURAL AND SOCIAL HUB FOR YOUNG PEOPLE WITH A LONG-TERM GOAL OF FOSTERING FUTURE VISITORS, PARTNERS, AND SUPPORTERS. THIS YEAR WE WELCOMED A RECORD 5,342 TEENS TO THE ANNUAL SPRING MUSEUM-WIDE TEENS TAKE THE MET! EVENT FOR AN EVENING OF PERFORMANCES, ART-MAKING ACTIVITIES, AND MORE. WE ALSO LAUNCHED TEEN

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FRIDAYS, A TWICE-MONTHLY DROP-IN PROGRAM, WHICH DREW MORE THAN 600 TEENS
TO ENGAGE IN CREATIVE ACTIVITIES AND EXHIBITIONS WITH THEIR PEERS.

FAMILIES WITH YOUNGER CHILDREN TOOK ADVANTAGE OF PAID ART-MAKING AND
ART-EXPLORATION OPPORTUNITIES THROUGH THREE SEMESTERS OF CHILDREN'S
CLASSES AND AN EXPANSION OF OUR CAMP PROGRAM TO FOUR WEEKLONG SPRING AND
SUMMER SESSIONS. THIS AUDIENCE ALSO PARTICIPATED IN FREE
MULTIGENERATIONAL PROGRAMS ENGAGING MORE THAN 7,000.

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BUILDING AND SUSTAINING RELATIONSHIPS WITH NEW YORK CITY'S MANY AND VARIED COMMUNITIES IS A KEY DEPARTMENTAL GOAL. IN CONTINUED SUPPORT OF OLDER ADULTS, WE DISTRIBUTED NEW THEMATIC YOUR MET ART BOX PACKAGES BASED ON THE MET COLLECTION TO HUNDREDS OF SENIOR RECIPIENTS ACROSS ALL FIVE BOROUGHS IN PARTNERSHIP WITH NYC AGING AND OLDER ADULT CENTERS CITYWIDE. WE ALSO INTRODUCED BIMONTHLY, IN-PERSON MET MEMORY CAFES FOR PEOPLE WITH DEMENTIA AND THEIR CARE PARTNERS TO SOCIALIZE AND ENGAGE IN ART EXPLORATION AND ART MAKING OVER REFRESHMENTS. IN A LONGSTANDING PARTNERSHIP WITH THE FILOMEN M. D'AGOSTINO GREENBERG MUSIC SCHOOL FOR PEOPLE OF ALL AGES WITH VISION LOSS, AFTER A FIVE-YEAR HIATUS, WE HOSTED THE 22ND FIL AT THE MET CONCERT IN GRACE RAINEY ROGERS AUDITORIUM, WHERE AN AUDIENCE OF 400 ENJOYED MUSIC AND SOUNDSCAPES INSPIRED BY THOMAS HART BENTON'S MURAL CYCLE AMERICA TODAY IN THE MET COLLECTION. AND AT THE MET CLOISTERS, NEW PROGRAMMING INITIATIVES DEEPENED ENGAGEMENT AND ENCOURAGED REPEAT VISITATION WITH CORE, EXISTING AUDIENCES. WE DEVELOPED RELATIONSHIPS WITH OUR UPPER MANHATTAN NEIGHBORS THROUGH COMMUNITY OUTREACH, STRATEGIC PARTNERSHIPS, AND AN ARRAY OF ONSITE AND OFFSITE

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EDUCATIONAL EXPERIENCES FOR ADULTS, TEENS, AND FAMILIES, SUCH AS A FAMILY AFTERNOON RELATED TO THE EXHIBITION RICH MAN, POOR MAN: ART, CLASS, AND COMMERCE IN A LATE MEDIEVAL TOWN, WHICH ATTRACTED MORE THAN 500 INTERGENERATIONAL PARTICIPANTS.

THROUGH OUR CIVIC PRACTICE PARTNERSHIP ARTIST-IN-RESIDENCE PROGRAM WE

CONTINUED TO PARTNER WITH ARTISTS TO CONNECT SUBSTANTIAL COLLABORATIVE

SOCIAL JUSTICE-ORIENTED ART PROJECTS WITH NEW YORK CITY COMMUNITIES. IN

FISCAL YEAR 2023, ARTIST IN RESIDENCE JOHN GRAY CULMINATED HIS RESIDENCY

TO EXPLORE THE HISTORICAL AND CULTURAL LEGACIES OF FOOD WAYS ACROSS THE

AFRICAN DIASPORA WITH A CELEBRATION AT BRUCKNER MOTT HAVEN GARDEN IN THE

SOUTH BRONX. TOGETHER WITH HIS GHETTO GASTRO COFOUNDERS, PIERRE SERRAO

AND LESTER WALKER, WE CELEBRATED THE LAUNCH AT THE MET OF THEIR COOK BOOK

MANIFESTO, BLACK POWER KITCHEN, INSPIRED IN PART BY THE EXHIBITION HEAR

ME NOW: THE BLACK POTTERS OF OLD EDGEFIELD, SOUTH CAROLINA. ARTIST IN

RESIDENCE MEI LUM AND W.O.W. PROJECT MARKED THE CONCLUSION OF THEIR

RESIDENCY WITH A CHINATOWN COMMUNITY CELEBRATION THAT INTRODUCED

PARTICIPANTS TO ANCIENT TOOLS FOR SPIRITUAL ALIGNMENT, INCLUDING DEEP

BREATHING, MEDITATION, AND SELF-REFLECTION.

THIS YEAR, ANOTHER REMARKABLY BROAD RANGE OF PERFORMANCES, TALKS, PANELS, AND SYMPOSIA ACTIVATED AND ELUCIDATED EXHIBITIONS, THE MET COLLECTION, AND CAPITAL PROJECTS WITH CONTEMPORARY VOICES ENGAGED IN CRITICAL, TIMELY ISSUES, OFFERING AUDIENCES COMPELLING EXPERIENCES. MUSICIAN PAT BOY CLOSED OUT THE EXHIBITION LIVES OF THE GODS: DIVINITY IN MAYA ART WITH A

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SHOW-STOPPING CONTEMPORARY MAYA RAP PERFORMANCE SHOWCASING HIS CREATIVE PRACTICE CENTERED ON THE PROMOTION OF HIS MOTHER TONGUE TO SUPPORT INDIGENOUS LANGUAGE SPEAKERS. THE HEAR ME NOW EXHIBITION INVITED VISITORS OF ALL AGES WITH AND WITHOUT DISABILITIES TO EXAMINE TWO VESSELS MADE BY THE ENSLAVED 19TH-CENTURY POTTER AND POET DAVID DRAKE THROUGH TOUCH AND CLOSE LOOKING, WHILE A MOVING SPOKEN-WORD EVENT WITH POETS AMA CODJOE, ARACELIS GIRMAY, AJA MONET, AND NAJEE OMAR ILLUMINATED THE THEMES AND IDEAS PRESENTED IN THE EXHIBITION. WE ALSO LAUNCHED RESEARCH OUT LOUD:

MET FELLOWS PRESENT, A REIMAGINED SERIES OF ONLINE RESEARCH PRESENTATIONS AND IN-GALLERY ACTIVATIONS BY OUR 47 FELLOWS; IT PUSHED BEYOND TRADITIONAL DISCIPLINARY BOUNDARIES AND ENGAGED MORE THAN 1,700 FROM 50 COUNTRIES.

IN KEEPING WITH THE MUSEUM'S GOAL TO BE A PLACE WHERE THOUGHT LEADERS

GATHER, THE DAYLONG CREATIVE CONVENING ON AFROFUTURISM PRESENTED THE

FOREMOST ARTISTS AND SCHOLARS ENGAGED WITH THE IDEAS, HISTORIES, AND

PRACTICES FEATURED IN THE BEFORE YESTERDAY WE COULD FLY: AN AFROFUTURIST

PERIOD ROOM IN A DYNAMIC EVENT MARKING THE EXHIBITION'S FIRST

ANNIVERSARY. A TWO-DAY SYMPOSIUM IN CONJUNCTION WITH THE EXHIBITION

CHROMA: ANCIENT SCULPTURE IN COLOR FOCUSED ON NEW DISCOVERIES AND THE

SIGNIFICANCE OF POLYCHROMY WITH MULTIDISCIPLINARY AND INTERNATIONAL ART

HISTORIANS, CONSERVATORS, CURATORS, IMAGING SPECIALISTS, AND SCIENTISTS.

THE TALK SERIES DESIGNING TOMORROW'S MET FEATURED RENOWNED ARCHITECTS

FRIDA ESCOBEDO, NADER TEHRANI, AND KULAPAT YANTRASAST, WHO ARE LEADING

THE MUSEUM'S MAJOR GALLERY RENOVATION PROJECTS FOR THE OSCAR L. TANG AND

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H. M. AGNES HSU-TANG WING FOR MODERN AND CONTEMPORARY ART, THE GALLERIES FOR ANCIENT NEAR EASTERN AND CYPRIOT ART, AND THE MICHAEL C. ROCKEFELLER WING, RESPECTIVELY, SHARING THEIR DESIGN INSIGHTS IN DYNAMIC CONVERSATION WITH THEIR MET CURATORIAL COLLABORATORS; IT DREW 850 IN PERSON AND MORE THAN 22,000 ONLINE.

INTERNAL MUSEUM-WIDE PROGRAMMING COLLABORATION IS FOUNDATIONAL, AND THIS YEAR THE EDUCATION DEPARTMENT BEGAN WORK WITH THE MICHAEL C. ROCKEFELLER WING (MCRW) CURATORIAL TEAM AND OTHER DEPARTMENTS ACROSS THE MUSEUM TO DEVELOP THE SCOPE, GOALS, AND METHODOLOGY FOR INTERNATIONAL INITIATIVES. AS PART OF THE MCRW CAPITAL PROJECT, WE LAUNCHED THE AFRICAN ART RESIDENCY PROGRAM AND THE MET-NIGERIA INITIATIVE AND WELCOMED TWO SCHOLARS FROM THE NAIROBI NATIONAL MUSEUM, KENYA, AND THE NATIONAL MUSEUM, LAGOS, NIGERIA, TO GUIDE US IN INTERPRETIVE STRATEGY PLANNING IN ANTICIPATION OF THE OPENING OF THE NEW WING. THIS YEAR, EDUCATION ALSO EXPANDED ITS CROSS-DEPARTMENTAL WORK IN THE AREA OF INTERPRETIVE STRATEGY, FACILITATING ACTIVE CONVERSATION WITH A WIDE RANGE OF DEPARTMENTS WITH REGARD TO INTERPRETIVE PLANNING IN ORDER TO DEVELOP A LEARNING COMMUNITY AROUND THIS CRITICAL AND CROSS-INSTITUTIONAL AREA OF PRACTICE.

PROFESSIONAL DEVELOPMENT AND CONTRIBUTING TO THE ADVANCEMENT OF A DIVERSE MUSEUM FIELD CONTINUED TO BE A PRIORITY IN FISCAL YEAR 2023. WE HOSTED 86 HIGH SCHOOL INTERNS - 67 PERCENT OF WHOM WERE FROM TITLE I AND DISTRICT 75 SCHOOLS - AND OVER 100 UNDERGRADUATE AND GRADUATE INTERNS FOR MUSEUM

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TRAINING, NETWORKING, AND COMMUNITY BUILDING. WE ALSO HOSTED 51

INTERNATIONAL FELLOWS FROM 16 DIFFERENT COUNTRIES FOR RESEARCH AND

PROJECTS IN 25 DEPARTMENTS ACROSS THE MUSEUM.

THE MET REMAINED AN ESSENTIAL RESOURCE FOR TEACHING, TRAINING, AND LEARNING AT ALL LEVELS IN FISCAL YEAR 2023, WITH MORE THAN 159,614 K-12 TEACHERS AND STUDENTS PARTICIPATING IN 1,849 VIRTUAL AND 21,179 GUIDED TOURS OF THE MET COLLECTION, AND 125,481 IN SELF-GUIDED TOURS - CLOSE TO PRE-PANDEMIC ATTENDANCE. WE LAUNCHED TWO NEW TOURS FOR STUDENTS IN GRADES 4-12 TO SUPPORT SCIENTIFIC INQUIRY AND THE EXPLORATION OF ART FROM A MUSICAL PERSPECTIVE. IN ADDITION, MORE THAN 4,171 TEACHERS AND SCHOOL LEADERS PARTICIPATED IN PROGRAMS FOCUSED ON INTEGRATING ART INTO THE CLASSROOM, AND FURTHER STRENGTHENED MULTIDISCIPLINARY ART LEARNING TO ATTRACT EDUCATORS FROM A WIDER VARIETY OF DISCIPLINES. WE CONTINUED OUR PARTNERSHIP WITH MICROSOFT FLIP TO HOST A LIVE EVENT AT THE MET WITH PETER REYNOLDS, AUTHOR OF THE DOT, WHICH WAS LIVESTREAMED THROUGHOUT THE WORLD, REACHING 12,627 CLASSROOMS, LIBRARIES, AND FAMILIES FROM 113

LIVE ARTS

THE FISCAL YEAR'S METLIVEARTS SEASON WAS HIGHLIGHTED BY SEVERAL KEY
SITE-SPECIFIC COMMISSIONS AND PREMIERES BY MAJOR PERFORMING ARTISTS
WORKING TODAY. THE PROJECTS WERE A TESTAMENT TO THE DEPARTMENT'S VISION
TO INCORPORATE PERFORMANCE INTO THE FABRIC OF THE MUSEUM: ENLIVENING THE
DIVERSE STORIES TOLD IN THE COLLECTION AND EXPANDING THE WAYS VISITORS

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ENGAGE WITH THE MUSEUM'S UNIQUE SPACES.

THE SEASON BEGAN WITH WORLD-RENOWNED INDIAN DANCER AND CHOREOGRAPHER
BIJAYINI SATPATHY'S NEW DANCE WORK, DOHA, A PROJECT THAT WAS THE
CULMINATION OF SATPATHY'S TWO-YEAR RESIDENCY AT THE MET. IN DECEMBER
2022, THE PERFORMANCE ARTIST AND COSTUME DESIGNER MACHINE DAZZLE CREATED
BASSLINE FABULOUS, TRANSFORMING THE AMERICAN WING'S VANDERLYN PANORAMA
INTO A SUBVERSIVE PLAYGROUND ALONGSIDE A SOUNDSCAPE - A NEW TRANSCRIPTION
OF J.S. BACH'S GOLDBERG VARIATIONS - BY OUR QUARTET IN RESIDENCE,
CATALYST QUARTET. IN JANUARY, RHIANNON GIDDENS LED AN ALL-STAR ENSEMBLE
IN THE PREMIERE OF SHAWN OKPOEBHOLO'S SONG CYCLE SONGS IN FLIGHT, SETTING
TO SONG AN ARCHIVE OF RUNAWAY SLAVE ADVERTISEMENTS THAT ADDED DIMENSION
TO THE HISTORIC STRUGGLE FOR FREEDOM. THE SEASON ENDED WITH A NEW DANCE
WORK FROM AMERICAN BALLET THEATRE PRINCIPAL DANCER HERMAN CORNEJO AND A
SITE-SPECIFIC CREATION BY MADELINE HOLLANDER CALLED HYDRO PARADE, IN
WHICH PERFORMERS DANCED THROUGH THE GALLERIES MIMICKING THE ANCIENT FLOW
OF WATER ON THE MET'S LAND.

A SERIES OF DIGITAL PREMIERES THROUGHOUT THE SEASON REACHED AUDIENCES

AROUND THE WORLD: A LIVE DIGITAL DISCUSSION WITH BIJAYNI SATPATHY AROUND

THE ONLINE RELEASE OF HER MET PERFORMANCES WAS STREAMED BY AUDIENCES IN

INDIA, ASIA, AND ACROSS THE UNITED STATES, SIGNIFICANTLY EXPANDING THE

REACH OF ACTIVITIES FROM THE DEPARTMENT OF LIVE ARTS. THESE PROJECTS WERE

REALIZED ALONGSIDE METLIVEARTS' ROBUST SERIES OF IN-GALLERY AND POP-UP

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PERFORMANCES THROUGHOUT THE YEAR, INCLUDING CELEBRATIONS OF BLACK HISTORY MONTH, ASIAN AMERICAN AND PACIFIC ISLANDER HERITAGE MONTH, AND PRIDE MONTH.

FORM 990, PART III - PROGRAM SERVICES

DIGITAL-CONTENT, PARTNERSHIPS, AND SOCIAL MEDIA

THE MUSEUM'S WEBSITE ENDED FISCAL YEAR 2023 WITH MORE THAN 31 MILLION USERS, OF WHICH 38 PERCENT WERE INTERNATIONAL. BEHIND THE SCENES, THE DIGITAL DEPARTMENT BEGAN A MAJOR INITIATIVE WITH THE ONGOING GOAL OF IMPROVING THE USER EXPERIENCE, MODERNIZING TECHNOLOGY INFRASTRUCTURE, AND ENHANCING LONG-TERM SUSTAINABILITY. THIS YEAR, THE MUSEUM ALSO RECEIVED FUNDING AND BEGAN WORK ON THE IMPLEMENTATION OF A DOCUMENTATION SYSTEM CALLED CONSERVATION STUDIO THAT WILL PROVIDE A STREAMLINED, CENTRALIZED SYSTEM FOR CONSERVATION AND SCIENTIFIC INFORMATION ACROSS THE MUSEUM'S COLLECTION.

IN SEPTEMBER 2022, THE DIGITAL DEPARTMENT PUBLISHED THE NINTH AND FINAL EPISODE IN THE FIRST SEASON OF THE MET'S PODCAST SERIES IMMATERIAL, ABOUT ARTISTIC MATERIALS. THE SEASON INCLUDED 43 DIFFERENT VOICES - 21 FROM OUTSIDE THE MUSEUM AND 22 MET STAFF - REFLECTING ON WORK FROM 17 MUSEUM DEPARTMENTS REPRESENTING 14 COUNTRIES, INCLUDING PERU, COLOMBIA, THE UNITED STATES, NEW ZEALAND, EGYPT, ITALY, MEXICO, SPAIN, IRAN, CHINA, INDONESIA, GHANA, AND FRANCE. THE SHOW HAS SEEN 125,000 DOWNLOADS TO DATE, EXCEEDING OUR GOAL OF 100,000.

IN MARCH 2023, AS PART OF THE MET'S LONG-STANDING COPYIST PROGRAM,

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DIGITAL RELEASED A SHORT FILM, THE ART OF THE COPYIST, THAT DOCUMENTED CONTEMPORARY ARTIST JAS KNIGHT REPRODUCING DIEGO VELÁZQUEZ'S MASTERPIECE JUAN DE PAREJA IN THE GALLERIES. KNIGHT GIVES VIEWERS AN INSIDE VIEW OF HIS STUDIO AND HIS PROCESS AND INVITES THEM TO JOIN HIM FOR A LOOK INTO VELÁZQUEZ'S MIND, WHILE REFLECTING ON THE TRADITION OF COPYING PAINTINGS AND THE POWER OF PROLONGED OBSERVATION. THE VIDEO HAS RECEIVED MORE THAN 621,000 VIEWS ON YOUTUBE AND GARNERED MORE THAN 6,000 NEW SUB-SCRIBERS TO THE MET'S YOUTUBE CHANNEL.

THROUGHOUT THE YEAR, THE DEPARTMENT COMMISSIONED PROMINENT AUTHORS TO WRITE PERSONAL ESSAYS REFLECTING ON THE MET COLLECTION. THESE "MET REFLECTIONS" HAVE EXPANDED THE PERSPECTIVES REPRESENTED ON OUR WEBSITE AND ARE BUILDING A FOUNDATION FOR FUTURE COMMISSIONS AND COLLABORATIONS.

WRITERS TO DATE HAVE INCLUDED ALEXANDER CHEE, ADA CALHOUN, TANEKEYA WORD, CAMILLE DUNGY, MUSA GUSTON MAYER, HETTIE JUDAH, GEORGINA KLEEGE, AND TADAO ANDO.

THE DIGITAL DEPARTMENT SUPPORTS SPECIAL EXHIBITIONS THROUGH A WIDE RANGE OF CONTENT. THIS YEAR, THE TEAM PRODUCED AUDIO GUIDES FOR LIVES OF THE GODS: DIVINITY IN MAYA ART AND JUAN DE PAREJA, AFRO-HISPANIC PAINTER THAT WERE MADE AVAILABLE DIGITALLY ON THE WEBSITE'S EXHIBITION LISTINGS USING A WEB-BASED APP. IN COLLABORATION WITH AN EXTERNAL VENDOR AND SEVERAL DEPARTMENTS ACROSS THE MUSEUM, DIGITAL ALSO LAUNCHED AN AUGMENTED REALITY APP FOR THE EXHIBITION CHROMA: ANCIENT SCULPTURE IN COLOR THAT ALLOWED USERS TO INTERACT VIRTUALLY WITH THE SPHINX OF A GREEK FUNERARY MONUMENT.

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THE DEPARTMENT ALSO SUPPORTED THE TRAVELING EXHIBITION OF OBJECTS FROM
THE MUSEUM'S OCEANIA COLLECTION BY PRODUCING AN INTRODUCTORY VIDEO, AN
AUDIO EXPERIENCE FEATURING PACIFIC POETS, AND A VIDEO HONORING THE LEGACY
OF MICHAEL C. ROCKEFELLER.

THIS WAS A BANNER YEAR FOR THE MET'S SOCIAL MEDIA TEAM AS WE EXPANDED OUR CAPACITY WITH VIDEO AND CREATOR ENGAGEMENT. OUR TIKTOK CHANNEL IS NOTEWORTHY IN ITS GROWTH, NOW EXCEEDING 215,000 FOLLOWERS. OUR VIDEO PROGRAM ACROSS CHANNELS HAS GARNERED MORE THAN 128 MILLION VIEWS - FAR EXCEEDING ANY PREVIOUS YEARS - AND OUR WORK WITH CONTENT CREATORS AND INFLUENCERS HAS ELICITED ENORMOUS REACH AS WELL. SINCE FALL 2022, THE TEAM HAS ENGAGED 106 INFLUENCERS TOTALING MORE THAN 2 MILLION ENGAGEMENTS AND 13.3 MILLION VIDEO VIEWS ON CREATOR PAGES.

OTHER SOCIAL MEDIA INITIATIVES INCLUDE A FOUR-PART VIDEO SERIES WITH ACTOR AND HGTV PERSONALITY RAJIV SURENDRA; OUR ONGOING 30 SECONDS OF ART HISTORY SERIES; OUR SPOTLIGHT ON STAFF MEMBERS AND CONSERVATION PROJECTS, GARNERING MILLIONS OF VIEWS AND ENGAGEMENT; THE MET'S MOST POPULAR VIDEO OF ALL TIME (TOTALING 3 MILLION VIEWS ALONE) DURING THE 2023 MET GALA; AND COLLABORATIONS WITH BROADWAY'S SIX, THE EMPIRE STATE BUILDING, THE NATIONAL GALLERY IN LONDON, THE METS BASEBALL TEAM, NEW YORK CITY DRAG QUEEN FLIPPE KIKEE, AND INTERNAL PARTNERS SUCH AS THE MET CLOISTERS.

THE MUSEUM'S EMAIL MARKETING PROGRAM NOW REACHES 2.9 MILLION SUBSCRIBERS, UP FROM 2.5 MILLION IN THE PREVIOUS YEAR. IN FISCAL YEAR 2023, WE

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INCREASED EMAIL ACQUISITION THROUGH CUSTOM SIGN-UP PAGES AND A PAID SOCIAL ACQUISITION CAMPAIGN TO BRING IN YOUNGER AND MORE DIVERSE AUDIENCES ACROSS THE TRISTATE. WORKING WITH OUR PARTNERS IN DEVELOPMENT, TECHNOLOGY, AND RETAIL, WE ALSO LAUNCHED SEVERAL BACKEND DATA IMPROVEMENTS THAT ALLOWED US TO IMPLEMENT BETTER CUSTOMER AND VISITOR TRANSACTION NOTIFICATIONS BOTH PRE- AND POST-VISIT. OUR CURRENT PRIORITIES ARE TO CONTINUE LAYING THE GROUNDWORK FOR FUTURE INITIATIVES IN CUSTOMER RELATIONSHIP MANAGEMENT, PROMOTIONAL ACTIVITIES AROUND EXHIBITIONS, AND DIVERSIFYING OUR AUDIENCES.

CAPITAL PROJECTS

THE FISCAL YEAR WAS AN EXTREMELY PRODUCTIVE ONE FOR MUSEUM'S CAPITAL PROJECTS DEPARTMENT. THE AIM OF THE CAPITAL PROJECTS DEPARTMENT IS TO ESTABLISH THE INSTITUTION AS AN ENGINE FOR ECONOMIC DEVELOPMENT, A LEADER IN CARBON FOOTPRINT REDUCTION, AND A PROPONENT OF ARCHITECTURE AS A CONTEMPORARY ART THAT ORGANIZES RESOURCES IN A MANNER SYMPATHETIC WITH OUR VALUES.

TREMENDOUS PROGRESS HAS BEEN MADE ON THE DESIGN OF THE OSCAR L. TANG AND H.M. AGNES HSU-TANG WING. THE PAST YEAR SAW AN INTENSIVE PERIOD OF COLLABORATION BETWEEN ARCHITECT FRIDA ESCOBEDO, THE DEPARTMENT OF MODERN AND CONTEMPORARY ART CURATORIAL TEAM, CAPITAL PROJECTS, AND MET LEADERSHIP IN DEVELOPING A COHESIVE CONCEPT DESIGN PROPOSAL FOR THE NEW WING. A VISIONARY ADDITION TO OUR INSTITUTION, IT WILL PRIORITIZE THE PRESENTATION AND SHOWCASING OF 20TH- AND 21ST-CENTURY ART, PROVIDING

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75,000 SQUARE FEET OF GALLERY SPACE AND 7,500 SQUARE FEET OF EXTERIOR TERRACE SPACE. ENCOMPASSING APPROXIMATELY 135,000 SQUARE FEET OVERALL, THE PROPOSED WING WILL SIT WITHIN THE EXISTING BUILDING'S FOOTPRINT. THE PROJECT IS CURRENTLY IN THE FINAL STAGES OF CONCEPT DESIGN, WITH THE SCHEMATIC DESIGN PHASE EXPECTED TO BEGIN THIS FALL.

CONSTRUCTION OF THE MICHAEL C. ROCKEFELLER WING ADVANCED SIGNIFICANTLY
THIS YEAR. THE PROJECT, WHICH TRANSFORMS HOW THE MUSEUM PRESENTS ITS
COLLECTIONS OF THE ART OF SUB-SAHARAN AFRICA, OCEANIA, AND THE ANCIENT
AMERICAS, ALSO CONSISTS OF MAJOR UPGRADES TO THE BUILDING'S
INFRASTRUCTURE, INCLUDING THE CONSTRUCTION OF A NEW SLOPED GLASS WALL ON
THE SOUTH SIDE OF THE MUSEUM. CONSTRUCTION WILL CONCLUDE IN FALL 2023 AND
ART INSTALLATION WILL FOLLOW CLOSELY BEHIND. THE PROJECT IS BEING
OVERSEEN BY THE ARCHITECT KULAPAT YANTRASAST OF THE FIRM WHY AND BEYER,
BLINDER, BELLE ARCHITECTS LLP, AND THE NEW GALLERIES ARE EXPECTED TO OPEN
IN 2025.

THE REIMAGINED ANCIENT NEAR EASTERN AND CYPRIOT ART GALLERIES WILL INTRODUCE AN INNOVATIVE AND FORWARD-THINKING APPROACH TO PRESENTING ART FROM A VAST REGION THAT INCLUDES ANCIENT IRAQ, IRAN, TURKEY, SYRIA, THE EASTERN MEDITERRANEAN COAST, YEMEN, AND CENTRAL ASIA. BOSTON-BASED ARCHITECTURAL FIRM NADAAA, LED BY PRINCIPAL DESIGNER NADER TEHRANI, IS OVERSEEING THE PROJECT, WHICH INCLUDES SIGNIFICANT MODIFICATIONS TO THE SKYLIGHTS AND ATTICS ABOVE. IT IS CURRENTLY IN DESIGN DEVELOPMENT AND CONSTRUCTION IS SLATED TO BEGIN IN SUMMER 2024. THE GALLERIES HAVE BEEN

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CLOSED FOR ART DEINSTALLATION AND PRECONSTRUCTION ACTIVITIES AND ARE SCHEDULED TO REOPEN IN 2026.

THE 81ST STREET STUDIO, THE MUSEUM'S NEW DISCOVERY AND PLAY SPACE FOR KIDS AGES 3 TO 11, OPENED AS THIS REPORT WAS BEING PREPARED FOR PUBLICATION, IN SEPTEMBER 2023, AND IN ITS FIRST FEW WEEKS HAS ALREADY SEEN ENORMOUS SUCCESS. DESIGNED BY KOKO ARCHITECTURE + DESIGN, THE SPACE - A TRANSFORMATION OF THE FORMER NOLEN LIBRARY - REIMAGINES HOW THE MUSEUM CAN INSPIRE EXPLORATION OF ITS ENCYCLOPEDIC COLLECTION, AMPLIFY CURIOSITY, AND CREATE NEW EXPERIENCES FOR OUR YOUNGEST VISITORS THROUGH PLAY, READING, AND DIGITAL AND MUSICAL INTERACTIVES.

THE RENOVATED GALLERIES DEDICATED TO EUROPEAN PAINTINGS FROM 1300 TO 1800 HAVE BEEN COMPLETED AS PART OF THE AMBITIOUS SKYLIGHTS PROJECT INITIATED IN 2018, AND ART INSTALLATION IS UNDERWAY. THE GALLERIES ARE ON TRACK TO REOPEN IN NOVEMBER 2023. UPGRADES TO THE MUSEUM'S ELECTRICAL AND MECHANICAL INFRASTRUCTURE ALSO CONTINUE THROUGHOUT THE CAMPUS, INCLUDING THE COMPLETION OF SIGNIFICANT UPGRADES TO OUR AIR QUALITY IN RESPONSE TO THE COVID-19 PANDEMIC AND EXTENSIVE ELECTRICAL UPGRADES THAT ARE NEARING COMPLETION.

THE MET WOULD NOT BE THE WORLD-CLASS INSTITUTION IT IS WITHOUT THE SUPPORT OF OUR VOLUNTEERS, AS WELL AS OUR MEMBERS AND FRIENDS, AND ALSO, ESPECIALLY, OUR TRUSTEES AND STAFF. THEIR PROFESSIONALISM AND COMMITMENT TO EXCELLENCE ARE WHAT ALLOW THE MET TO ADVANCE ITS MISSION, INNOVATE ON

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SO MANY FRONTS, AND CONNECT WITH A GLOBAL AUDIENCE THAT LOOKS TO US FOR JOY AND INSPIRATION. THANKS TO THEIR EXTRAORDINARY WORK AND DEDICATION, THE MUSEUM IS ABLE TO DEEPEN ITS ENGAGEMENT AND SET THE BAR FOR WHAT IT MEANS TO BE A TRULY UNIVERSAL MUSEUM IN SERVICE TO THE WORLD.

FORM 990, PART VI, LINE 1A - VOTING RIGHTS

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 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; (C) AMEND OR REPEAL ANY RESOLUTION OF THE BOARD OF TRUSTEES WHICH BY ITS TERMS SHALL NOT BE SO AMENDABLE OR REPEALABLE; (D) ELECT OR REMOVE TRUSTEES OR OFFICERS; (E) APPROVE A MERGER OR PLAN OF DISSOLUTION; (F) ADOPT A RESOLUTION AUTHORIZING ACTION ON THE SALE, LEASE, EXCHANGE OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL THE ASSETS OF THE MUSEUM; OR (G) APPROVE AMENDMENTS TO THE CHARTER.

FORM 990, PART VI, LINE 2 - FAMILY OR BUSINESS RELATIONSHIP

THE FOLLOWING TRUSTEES OF THE MUSEUM HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER: BLAIR EFFRON AND SACHA LAINOVIC.

FORM 990, PART VI, LINE 6 - MEMBERS OF THE ORGANIZATION

GOVERNING BODY AND MANAGEMENT

THE MUSEUM DOES NOT HAVE "MEMBERS" AS SUCH TERM IS DEFINED IN THE

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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.

FORM 990, PART VI, LINE 11B - REVIEW PROCESS

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 CONTROLLER, 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 THE AUDIT COMMITTEE OF THE MUSEUM'S BOARD OF TRUSTEES. 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.

FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST

CONFLICT OF INTEREST POLICY

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

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

METROPOLITAN MUSEUM OF ART

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

Name of the organization

Employer identification number

13-1624086

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

GENERAL COUNSEL WITH THE ASSISTANCE OF OUTSIDE LEGAL COUNSEL IF

NECESSARY. ACTUAL CONFLICTS OF INTEREST ARE RESOLVED IN CONSULTATION WITH

THE MUSEUM'S DIRECTOR (FOR STAFF) AND THE CHAIRMAN OF THE BOARD OF

TRUSTEES AND THE LEGAL COMMITTEE OF THE MUSEUM'S BOARD (FOR TRUSTEES,

INCLUDING THE DIRECTOR). 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 ARE PRESENTED

TO THE AUDIT COMMITTEE EACH YEAR. A SUMMARY OF THE POTENTIAL CONFLICTS OF

INTEREST DISCLOSED BY SENIOR STAFF IS PRESENTED TO THE DIRECTOR EACH

POTENTIAL CONFLICTS ARISE, THEY ARE INITIALLY EVALUATED BY THE

FORM 990, PART VI, LINES 15A AND 15B - COMPENSATION REVIEW PROCESS

COMPENSATION REVIEW

YEAR.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

METROPOLITAN MUSEUM OF ART

Employer identification number 13-1624086

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 REVIEW 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 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.

FORM 990, PART VI, SECTION C, LINE 19 - GOVERNING DOCUMENTS

PUBLIC AVAILABILITY OF OTHER DOCUMENTS

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Ombox 2022

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

METROPOLITAN MUSEUM OF ART

13-1624086

THE MUSEUM'S AUDITED FINANCIAL STATEMENTS AND ANNUAL REPORT ARE 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

| CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS | (3,201,327) |
|-----------------------------------------------------------|-------------|
| UNREALIZED GAINS AND LOSSES ON 2015 BOND RETURNS | 9,472,421 |
| NET RECLASSIFICATIONS, FEES, AND OTHER | 1,018,811 |
| PENSION - RELATED CHANGES OTHER THAN NPPC | 32,782,197 |
| CHANGE IN FAIR VALUE OF INTEREST RATE EXCHANGE AGREEMENTS | 6,429,493 |
| PARTNERSHIP UBIT | (2,121,561) |
| | |
| TOTAL | 44,380,034 |

FORM 990, PART VII

DANIEL WEISS WAS AN EX-OFFICIO TRUSTEE DURING CALENDAR YEAR 2022. MAX HOLLEIN WAS AN EX-OFFICIO TRUSTEE DURING CALENDAR YEAR 2022.

| Name of the organization | | Employer identi | fication number |
|------------------------------------------------|--------|-----------------------------------------|-----------------|
| METROPOLITAN MUSEUM OF ART | | 13-1624 | 086 |
| | | | |
| FORM 990, PART III, LINE 4D - OTHER PROGRAM SE | RVICES | | |
| ************************************* | | | |
| DESCRIPTION | GRANTS | EXPENSES | REVENUE |
| | * * · | *************************************** | |
| OPERATING SERVICES | | 16,889,729. | |
| SPECIAL EXHIBITIONS | | 20,092,294. | |
| ALL OTHER SUPPORT SERVICES | | 7,226,040. | 6,792,976. |
| TOTALS | | 44,208,063. | 6,792,976. |

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number 13-1624086

FORM 990, PART VI, LINE 17 - STATES

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

| Ochedule O (1 offil 930 d) 930-E2) 2022 | Page 2 |
|-----------------------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| METROPOLITAN MUSEUM OF ART | 13-1624086 |

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|---------------------------------|-------------------------|--------------|
| | | |
| SKANSKA USA BUILDING INC | | |
| 389 INTERPACE PARKWAY 5TH FL | | |
| PARSIPPANY, NJ 07054 | CONSTRUCTION MANAGER | 21,463,279. |
| BEYER BLINDER BELLE ARCHITECTS | | |
| 120 BROADWAY | | |
| NEW YORK, NY 10271 | ARCHITECTURE SERVICE | 2,799,030. |
| ATRIUM STAFFING LLC | | |
| 625 LIBERTY AVE, SUITE 200 | | |
| PITTSBURGH, PA 15222 | TEMPORARY STAFFING | 2,581,155. |
| SHAWMUT DESIGN AND CONSTRUCTION | | |
| 506 HARRISON AVENUE | | |
| BOSTON, MA 02118 | CONSTRUCTION MANAGER | 2,315,190. |
| ISLAND ACOUSTICS LLC | | |
| 518 JOHNSON AVENUE | | |
| BOHEMIA, NY 11716 | CONSTRUCTION MANAGER | 2,294,252. |

Page 2 Name of the organization Employer identification number METROPOLITAN MUSEUM OF ART 13-1624086

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

ENDING COST DESCRIPTION BOOK VALUE OR FMV _____ _____ _____

PUBLICLY TRADED SECURITY 1,226,827,605. FMV

______ TOTALS 1,226,827,605.

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

| OMB NO. 1545-0047 | |
|-------------------|--|
|-------------------|--|

Employer identification number

Section 512(b)(13) controlled (f) Direct controlling entity Yes 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. × 13-1624086 (f) Direct controlling (e) End-of-year assets NET MUSSUM (if section 501(c)(3)) Public charity status (d) Total income 12A, TYPE I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) Legal domicile (state or foreign country) (d) Exempt Code section 501(C)(3) Legal domicile (state or foreign country) (b)Primary activity ŝ Primary activity MET SUPPORT (a) Name, address, and EIN (if applicable) of disregarded entity 36-7746339 (a)Name, address, and EIN of related organization IL 60603 CHICAGO, METROPOLITAN MUSEUM OF ART (1) JAYME WRIGHTSMAN TRUST 10 S DEARBORN ILI-0111 Part Part Ξ (2) 3 4 3 9 (2) 3 **£** (2)

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

Schedule R (Form 990) 2022

Page 2

METROPOLITAN MUSEUM OF ART

13-1624086

Schedule R (Form 990) 2022

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

| (k) Percentage ownership | | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| (I) General or managing partner? | Yes No | | | | | | | | | | | | Part IV, |
| (I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | | | | | | PARAMETER | | AMARINEARAN | | *************************************** | | | on Form 990, |
| (h) Dispropositionale allocatione? | Yes No | | | | | | | | | | | | ed "Yes" |
| (g) Share of end-of- year assets | | | The state of the s | | | | | | | | The state of the s | | ization answer |
| (f) Share of total income | | | | | | | | | | | | | ete if the orgar |
| (e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | The state of the s | | | | | | | | | Processor Processor | The state of the s | | le as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV |
| (d) Direct controlling entity | | | | | | | | | | • | | | e as a Corporati |
| (c) Legal domicile (state or foreign | | | | | | | | | | | | | s Taxable |
| (b) Primary activity | | | | | | | | | | | | *************************************** | ed Organizations |
| (a) Name, address, and EIN of related organization | The second secon | Annual Control of the | AMPACHIBITATION AND AND AND AND AND AND AND AND AND AN | | THE PERSON NAMED AND PASSED ASSESSMENT ASSES | - Control of the Cont | | | | | | THE PARTY OF THE P | Identification of Related Organizations Taxable |
| Z | | (1) | (2) | (3) | (4) | | (2) | | (9) | | (7) | | Parti |

line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| AND THE PROPERTY AND TH | (4) | 10) | (P) | (0) | 1 | (0) | 14/ | 19 |
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| Name, address, and EIN of related organization | Primary activity | Legal domicile | Direct controlling | Type of entity | Share of total | Share of F | Percentage | Section |
| | | (state or foreign country) | entity | (C corp, S corp, or trust) | | end-of-year assets | ownership 512(b)(13) controlled entity? | o12(b)(13) controlled entity? |
| The second secon | | | | | | · | | Yes No |
| (1) CHARLTABLE REMAINDER TRUSTS (20) | | | | | | | | <u> </u> |
| | TRUST | >: E: | 12/W | E Da | | | ***** | × |
| (2) | Transport of the second of the | | | | | | | |
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| (9) | ALL THE PARTY OF T | | Trumbaka da | | | | | |
| | | | | | | | | |
| (7) | | | | | | | | |
| The state of the s | | | | | | | | |
| | | | | | | Schedule R (Form 990) 2022 | (Form 99 |) 2022 |

13-1624086

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

| 19 X A | Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |
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| anization(s). organization(s). citations for related organization(s). Is with related organization(s). Is mine, including covered relationships and transfer on who must complete this line, including covered relationships and transfer on who must complete this line, including covered relationships and transfer organization on who must complete this line, including covered relationships and transfer organization on who must complete this line, including covered relationships and transfer organization on who must complete this line, including covered relationships and transfer organization or who must complete this line, including covered relationships and transfer organization or who must complete this line, including covered relationships and transfer organization or who must complete this line, including covered relationships and transfer organization or who must complete this line, including covered relationships and transfer organization or who must complete this line, including covered relationships and transfer organization or who must complete this line, including covered relationships and transfer organization or who must complete this line, including covered relationships and transfer organization or who must complete this line, including covered relationships and transfer organization or who must complete this line, including covered relationships and transfer organization or who must complete this line, including covered relationships and transfer organization or who must complete this line, including covered relationships and transfer organization or who must covered relationships and transfer organization or who must covered relationships and transfer organization orga | Gift, grant, or capital contribution to related organization(s) |
| anization(s). organization(s). citations for related organization(s). is with related organization(s). It with related organization(s). I | Loans or loan guarantees to or for related organization(s) |
| anization(s). organization(s). cidations for related organization(s). is with related organization(s). I manufacture organization(s). I manufac | Loans or loan guarantees by related organization(s) |
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| anization(s). organization(s) icitations for related organization(s). its with related organization(s). is with related organization(s). It with related organization(s). | Exchange of assets with related organization(s), |
| citations for related organization(s). Is with related organization(s). | Lease of facilities, equipment, or other assets to related organization(s) |
| cidations for related organization(s). Is with related organization(s). | Lease of facilities, equipment, or other assets from related organization(s) |
| icitations by related organization(s). 15 with related organization(s). 16 with related organization(s). 17 construction on who must complete this line, including covered relationships and transformation on who must complete this line, including covered relationships and transformation on who must complete this line, including covered relationships and transformation on who must complete this line, including covered relationships and transformation on who must complete this line, including covered relationships and transformation on who must complete this line, including covered relationships and transformation on who must complete this line, including covered relationships and transformation or the complete this line, including covered relationships and transformation or the complete this line, including covered relationships and transformation or the complete this line, including covered relationships and transformation or the complete this line, including covered relationships and transformation or the complete this line, including covered relationships and transformation or the complete this line, including covered relationships and transformation or the complete this line, including covered relationships and transformation or the complete this line, including covered relationships and transformation or the complete this line, including covered relationships and transformation or the complete this line, including covered relationships and covered relationships and covered relationships and covered relationships and covered relationships are considered relationships. | aising solicitations for related organization(s) |
| ts with related organization(s) signature of ganization(s) Transaction Transaction Transaction The (a - s) The (a - s) The complete this line, including covered relationships and transaction The complete this line, including covered relationships and transaction The complete this line, including covered relationships and transaction The complete this line, including covered relationships and transaction The complete this line, including covered relationships and transaction The complete this line, including covered relationships and transaction The complete this line, including covered relationships and transaction The complete this line, including covered relationships and transaction The complete this line, including covered relationships and transaction The complete this line, including covered relationships and transaction The complete this line, including covered relationships and transaction The complete this line, including covered relationships and transaction The complete this line, including covered relationships and transaction The complete this line, including covered relationships and transactionships are considered relationships are considered relationships and transactionships are | sicing colicitations by related organization(c) |
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| ons for information on who must complete this line, including covered relationships and fractions on the figure (b) Transaction Amount involved type (a - s) | |
| structions for information on who must complete this line, including covered relationships and transaction thresholds. (b) (c) Method of determining amount involved amount involved | zation(s). |
| Transaction Amount involved type (a - s) | nstructions for information on who must complete |
| | ganization |
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| | AND |
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13-1624086

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

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.

| | | (state or foreign country) | income (related, unrelated, excluded from tax under | Are all partners section 501(c)(3) organizations? | Share of total income | Share of end-of-year assets | Dispropartionate altocations? | amount in box 20 of Schedule K-1 (Form 1065) | General or managing partner? | Percentage ownership |
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| (2) | | | | | 77/77 | | | | | |
| (3) | | | | | | Anna and a second | | | | |
| (4) | | | | | | A THE REAL PROPERTY OF THE PRO | | | | |
| (5) | | | | | | | | | | |
| (9) | | | | | | MILITARY CALLS AND STREET, STR | | | | |
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| (15) | | | | | | 2/2/2 | | 7.00.4.4.4.4.4.4.7.7.7.7.7.7.7.7.7.7.7.7 | | |
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Part VII

Supplemental Information

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