Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Open to Public Inspection

<u>A I</u>	or t	ne 201	4 calendar year, or tax year beginning 07/01, 2014, a	na enaing		06/30,	, 20 15		
В	Check if	applicable:	C Name of organization METROPOLITAN MUSEUM OF ART	,	D Employer iden 13-1624		ımber		
Г	Add		Doing business as		1				
		e change	Number and street (or P.O. box if mail is not delivered to street address) Ro	oom/suite	E Telephone nun	nber			
	Initia	al return	1000 FIFTH AVENUE		(212) 879	9-5500			
_	Fina	l return/	City or town, state or province, country, and ZIP or foreign postal code				·		
	Ame	ninated ended	NEW YORK, NY 10028-0198		G Gross receipt	s \$ 1,13	30,390,902.		
	- retui	lication	F Name and address of principal officer: THOMAS CAMPBELL		H(a) Is this a grou	p return for	Yes X No		
	pen	aing	1000 FIFTH AVENUE NEW YORK, NY 10028-0198		subordinates? H(b) Are all subordin		Yes No		
$\overline{\mathbf{I}}$	Tax-e	xempt st		527	⊣ ''	n a list, (see in			
J			WWW.METMUSEUM.ORG	1 327	H(c) Group exemp	•	•		
		of organ		L Vear of form	ation: 1870 M		·		
_	art I		Immary	L Teal Of Tollin	ation. To roller	State of lega	domicile. 112		
	1		describe the organization's mission or most significant activities: THE MET	יות דר דר מער	MUSEUM OF	י אפת כי	OLLECTS		
•	'		DIES, CONSERVES, AND PRESENTS SIGNIFICANT WORK				OBBBC15,		
Š	E		ES AND CULTURES; SEE SCHEDULE O FOR MORE DETAI		ACKODO ALL				
- Lu	,								
Activities & Governance	2		this box if the organization discontinued its operations or disposed of the organization discontinued its operations or disposed or disp			. 1	45.		
න	3	Numb	er of voting members of the governing body (Part VI, line 1a)	· · · · · · · ·		3	43.		
es	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)			4	2,570.		
×ίξ	5		number of individuals employed in calendar year 2014 (Part V, line 2a)		1	5			
Acti	6		number of volunteers (estimate if necessary)			6	1,370.		
_			unrelated business revenue from Part VIII, column (C), line 12				3,624,985.		
	K	Net ui	nrelated business taxable income from Form 990-T, line 34			7b	0		
					Prior Year		Current Year		
ne	8		ibutions and grants (Part VIII, line 1h)		294,489,13		55,926,608.		
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		18,796,08		7,203,463.		
Ŗ	10	Invest	iment income (Part VIII, column (A), lines 3, 4, and 7d)		269,901,80		9,139,095.		
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		77,748,24		31,475,351.		
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		660,935,26		3,744,517.		
	13.	Grant	s and similar amounts paid (Part IX, column (A), lines 1-3)		1,755,80		1,790,237.		
	14	Benef	its paid to or for members (Part IX, column (A), line 4)			0	0		
es	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		201,412,76		88,894,532.		
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)		256,91	8.	280,830.		
Ž.	k								
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		296,363,54	1	30,073,751.		
	18	Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		499,789,02	5. 42	21,039,350.		
	19	Rever	nue less expenses. Subtract line 18 from line 12		161,146,23	5. 5	2,705,167.		
s or				Beg	inning of Current Y	ear	End of Year		
set	20	Total	assets (Part X, line 16)	3,	730,862,72	4.4,00	2,429,655.		
t As	21		liabilities (Part X, line 26)		452,140,03	2. 71	9,077,152.		
Net Assets or Fund Balances	22	Net as	ssets or fund balances. Subtract line 21 from line 20	3,	278,722,69	2.3,28	3,352,503.		
Pa	irt II	Sig	gnature Block						
Un	der pe	enalties o	of perjury, I declare that I have examined this return, including accompanying schedules	and statements,	and to the best of	my knowle	dge and belief, it is		
tru	e, corr	ect, and	complete. Declaration of preparer (other than officer) is based on all information of which	preparer has any	knowledge.				
٠.									
Sig			Signature of officer		Date				
He	re		SHARON H.COTT SR VP, S	SEC & GEN	CNS				
			Type or print name and title						
		Print/	Type preparer's name Preparer's signature	Date	Check	if PTIN			
Pai		TRA	VIS L PATTON		self-employed P00369623				
	parer	Eiron's	name PRICEWATERHOUSECOOPERS LLP			m's EIN ► 13-4008324			
USE	Only	/	saddress >600 13TH STREET NW, SUITE 1000 WASHINGTON, DC 20005			02-414			
Ma	y the		cuss this return with the preparer shown above? (see instructions)		17 Hono Hu.	X			
-			Reduction Act Notice, see the separate instructions.	• • • • • • • • • • • • • • • • • • • •			Form 990 (2014)		
	· ~P'		· · · · · · · · · · · · · · · · · · ·				(/-/		

Fo	rm 990 (2014) Page 2
P	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE METROPOLITAN MUSEUM OF ART COLLECTS, STUDIES, CONSERVES, AND
	PRESENTS SIGNIFICANT WORKS OF ART ACROSS ALL TIMES AND CULTURES IN
	ORDER TO CONNECT PEOPLE TO CREATIVITY, KNOWLEDGE, AND IDEAS.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$139,921,992. including grants of \$1,790,237.)(Revenue \$5,159,581.) CURATORIAL DEPARTMENTS, INCLUDING OPERATION OF THE CLOISTERS, CONSERVATION, CATALOGUING AND SCHOLARLY PUBLICATIONS (INCLUDES
	FELLOWSHIP AWARDS AND TRAVEL STIPENDS IN THE AMOUNT OF
	\$1,790,072) - SEE SCHEDULE O FOR MORE INFORMATION
41	(Code:) (Expenses \$ 68,914,411. including grants of \$ 0) (Revenue \$ 0)
	GUARDIANSHIP AND MAINTENANCE OF THE MUSEUM AND ITS ART COLLECTION
	- SEE SCHEDULE O FOR MORE INFORMATION
40	(Code:) (Expenses \$ 52.389.571, including grants of \$ 0.) (Revenue \$ 3.855.886.)
40	(Code: (C
	INFORMATION
_	A DESCRIPTION OF THE PROPERTY
40	Other program services (Describe in Schedule O.) ATTACHMENT 1
4 -	(Expenses \$ 89,587,907. including grants of \$) (Revenue \$ 6,540,909.) Total program service expenses ▶ 350,813,881.
46	Total program service expenses ► 350,813,881.

Form 990 (2014)
Part IV Chacklist of Required Schedules

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	. X.	
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	Х	
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 Revenue Procedure 98-19? If "Yes," complete Schedule C,			
		_		X
c		5		
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			-07
_	"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			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	· .	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.	4.		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	A CONTRACTOR OF THE CONTRACTOR		67.0346.048
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	114		
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		<u> </u>
Ū	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44-		Х
d		11c		
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			37
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete 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		X
	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		X
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			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
-	If "Yes," complete Schedule G, Part III	19		х
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
	200, and the organization attaon a copy of the addition infational statements to this fetallit	~~~		

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	ļ
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			ĺ
	through 24d and complete Schedule K. If "No," go to line 25a	24a	X	
Ъ	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			37
_	to defease any tax-exempt bonds?	24c		X
d	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			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			ĺ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			v
00	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			х
07	disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	0.7		х
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	North St	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
•	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	20-		Х
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		- ^`
b	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
Ū	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
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			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
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,"			
	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	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	34	X.	
35 a		35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u></u>
		Form	990	(2014

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
La	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 2,570			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Χ	R(623004934800
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	X	
b	If "Yes," enter the name of the foreign country: ▶ EGYPT		er.	
	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	×	Х
	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			l
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	v	
h	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
·	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.0		••
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	0.052.4253.	Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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			
	sponsoring organization have excess business holdings at any time during the year?	8	CONTRACTOR OF STREET	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40.	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	-		
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
d	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the organization is licensed to issue qualified health plans			
r	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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sect	ion A. Governing Body and Management		T							
		م دا		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	a 45								
	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 in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	b 43								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	onship with	V. 518.54							
	any other officer, director, trustee, or key employee?		2	Х						
3	Did the organization delegate control over management duties customarily performed by or under	r the direct								
	supervision of officers, directors, or trustees, or key employees to a management company or other p	erson?	3		<u>X</u>					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?	4	X	••					
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	5		X					
6										
7a										
	one or more members of the governing body?		7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	stockholders, or persons other than the governing body?		7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertained the organization contemporaneously document the meetings held or written actions undertained the organization contemporaneously document the meetings held or written actions undertained the organization contemporaneously document the meetings held or written actions undertained the organization contemporaneously document the meetings held or written actions undertained the organization contemporaneously document the meetings held or written actions undertained the organization contemporaneously document the meetings held or written actions undertained the organization contemporaneously document the meetings held or written actions undertained the organization contemporaneously document the organization conte	aken during								
	the year by the following:									
a	The governing body?		8a	X						
b	Each committee with authority to act on behalf of the governing body?		8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be									
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X					
Secti	on B. Policies (This Section B requests information about policies not required by the Interi	nal Revenue	Code	? .)						
		,		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of suc	ch chapters,								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purp	oses?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	g the form?	11a	X	success of the					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests tha	t could give								
	rise to conflicts?		12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the police	cy? If "Yes,"								
	describe in Schedule O how this was done		12c	X						
13	Did the organization have a written whistleblower policy?		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 a	nd decision?								
a	The organization's CEO, Executive Director, or top management official		15a	X						
b	Other officers or key employees of the organization		15b	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a	arrangement			1346 / V 1342 / V					
	with a taxable entity during the year?		16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to									
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa									
	organization's exempt status with respect to such arrangements?		16b							
Sect	ion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 2									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9	90-T (Section	501(c)(3)s	only)					
	available for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain in Scheduler)	•								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of inte	erest	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 boo		s: ▶							
	CONTROLLER'S OFFICE 1000 FIFTH AVENUE NEW YORK, NY 10028-0198 (212)8									

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Page 7 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	not ch unles	Pos teck s pe	more	e than c is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Highest compensated employee Key employee Officer Institutional trustee Individual trustee or director		Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1)CANDACE K. BEINECKE	2.00									
ELECTIVE TRUSTEE	0	X						0	0	0
(2)LEON D. BLACK	1.00				:					
ELECTIVE TRUSTEE	0	Х						0	0	0
(3)DANIEL BRODSKY	5.00							_	_	
ELECTIVE TRUSTEE & CHAIRMAN	0	Х		Х				0	0	0
(4)RUSSELL L. CARSON	2,00									
ELECTIVE TRUSTEE & VICE CHAIR	0	X		Х				0	0	0
(5)WELLINGTON Z. CHEN ELECTIVE TRUSTEE	1.00	.,								0
(6)RICHARD L. CHILTON, JR.	2.00	X			_			0	0	0
ELECTIVE TRUSTEE & VICE CHAIR	12:00	X		х				0	o	0
(7)MARK FISCH	1.00							-	<u> </u>	
ELECTIVE TRUSTEE	1	X						o	0	0
(8)MARINA KELLEN FRENCH	1.00						<u> </u>		0	
ELECTIVE TRUSTEE	0	X							0	0
(9)JEFFREY W. GREENBERG	2.00						-			
ELECTIVE TRUSTEE	0	x							0	0
(10)CHARLES N. ATKINS	1.00								_	
ELECTIVE TRUSTEE	0	X						l	0	0
(11)J. TOMILSON HILL	1.00									
ELECTIVE TRUSTEE	0	Х						o	0	0
(12)BONNIE B. HIMMELMAN	1.00									
ELECTIVE TRUSTEE	0	Х						0	0	0
(13)PHILIP H. ISLES	1.00									
ELECTIVE TRUSTEE	0	X						C	0	0
(14)HAMILTON E. JAMES	2.00									
ELECTIVE TRUSTEE	0	Х						C	0	0

orm 990 (2014) Page 8											
Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and I	ligi	hest Compensat	ed Employees (continued)	
(A) Name and title	(B) Average hours per	(do n	ot cl	Pos	C) sition more	than c	ne	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of	
	week (list any hours for related organizations below dotted line)					Highest compensated		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
15) DENIS P. KELLEHER	1.00										
ELECTIVE TRUSTEE TO 9/2014	0	X					ļ	C	C	0	
16) STEPHEN M. CUTLER	1.00								_	_	
ELECTIVE TRUSTEE	0	Х						C	0	0	
17) JOYCE FRANK MENSCHEL ELECTIVE TRUSTEE	1.00	Х						C	C	0	
18) BIJAN MOSSAVAR-RAHMANI	1.00										
ELECTIVE TRUSTEE	0	Х						c	c	0	
19) JEFFREY M. PEEK	2.00										
ELECTIVE TRUSTEE	0	X.						C	c	0	
20) BLAIR EFFRON	1.00										
ELECTIVE TRUSTEE	0	Х						C	C	0	
21) JOHN PAULSON	1.00										
ELECTIVE TRUSTEE	0	Х						c	C	0	
22) SAMANTHA BOARDMAN ROSEN	2.00										
ELECTIVE TRUSTEE	0	X						С	C	0	
23) SIR PAUL RUDDOCK	1.00										
ELECTIVE TRUSTEE	0	X						C	C	0	
24) WILLIAM C. RUDIN	1.00										
ELECTIVE TRUSTEE	0	X						С	C	0	
25) BONNIE J. SACERDOTE	2.00										
ELECTIVE TRUSTEE	0	X						С	C		
1b Sub-total							\blacktriangleright	C	C		
c Total from continuation sheets to Part VII, S							\blacktriangleright	10,125,740.	C	, , , , , , , , , , , , , , , , , , , ,	
d Total (add lines 1b and 1c)							•	10,125,740.	C	3,579,282.	
2 Total number of individuals (including but not reportable compensation from the organization		hose l 264		d al	bove	e) who	o re	ceived more than	\$100,000 of		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	er, directo ule J for suc	r, or ch ind	tru ividi	uste ual	e,	key e	emp	oloyee, or highes	t compensated	Yes No	
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?) If	"Yes	5,"	complete Schedu	le J for such	4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue cor	mpen	sati	on t	fron	any	un	related organizati	on or individual	5 X	
Section B. Independent Contractors		=									
 Complete this table for your five highest com compensation from the organization. Report of year. 	pensated ir ompensation	ndepe	nde the	ent ca	con	tracto dar ye	rs t ar e	hat received more ending with or with	than \$100,000 on the organization	of on's tax	
		••••							·····		

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

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 62

Form 990 (2014) Part VII Section A. Officers, Directors, Tr	uetose Ka	v En	nlo	VA	200	and h	lia	hest Compensat	ed Employee	S (c)	Page 8
(A) Name and title	(B) Average hours per week (list any	(do i	not ch	Pos neck s pe	c) sition more	e than o	ne an	(D) Reportable compensation from	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MI		from the organization and related organizations
26) ALEJANDRO SANTO DOMINGO ELECTIVE TRUSTEE	2,00	4									0
27) ANDREW M. SAUL	1.00		\vdash					<u> </u>		0	<u> </u>
ELECTIVE TRUSTEE	f0	4								0	0
28) JAMES E. SHIPP	2.00									-	
ELECTIVE TRUSTEE	0	Х						c		0	0
29) ANDREW SOLOMON	1.00									-	
ELECTIVE TRUSTEE	0	X						С		0	0
30) ANN G. TENENBAUM	1.00										
ELECTIVE TRUSTEE	0	X			L		ļ	C		0	0
31) LULU C. WANG ELECTIVE TRUSTEE & VICE CHAIR	2.00	.,		3.7							0
32) SHELBY WHITE	2.00			X				U		- 0	0
ELECTIVE TRUSTEE	12-0	Į								٨	0
33) BARRIE A. WIGMORE	1.00				-					\dashv	
ELECTIVE TRUSTEE	0	X						C		0	0
34) ANNA WINTOUR	1.00										··
ELECTIVE TRUSTEE	0	Х						c	ì	0	0
35) BILL DE BLASIO	1.00										
EX-OFFICIO TRUSTEE	0							C		0	0
36) TOM FINKELPEARL EX-OFFICIO TRUSTEE	1.00	4									
	0	X			l		Ļ			U	0
1b Sub-total	ontion A			•							
d Total (add lines 1b and 1c)										-	
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose 26	liste	d al	bove	e) who	o re	ceived more than	\$100,000 of		
Teportable compensation from the organization		20	1								Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	er, directo	or, or ch ind	tru <i>lividu</i>	iste <i>ial</i>	e, 	key e	emp	oloyee, or highes	t compensate	d	Yes No
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	50,0	00?) If	"Yes	," ı	complete Schedu	le J for suc	h	. V
 individual	accrue co	mpen	satio	on 1	fron	n any	un	related organization	on or individua	al	4 X 5 X
Section B. Independent Contractors	,,						μυ.			•	
1 Complete this table for your five highest com- compensation from the organization. Report of year.	pensated i compensati	ndepe on fo	ende the	nt ca	con	tracto dar ye	rs t ar e	hat received more ending with or with	than \$100,00 nin the organiz	00 of ation	f n's tax
(A) Name and business add	dress							(B) Description of se	ervices	C	(C) ompensation
							+				
							+				
							+				
2 Total number of independent contractors (i	ncluding b	ut no	t lim	ite	d to	thos	se l	isted above) who	received		

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Form **990** (2014)

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

Form 990 (2014)

Part VII Section A. Officers, Directors, Tru	stees, Ke	y En	plo	yee	es,	and F	ligl	hest Compensat	ed Employ	ees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	(do : box, office	not ch unies	(C Posi eck s pe l a d	ition more	e than or is both or/truste	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	- 1	from the organization and related organizations
37) SCOTT STRINGER	1.00										_
EX-OFFICIO TRUSTEE	0	X	<u> </u>					C		0	0
38) MELISSA MARK-VIVERITO	1.00										•
EX-OFFICIO TRUSTEE 39) MITCHELL J. SILVER	0	X						(0	0
	1.00	37									0
EX-OFFICIO TRUSTEE 40) BEATRICE STERN	1.00	X						ļ <u>.</u>			0
ELECTIVE TRUSTEE FROM 1/2015	1.00	Х									0
41) JAMES BREYER	1.00									- 0	
ELECTIVE TRUSTEE FROM 1/2015	0	Х								0	0
42) CAROLINE DIAMOND HARRISON	1.00										
ELECTIVE TRUSTEE FROM 1/2015	0	х)	0	0
43) HOWARD MARKS	1.00										T. A. Charles
ELECTIVE TRUSTEE FROM 1/2015	0	х						c		0	0
44) N. ANTHONY COLES	1.00										
ELECTIVE TRUSTEE FROM 5/2015	0	х						c		0	0
45) ALVARO SAIEH	1.00										
ELECTIVE TRUSTEE FROM 5/2015	0	Х						C)	0	0
46) THOMAS P. CAMPBELL	35.00										
DIR & CEO, EX-OFFICIO TRUSTEE	0			Х				999,309.		0	358,887.
47) EMILY K. RAFFERTY	35.00										
PRES., EX-OFFIC. TRUSTEE TO 3/15	0			Х				913,552.		0	1,641,579.
to Sub-total continuation sheets to Part VII, Sod Total (add lines 1b and 1c)						 	> >				
2 Total number of individuals (including but not reportable compensation from the organization		nose 26		d al	bove	e) who	re	eceived more than	\$100,000 c	of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	r, or ch ina	tru <i>lividu</i>	ste ial	e,	key e	mp	oloyee, or highes	t compens	ated	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	50,00	00?	lf	"Yes	, n	complete Schedu	le J for s	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	on f	fron	n anv	un	related organizati	on or indivi	dual	5 X
Section B. Independent Contractors											
 Complete this table for your five highest com compensation from the organization. Report c year. 	pensated in ompensati	ndepe on foi	ende the	nt ca	con	tracto dar yea	rs t ar e	that received more ending with or with	than \$100 nin the orga	,000 c nizatio	of n's tax
(A)								(B)			(C)
Name and business add	Iress							Description of se	ervices	C	compensation

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

Form 990 (2014)									Page 8
Part VII Section A. Officers, Directors, T	rustees, Ke	y En	ploy	ees	s, and	Hig	hest Compensat	ed Employees (d	ontinued)
(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average			Position eck more than one			Reportable	Reportable	Estimated
	hours per week (list any	1 *			ore tnan on is bot		compensation	compensation from related	amount of other
	hours for				ector/tru	stee)	the	organizations	compensation
	related	익	l light	9 7	S 8 3	Fo	organization	(W-2/1099-MISC)	from the
	organizations	die	ŧ	Officer	plo	Former	(W-2/1099-MISC)		organization
	below dotted line)	ct a	Institutional	1	Hignest comp employee				and related organizations
	11110)	Individual trustee or director	1 th		employee Kev employee				organizations
		lee	trustee		sansa				
			0		nsated				
48) CARRIE R. BARRATT	35.00								
DEPUTY DIR COLLECTIONS/ADMIN	. 0]	l	X			333,966.	0	58,066.
49) JENNIFER RUSSELL	35.00								
ASSOC DIRECTOR OF EXHIBITIONS	3 0			X			365,920.	0	36,362.
50) SHARON H. COTT	35.00								
SR VP, SEC & GEN COUNSEL	0		-	X			413,553.	0	58,060.
51) HAROLD L. HOLZER	35.00								
SR VP, PUBLIC AFFAIRS	0	1		X			403,488.	. 0	58,057.
52) OLENA M. PASLAWSKY	35.00								
SR VP, CFO & TREASURER		1		X			471,748.	. 0	46,343.
53) NINA MCN. DIEFENBACH	35.00								
VP DEVELOPMENT & MEMBERSHIP		1		х			339,398.	. 0	58,120.
54) TOM JAVITS	35.00			T					
VP CONSTRUCTION & FACILITIES		1		x			342,759	. 0	58,113.
55) JO PROSSER	35.00	 		_		1			
VP MERCHANDISING & RETAIL		1		х			399,997	.] o	56,196.
56) DEBRA A. MCDOWELL	35.00			\top					
VP FOR HUMAN RESOURCES	0	1		х			297,715.	. 0	45,547.
57) ELYSE TOPALIAN	35.00			\top					
VP FOR COMMUNICATIONS	0	1		x			245,843.	. 0	55,725.
58) SUZANNE E. BRENNER	35.00			\top				,	
SVP & CHIEF INVESTMENT OFFICE	ER 0	1		X			1,158,612	. 0	350,635.
1b Sub-total		•	- 						
c Total from continuation sheets to Part VII,	Section A			• •					
d Total (add lines 1b and 1c)									
2 Total number of individuals (including but no							eceived more than	\$100,000 of	
reportable compensation from the organizat	ion ►	26	4						
									Yes No
3 Did the organization list any former of	ficer, directo	or, or	trus	stee	. kev	emr	olovee, or highes	t compensated	
employee on line 1a? If "Yes," complete Sche	edule J for su	ch inc	lividu	al.					3 X
4 For any individual listed on line 1a, is the									
organization and related organizations									
individual				• •					4 X
5 Did any person listed on line 1a receive									
for services rendered to the organization? If	"Yes," comple	te Sci	hedul	e <i>J f</i>	or suc	h pei	rson		5 X
Section B. Independent Contractors						•			
1 Complete this table for your five highest co	mpensated i	ndep	ende	nt co	ontrac	tors	that received more	e than \$100,000 c	of

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Form 990 (2014)

Page 8

Part VII Section A. Officers, Directors, Tru	· · · · · · · · · · · · · · · · · · ·	y Em	іріоу			and F	ııgı		l	ees (d	
(A)	(B)		_	(C	•			(D)	(E)	hla	(F) Estimated
Name and title	Average hours per	 (do r		osi eck i		than o	ne	Reportable compensation	Reportable compensation from		amount of
	week (list any					is both		from	relate	đ	other
	hours for related		$\overline{}$	$\overline{}$		or/trust 역 표		the organization	organizat (W-2/1099		compensation from the
	organizations	divio	stitu	Officer	y er	ghe	Former	(W-2/1099-MISC)	(00-2/1099-	-101130)	organization
	below dotted line)	ual 1	Institutional	•	Key employee	st co /ee	_				and related organizations
	,,,,,,	Individual trustee or director	2		/ee	mpe					
		6	stee			Highest compensated employee					
59) JEFFREY BLAIR	35.00										
ASSIST.SEC & SR ASSOC.COUNSEL	0	-		x l				218,838.		0	39,465.
60) CYNTHIA ROUND	35.00							-			
SR VP, MAKETING & EXT. RELS	0		:	х				378,900.		0	48,663.
61) LAUREN A. MESERVE	35.00										
CHIEF INVESTMENT OFFICER	0		:	x				966,447.		0	284,774.
62) JEFFREY SPAR	35.00										
CHIEF TECHNOLOGY OFFICER	0] :	X				336,470.		0	56,881.
63) VANESSA MELENDEZ	35,00	-									
SR. INVESTMENT OFFICER TO 5/15	L					X		414,857.		0	37,472.
64) GEORGE R. GOLDNER	35.00	4									
CRMN. DRAWINGS&PRINTS TO 2/15	0					Х		295,166.		0	57,522.
65) KEN M. WEINSTEIN	35.00	4								_	
GM MERCH FINANCE, OPS & SYSTMS		İ				Х		280,526.		0	57,650.
66) SREE SREENIVASAN CHIEF DIGITAL OFFICER	35.00 0	4				3,7		071 210		^	F7 F00
67) KEITH R. CHRISTIANSEN						X		271,310.			57,590.
CHAIRMAN, EUROPEAN PAINTINGS	35.00 0	-1				Х		277,366.		0	57 , 575.
				į							
1b Sub-total	L					L	_				
c Total from continuation sheets to Part VII, S	ection A						•				
d Total (add lines 1b and 1c)							>				
2 Total number of individuals (including but not reportable compensation from the organization	limited to tl	hose 26		ab	oove	e) who	re	ceived more than	\$100,000	of	
3 Did the organization list any former office				4 -				1			Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schede	ule J for suc	ch ind	irus Iividua	al.	e, ≀ 	кеу е 		oloyee, or nignes		ated	3 X
4 For any individual listed on line 1a, is the organization and related organizations great	sum of rep	ortab	ole co	omi	pen	satio	n ai	nd other compens	sation from	the	
individual		φι.		0 ?	11	768	,	complete Scriedu	ie J ioi i	Sucri	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	n f	rom	ı any	un	related organization	on or indivi	idual	
Section B. Independent Contractors	os, compie	10 301	iedule	. .	101	Sucii	per	5011		• • •	5 X
1 Complete this table for your five highest com	pensated in	ndepe	ender	nt c	cont	racto	rs t	hat received more	than \$100	000 0	of
compensation from the organization. Report of year.	ompensati	on for	the	cal	lend	lar ye	ar e	ending with or with	nin the orga	anizatio	n's tax
(A) Name and business add	Irece		· · · · · · · · · · · · · · · · · · ·				Ī	(B) Description of se	orviono		(C)
name and pusitess add							+	Description of Se	i vices		Compensation
						· ·	-				
							+				
2 Total number of independent contractors (in		.1	h 1::		J 4-			interd above Visited			

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

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METROPOLITAN MUSEUM OF ART

	990 (2			AN MUSEUM C	P ART		13-16240	786 Page 9
Par	t VIII	Statement of Reven Check if Schedule O co		se or note to ar	nv line in this Part \	/		X
i P					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ants	1a	Federated campaigns	1 1	20.766.400				
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Membership dues	1c 1c 1d	29,766,429. 19,673,289. 12,972,099.				
Contributio and Other	f g	All other contributions, gifts, and similar amounts not included Noncash contributions included in	above . 1f	193,514,791. 22,661,593.				
	h	Total. Add lines 1a-1f	• • • • • • • • • • • • • • • • • • • •	Business Code	255,926,608.			
/en	0-	EDUCATION PRGRMS, CONCERTS	: & LECTURES	532000	7,186,407.	6,950,617.	235,790.	
Program Service Revenue	2a b	PHOTO RENTALS & FILM FEES	·	532000	17,056.	0,530,011.	17,056.	
ē	C				<u> </u>		<u></u>	
Ē	d							
ogra	f	All other program service reve	enue					
Pre	g	Total. Add lines 2a-2f			7,203,463.	100		100
	3	Investment income (inc	luding dividen	ds, interest,				
	4	and other similar amounts). Income from investment of the		4	38,132,574. 0	-	-5,235,725.	43,368,299.
	5	Royalties	•	•	106,231.			106,231.
	6a	Gross rents	(i) Real	(ii) Personal				
	b	Less: rental expenses			Section 1992		4.0	1000
	C	Rental income or (loss)						
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities 738,027,134.	(ii) Other				
	b	Less: cost or other basis						200 a 1
		and sales expenses	597,020,613.					
	d d	Gain or (loss)	141,006,521.		141,006,521.			141,006,521
enne	8a	Gross income from fundra events (not including \$19,	-			8		
Other Revenue		of contributions reported on I See Part IV, line 18	a	712,563.				
Ë	b	Less: direct expenses Net income or (loss) from full		5,244,668.	-4,532,105.			-4,532,105
U	9a	Gross income from gaming	activities.		, 002, 120			4,032,103
	b	See Part IV, line 19	b		7. Van 17.			
	C	Net income or (loss) from g			0			
	10a	Gross sales of inventor returns and allowances	a	58,235,617.				
	b c	Less: cost of goods sold Net income or (loss) from sal	es of inventory		3,854,513.	3,620,442.	234,071.	
	<u> </u>	Miscellaneous Reven	ue	Business Code		· ·		
	11a	CORPORATE EVENTS		812930	2,000,408.	876,585.	1,123,823.	
	b	PARKING GARAGE		812930	2,766,282.			2,766,282.
	C	RESTAURANT		561499 900099	23,424,136.	3 DEE 000		23,424,136.
	d	All other revenue			3,855,886. 32,046,712.	3,855,886.		
	12	Total revenue. See instructio			473,744,517.	15,303,530.	-3,624,985.	206,139,364.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 1,756,487. 1,756,487. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 33,750 33,750. 4 Benefits paid to or for members 5 Compensation of current officers, directors, 8,630,284 3,092,923. 5,192,688. 344,673. 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 122,239,501. 5,211,200. 105,699,656. 11,328,645. Pension plan accruals and contributions (include 16,151,118. 13,739,942. 1,896,862. 514,314. section 401(k) and 403(b) employer contributions) 32,686,107. 27,806,447 3,838,808 1,040,852. Other employee benefits 9,187,522. 7,815,931. 1,079,025 292,566. 11 Fees for services (non-employees): a Management 1,556,162. 334,901 1,221,261. 1,106,877. 1,106,877. c Accounting 333,119. 333,119. d Lobbying 280,830. 280,830. e Professional fundraising services. See Part IV, line 17. 18,589,211. f Investment management fees 18,589,211. g Other. (If line 11g amount exceeds 10% of line 25, column 12,301,430. 7,742,799 3,872,662. 685,969. (A) amount, list line 11g expenses on Schedule O.). 6,052,987. 5,802,952. 10,349. 239,686. 37,395,397. 34,261,639. 764,433. 2,369,325. 13 Office expenses 2,431,614. 710,021. 1,583,937. 137,656. 9,824. 9,824. 1,277,395. 1,277,138. 257. 16 3,733,068. 3,445,221 211,191. 76,656. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 396,406. 266,599 114,106 15,701. Conferences, conventions, and meetings 7,428,995. 7,070,055. 306,937. 52,003. 20 21 52,593,119. 47,599,982. 4,909,486. 83,651. 22 Depreciation, depletion, and amortization 2,415,096. 1,592,193 822,839 64. Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a PURCHASES OF ART 52,389,571. 52,389,571. 21,792,482. bRESTAURANT SERVICES & SUPPLI 21,792,482. cREPAIRS & MAINTENANCE 1,695,644. 1,617,094. 19,513. 59,037. dCATERING SERVICES 4,200,318. 3,059,415. 949,983. 190,920. 2,375,036. 1,563,740. 711,717. 99,579. e All other expenses _____ 350,813,881. 421,039,350 58,530,530. 11,694,939. 25 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720)

JSA 4E1052 1.000

13-1624086

Page **11**

Form 990 (2014)

BINOLOBILAN MODEON OF ANT

	1 990 ()	Balance Sheet					Page 1 1	
Fa	rt X	Check if Schedule O contains a response or	noto	to any line in this Da	art V			
		Check it Schedule O contains a response of	note	to any line in this Pa				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing	9,808,085.		2,749,717.			
	2	Savings and temporary cash investments		C	2	(
	3	Pledges and grants receivable, net			132,673,899.		136,865,857.	
	4				18,737,096.	4	15,777,522.	
	5		Loans and other receivables from current and former officers, directors,					
		trustees, key employees, and highest co	mpen	sated employees.				
	•	Complete Part II of Schedule L Loans and other receivables from other disqualified pers	, .		C	5	(
	6	4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) voluorganizations (see instructions). Complete Part II of Sche	C	6				
Assets	7	Notes and loans receivable, net			C	7	(
ISS	8	lance at a state of a constant of a constant			13,320,306.	8	10,790,809	
1	9	Prepaid expenses and deferred charges			9,948,350.	9	10,565,240	
	10 a	Land, buildings, and equipment: cost or						
			10a	1078274566.				
	b	Less: accumulated depreciation		648,562,699.	451,827,384.	10c	429,711,867	
	11	to the second se					2,454,590,659	
	12	Investments - other securities. See Part IV, line 11			902,041,547.		865,770,392	
	13	Investments - program-related. See Part IV, line 11			C	13		
	14							
	15	Other assets. See Part IV, line 11			75,962,420.	14 15	75,607,594	
	16	Total assets. Add lines 1 through 15 (must equal			3,730,862,724.	16	4,002,429,655	
	17	Accounts payable and accrued expenses	78,412,455.		79,192,502			
	18	Grants payable			C	18		
	19	Deferred revenue			6,716,129.	19	6,003,795	
	20	Tax-exempt bond liabilities			172,075,520.	20	172,271,267	
Se	21	Escrow or custodial account liability. Complete Pa	art IV o	f Schedule D	C	21		
III	22	Loans and other payables to current and for	rmer	officers, directors,				
Liabilities		trustees, key employees, highest compen	sated	employees, and				
		disqualified persons. Complete Part II of Schedule	L		(22		
	23	Secured mortgages and notes payable to unrelate	ed third	l parties	27,620,000.	23	24,525,000	
	24	Unsecured notes and loans payable to unrelated	third pa	arties	C	24	248,570,139	
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on lines	17-24	1). Complete Part X				
		of Schedule D			167,315,928.	25	188,514,449	
	26	Total liabilities. Add lines 17 through 25			452,140,032.	26	719,077,152	
ces		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check 34.	here X and				
lan	27	Unrestricted net assets			910,449,617.	27	870,496,807	
Ва	28	Temporarily restricted net assets			1,473,750,677.	28	1,469,878,587	
ınd	29	Permanently restricted net assets		· · · · · · · <u>· · ·</u> · · ·	894,522,398.	29	942,977,109	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.						
ets	30	Capital stock or trust principal, or current funds .				30		
SS	31	Paid-in or capital surplus, or land, building, or equ	ipmen	t fund		31		
t A	32	Retained earnings, endowment, accumulated inco	ome, c	or other funds		32		
Ne	33	Total net assets or fund balances			3,278,722,692.	33	3,283,352,503.	
	34	Total liabilities and net assets/fund balances			3,730,862,724.	34	4,002,429,655.	

Form 990 (2014) Page **12 Reconciliation of Net Assets** Part XI Х Check if Schedule O contains a response or note to any line in this Part XI 473,744,517. Total revenue (must equal Part VIII, column (A), line 12) 421,039,350. 2 2 52,705,167. 3 3,278,722,692. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 -33,962,858. 5 6 ō 7 7 ō 8 -14,112,498. Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 3,283,352,503. Part XII **Financial Statements and Reporting** Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Χ 2a 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 Х 2b b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X | Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight Х 2c of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Х 3a 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 in Schedule O and describe any steps taken to undergo such audits. Х

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

empt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

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

v.irs.gov/form990. Inspection
Employer identification number

METROPOLITAN MUSEUM OF ART 13-1624086 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section instructions) document? instructions) (see instructions)) Yes Nο (A) (B) (C) (D) (E)

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

Total

Schedule A (Form 990 or 990-EZ) 2014 Page 2

METROPOLITAN MUSEUM OF ART

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	192,790,476.	193,652,342.	310,234,475.	294,489,131.	255,926,608.	1,247,093,032.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	15,369,185.	16,151,301.	16,025,751.	15,278,239.	16,715,169.	
4	Total. Add lines 1 through 3	208,159,661.	209,803,643.	326,260,226.	309,767,370.	272,641,777.	1,326,632,677.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						79,298,519.
6	Public support. Subtract line 5 from line 4.						1,247,334,158.
	tion B. Total Support	(-) 0040		1.0040	1,0040	4 > 0044	1 (5.7.1.)
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Amounts from line 4	208,159,661.	209,803,643.	326,260,226.	309,767,370.	272,641,777.	1,326,632,677.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	38,736,504.	29,759,757.	47,256,240.	49,728,101.	43,474,530.	208,955,132.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			3,983,699.	10,402,549.		14,386,248.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						1,549,974,057.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	441,984,385.
13	First five years. If the Form 990 is forganization, check this box and stop here			nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
	tion C. Computation of Public Sup		·*				
14	Public support percentage for 2014 (li					14	80.47%
15	Public support percentage from 2013					15	81.81%
16a	331/3% support test - 2014. If the o						
L	this box and stop here. The organization			_			
D	331/3% support test - 2013. If the c						
172	check this box and stop here. The organization of the characteristic control of the characterist						
174	10%-facts-and-circumstances test - 2 10% or more, and if the organization						
	Part VI how the organization meets t						
	organization						supported
b	10%-facts-and-circumstances test - 2						and line
~	15 is 10% or more, and if the organic		-				
	Explain in Part VI how the organizati						
18	supported organization						▶ □
-	instructions						
			· · · · · · · · ·	<u> </u>		* * · · · · · · · · · · · · · · · · · ·	· · · · <u> </u>

Schedule A (Form 990 or 990-EZ) 2014

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Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

						.,	
<u>Sec</u>	tion A. Public Support		T			T	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
	Amounts included on lines 1, 2, and 3	·					
, a	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		1				
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b		A Section and a section of				
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(-) 2040	(1-) 0044	(-) 0040	(-1) 0040	1 (-) 0044	AD Total
_	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses	i					
	acquired after June 30, 1975						
	Add lines 10a and 10b		-				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	L					
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year	as a section 501	(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2014 (line 8	, column (f) divid	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2013 Sche						%
Sec	tion D. Computation of Investmen						· · · · · · · · · · · · · · · · · · ·
17	Investment income percentage for 2014 (lin	· · · · · · · · · · · · · · · · · · ·		13, column (fl)		17	%
18	Investment income percentage from 2013						
	331/3% support tests - 2014. If the org						
. . . u	17 is not more than 331/3%, check th						
L							
D	331/3% support tests - 2013. If the orga						
20	line 18 is not more than 331/3%, check			-			
20	Private foundation. If the organization	aid HOL CHECK	a DOX OII IIIIE	17, 10a, 01 19t	, GRECK HIIS D	ON BIND SEE IIISU	uotiviio P

Schedule A (Form 990 or 990-EZ) 2014

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Part IV **Supporting Organizations**

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

Section	A. Al	Supporting	Organizations
---------	-------	------------	----------------------

- 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 class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) as satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)((B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- 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 discretic despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(i purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and E numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such actio (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the actio was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alreadesignated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (a) its supported organizations; (b) individuals that are part of the charitable cla benefited by one or more of its supported organizations; or (c) other supporting organizations that all support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substant contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-perce controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mo disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal bene from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943. (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	No
ng <i>by</i>	•	4	Ağlanızı
us ed	2		
<i>er</i>	3a		
nd he	3b		
(2)	3c		355
lf	3c 4a	310 AST 541 WAR	
gn on	4b		
on ed (B)	4c		
s," EIN on, ion			
dy	5a 5b		
to iss lso in	_5c		
tial ent	7		
7?	8	A. V	7.5
ore ed	9a		
ch	9b		VIII.
efit	9c		
(f) ng	10a		
to	10b		
Form	990 or	990-E	Z) 2014

	e A (Form 990 or 990-EZ) 2014		F	⊃age 5
Part	Supporting Organizations (continued)			
	·	1072 0,350	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 in (b) and (c)	A44.00	HUNA	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	40 4 4 4	
2			A150.00	J. 1989
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,	73.4		
	supervised, or controlled the supporting organization.		# 1471345	(Accepted
Saction	on C. Type II Supporting Organizations	2		
36000	on C. Type ii Supporting Organizations		Yes	No
		A (8 / 10 %)	162	140
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).		S Tribotelli	NOTA
<u></u>		1		<u></u>
Section	on D. All Type III Supporting Organizations		14	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Post No.	Yes	No
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior			
	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of			3,000
	the organization's governing documents in effect on the date of notification, to the extent not previously	J-15	4.534	
	provided?	1	10 705.10	
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 in (2), did the organization's supported organizations have a	Whel.		ON.
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons):	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions).		
	And the Table Annual An	·	Yes	No
2	Activities Test. Answer (a) and (b) below.			313
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.	20		1. 30 BH (F) 3
	•	2a	34,484	400000
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	48		
	reasons for the organization's position that its supported organization(s) would have engaged in these			148864
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	green.		
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	sa Y		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u> </u>

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Page 6 Schedule A (Form 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizatio	ns	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			ructions. All
other Type III non-functionally integrated supporting organizations must con	nplete	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	7		
7 Other expenses (see instructions)	8		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount	0	(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	100		
factors (explain in detail in Part VI):	(1)		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		· · · · · ·
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	:	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
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-functional instructions).	ıy-ınteg	rated Type III supporting of	rganization (see

chedu	le A (Form 990 or 990-EZ) 2014			Page /
Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organia	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
(Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:	677000		
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e	We shad a second to the second to the		
g	Applied to underdistributions of prior years	The first of the second		
h	Applied to 2014 distributable amount			Annual Minimum Control of the Contro
i	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	Audit White		
4	Distributions for 2014 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b				
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).	1		
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

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Schedule A (Form 990 or 990-EZ) 2014

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

If the organization answered "Yes," to 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," to 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	, , , ,	that have NOT filed Form 5768 (election to Form 990, Part IV, line 5 (Proxy	· · · · · · · · · · · · · · · · · · ·	•	•
•	Section 501(c)(4), (5), or (6) orga	anizations; Complete Part III.			
	e of organization			• •	ntification number
MET	ROPOLITAN MUSEUM OF			13-162	
Par	t I-A Complete if the c	organization is exempt under	section 501(c) or i	s a section 527 orgar	nization.
1	Provide a description of the	organization's direct and indirect p	olitical campaign ac	tivities in Part IV.	
2	Political expenditures			▶\$	
3	Volunteer hours				
Par	t I-B Complete if the c	organization is exempt under s	section 501(c)(3).	.,	N. 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 ▶ \$	
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3).
1	activities	expended by the filing organization		▶ \$	
2	527 exempt function activiti	ng organization's funds contributed es		▶\$	***************************************
3	line 17b	enditures. Add lines 1 and 2. En		▶\$	
5	Enter the names, addresses organization made payment the amount of political continuous	e Form 1120-POL for this year? and employer identification numb is. For each organization listed, en tributions received that were promoted or a political action committee (I	er (EIN) of all section ter the amount paic ptly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the filing ation's funds. Also ente ditical 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)					
	·	L		l	l .

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

Schedule C (Form 990 or 990-EZ) 2014

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_	edule 0 (1 0111 330 01 330-EZ) 20 14 11E 1101	ODITIN, 1100DQ11 OI 14111		1 age 2
Ρ	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	ction under
Α		belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expend		roup member's
В	Check ▶ if the filing organization	checked box A and "limited control" provisi	ions apply.	
		ying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" m	eans amounts paid or incurred.)	organization's totals	group totals
18	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	18,573.	
ł	Total lobbying expenditures to influence	a legislative body (direct lobbying)	314,546.	
(Total lobbying expenditures (add lines 1	a and 1b)	333,119.	
(480,332,003.	
(d lines 1c and 1d)	480,665,122.	
f		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.		
9	g Grassroots nontaxable amount (enter 25	5% of line 1f)	250,000.	
J	n Subtract line 1g from line 1a. If zero or le	ess, enter -0	0	0
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-	0	C
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720	
	reporting section 4911 tax for this year?	<u></u>		Yes No
		4-Year Averaging Period Under Section 501(h)		
	(Some organizations that made a	a section 501(h) election do not have to comp	ete all of the five colum	nns below.
	See	the separate instructions for lines 2a through	2f.)	
	Lobi	oying Expenditures During 4-Year Averaging Pe	eriod	

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total		
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.		
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.		
c Total lobbying expenditures	254,258.	268,238.	259,178.	333,119.	1,114,793.		
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	16,358.	17,001.	16,819.	18,573.	68,751.		

	Page	3
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Amount Part IV a detailed		(:	a)		(1	o)	
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If "Yes," enter the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Carryover from last year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (see instructions) Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.						
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes Yes Did the organization agree to carry over lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Did the organization agree to carry over lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Aggregate amount reported in section 503(e)(1)(A) notices of nondeductible section 162(e) dues Aggregate amount reported in section 503(e)(1)(A) notices of nondeductible lobbying and political expenses for which the section 527(f) tax was paid). Current year Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues Aggregate amount reported in section 503(e)(1)(A) notices of nondeductible lobbying and political expensiture next year? Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues Aggregate amount re	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? Raillies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filling organization incurred a section 4912 tax, did if the Filling organization incurred a section 4912 tax, did if the Filling organization incurred a section 4912 tax, did if the Filling organization incurred a section 4912 tax, did if the Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 Current year 2 Da Current year 3 De Current year 4 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 Jet III-A (affiliated group list); Part III-A, line 1; Part II-B, line 4; Part II-C, line 5; Part II-A (affiliated group list); Par	a Volunteers?						
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 Railles, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? Total. Add lines 1c through 1i bid the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 503(e)(1)(A) notices of nondeductible section 162(e) dues Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues Aggregate amount of lobbying and political expenditures (see instructions) Aggregate amount of lobbying and political expenditures (see i	· ·			1574s.	700	NAME OF	
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Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 a	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio excess does the organization agree to carryover to the reasonable estimate of nondeductible land political expenditure next year?	unts es of the	b) Pa	2a 2b 2c 3	a, iine		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 a	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditure next year?	unts es obbyin	b) Pa	2a 2b 2c 3	a, iine		
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PUBLIC DISCLOSURE COPY METROPOLITAN MUSEUM OF ART

13-1624086

Page 4

Schedule C (Form 990 or 990-EZ) 2014

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MET	TROPOLITAN MUSEUM OF ART	13-1624086
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" to 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	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	y other purpose
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	f a historically important land area
		f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	0000000000
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termina	ted by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspecti	
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ments during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	is during the year
0	Door cook concentration accounts to a stand on line 2/d) above activity the service stands of the concentration and the concentration of the concentration o	# 470/L\/ 4\/D\/;\
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and	Yes No
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	
	organization's accounting for conservation easements.	is statements that describes the
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re-	evenue statement and balance sheet
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educate public service, provide, in Part XIII, the text of the footnote to its financial statements that described as the control of the footnote to its financial statements.	ation, or research in furtherance of
h		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educations and the similar assets held for public exhibition, educations are similar assets.	venue statement and balance sheet ation or research in furtherance of
	public service, provide the following amounts relating to these items:	
	(i) Revenue included in Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	· · · · · · · ▶ \$
2	If the organization received or held works of art, historical treasures, or other similar as	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1	
<u>b</u>	Assets included in Form 990, Part X	
ror	Paperwork Reduction Act Notice, see the instructions for Form 990.	Schedule D (Form 990) 2014

PUBLIC DISCLOSURE COPY METROPOLITAN MUSEUM OF ART 13-1624086 Schedule D (Form 990) 2014 Page 2 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): X Public exhibition X Loan or exchange programs а b Х Scholarly research Other _____ X Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1 c 1.e 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (e) Four years back (c) Two years back (d) Three years back 1a Beginning of year balance 2656291524. 2371491241. 2181790580. 2313067614. 1994256158. **b** Contributions 55,893,860. 38,131,683. 28,031,302. 24,912,568. 14,821,823. c Net investment earnings, gains, 131,623,264. 384,102,896. 301,511,700. -2,340,878.437,143,658. d Grants or scholarships 2,949,425. 2,940,410. 2,502,016. 2,675,861. 2,313,828. e Other expenditures for facilities 140,393,185. 134,493,886. 137,340,325. 151,171,863. 130,840,197. f Administrative expenses g End of year balance 2700466038. 2656291524. 2371491241. 2181791580. 2313067614. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 31.0000 % **b** Permanent endowment ► 69.0000 % Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No

			' ' '	140
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
1	f "Yes" to 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.			
rf	VI Land Buildings and Equipment			

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,015,000.		1,015,000.
b Buildings		36,453,175.	25,771,613.	10,681,562.
c Leasehold improvements		965,175,707.	564,070,624.	401,105,083.
d Equipment		75,630,684.	58,720,462.	16,910,222.
e Other				
Total. Add lines 1a through 1e. (Column (d) musi	t equal Form 990. Part	X. column (B), line 1	O(c).)	429,711,867.

Page 3 Schedule D (Form 990) 2014

Part VII Investments - Other Securities.	W	D (N/) 441 0 5 000 D (N/) 40
		Part IV, line 11b. See Form 990, 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 value
1) Financial derivatives		
2) Closely-held equity interests		
(3) Other		
(A) PRIVATE EQUITY	505,488,012.	FMV
(B) REAL ASSETS	360,282,380.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	865,770,392.	
Part VIII Investments - Program Related.	,	
Complete if the organization answered	l "Yes" to Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(6) (7)		
(7)		
(7) (8)		
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered		, Part IV, line 11d. See Form 990, Part X, line 15.
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered (a) Des	I "Yes" to Form 990, scription	, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered (a) Dec		
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered (a) Des		
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3)		
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4)		
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5)		
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered (a) Des (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 answered (a) Des (1) (2) (3) (4) (5) (6) (7)		
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8)		
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	scription	(b) Book value
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	scription	(b) Book value
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(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered line 25.	ine 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered line 25.	ine 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,
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(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered line 25. 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY & SPLIT-INT OBLIGS. (3) PENSION AND OTHER ACCRUED RTRMENT. (4) (5)	ine 15.)	(b) Book value (b) Book value
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered line 25. 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY & SPLIT-INT OBLIGS. (3) PENSION AND OTHER ACCRUED RTRMENT. (4) (5) (6)	ine 15.)	(b) Book value (b) Book value
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(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered line 25. 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY & SPLIT-INT OBLIGS. (3) PENSION AND OTHER ACCRUED RTRMENT. (4) (5) (6) (7)	ine 15.)	(b) Book value

Scheau	e D (Form 990) 2014				Page 4
Part 2	Reconciliation of Revenue per Audited Financial Statements W Complete if the organization answered "Yes" to Form 990, Part IV			٦.	
1	Total revenue, gains, and other support per audited financial statements	/, III IC	12a.	4	502,323,076.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• • •			
a	Net unrealized gains (losses) on investments	2a	-33,962,858.		
b.	Donated services and use of facilities				
	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		81,630,949.		
е	Add lines 2a through 2d			2e	47,668,091.
3	Subtract line 2e from line 1			3	454,654,985.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	19,089,532.		
	Add lines 4a and 4b			4c	19,089,532.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	473,744,517.
Part :				ırn.	
1	Complete if the organization answered "Yes" to Form 990, Part IV. Total expenses and losses per audited financial statements	7, 11116	12d.		368,919,202.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• • •		1	300,313,202.
	Donated services and use of facilities	2a			
	Prior year adjustments	2b		7.724 2.724	
c	Other loses	2c			
d	Other (Describe in Part XIII.)	2d	76,950,796.		
е	Add lines 2a through 2d		· · · · · · · · · · · · · · · · · · ·	2e	76,950,796.
3	Subtract line 2e from line 1			3	291,968,406.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	129,070,944.		
C	Add lines 4a and 4b			4c	129,070,944.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.))		5	421,039,350.
	Supplemental Information.				
2: Parl	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV provide	/, iines 1b and 2b; Pa e anv additional inform	aπ v, i nation	ine 4; Paπ X, line
	PAGE 5		any additional lines.		•
			· · · · · · · · · · · · · · · · · · ·		

JSA 4E1271 1.000

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Page 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 1A

SFAS 116 FOOTNOTE

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

SCHEDULE D, PART III, LINE 4

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

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

THE MUSEUM'S ENDOWMENT FUNDS ARE INTENTED TO SUPPORT EDUCATIONAL PROGRAMS, SCHOLARLY RESEARCH AND PUBLICATIONS, ACQUISITIONS OF WORKS OF

ART, CONSERVATION OF WORKS OF ART, SPECIAL EXHIBITIONS OF INTEREST TO THE

PUBLIC, MAINTENANCE AND EXPANSION OF GALLERIES, AND GENERAL OPERATING

SUPPORT FOR MUSEUM EXPENSES.

SCHEDULE D, PART XI, LINE 1

AUDITED FINANCIAL STATEMENTS INCLUDE \$370,940,970 FROM OPERATING ACTIVITIES AND \$131,382,106 FROM NON-OPERATING ACTIVITIES FOR REVENUE, GAINS AND OTHER SUPPORT. TOTAL PART XI, LINE 1 \$502,323,076.

SCHEDULE D, PART XI, LINE 2D

RECONCILING ITEMS FOR REVENUE INCLUDING THE FOLLOWING:

INVESTMENT RETURN IN EXCESS OF CURRENT

SUPPORT FOR OPERATING AND

NON-OPERATING ACTIVITIES 4,680,153

COST OF SALES 54,381,104

FUNDRAISING EVENTS 5,244,668

ADVERTISING GIFTS-IN-KIND 609,855

FEDERAL INDEMNIFICATION 1,469,365

UTILITIES PROVIDED BY THE CITY OF NEW YORK 15,245,804

TOTAL 81,630,949

13-1624086

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 4B

RECONCILING ITEMS FOR REVENUE INCLUDES THE FOLLOWING:

MANAGEMENT FEES AND OTHER INVESTMENT EXPENSES 18,558,566

PROCEEDS FROM SALE OF ART 3,855,886

REALIZED GAINS AND INVESTMENT INCOME ON

2015 BOND PROCEEDS 220,059

CORPORATE SPECIAL EVENTS 636,030

MUSEUM LOANS 1,054,716

PARTNERSHIP UBI (5,235,725)

TOTAL 19,089,532

SCHEDULE D, PART XII, LINE 2D

RECONCILING ITEMS FOR EXPENSES INCLUDES THE FOLLOWING:

COST OF SALES 54,381,104

FUNDRAISING EVENTS 5,244,668

ADVERTISING GIFTS-IN-KIND 609,855

FEDERAL INDEMNIFICATION 1,469,365

UTILITIES PROVIDED BY THE CITY OF NEW YORK 15,245,804

TOTAL 76,950,796

13-1624086

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 4B

RECONCILING ITEMS FOR EXPENSES INCLUDES THE FOLLOWING:

DEPRECIATON AND MISCELLAENOUS NON-CAPITALIZED EXPENSES	49,025,177
PURCHASES OF ART	52,389,571
MANAGEMENT FEES AND OTHER INVESTMENT INCOME	18,558,566
CORPORATE SPECIAL EVENTS	636,030
MUSEUM LOANS	1,054,716
EFFECT OF INTEREST RATE SWAP	7,406,884
TOTAL	129,070,944

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

MET:	ROPOLITAN MUSEUM OF AR	T			13-162408	6
Part	General Information of Form 990, Part IV, line 14		Outside the l	Jnited States. Complete	if the organization answe	ered "Yes" on
	For grantmakers. Does the orga assistance, the grantees' eligibility grants or assistance?	ty for the grant	s or assistance	e, and the selection criteri	a used to award the	X Yes No
	For grantmakers. Describe in assistance outside the United Sta		ganization's pi	rocedures for monitoring	the use of its grants	and other
3	Activities per Region. (The follow	ing Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	EUROPE			GRANTMAKING	T. ROUSSEAU FELLOWSHIP	33,750.
(2)	EUROPE			PROGRAM SERVICES	RESEARCH & EXHIBITIONS	913,574.
(3)	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	RESEARCH & EXHIBITIONS	263,144.
(4)	SOUTH ASIA			PROGRAM SERVICES	RESEARCH & EXHIBITIONS	58,168.
(5)	SOUTH AMERICA			PROGRAM SERVICES	RESEARCH & EXHIBITIONS	43,661.
(6)	MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	RESEARCH & EXHIBITIONS	56,654.
(7)	NORTH AMERICA			PROGRAM SERVICES	RESEARCH & EXHIBITIONS	16,535.
(8)	SUB-SAHARAN AFRICA			PROGRAM SERVICES	RESEARCH & EXHIBITIONS	8,813.
(9)	CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	RESEARCH & EXHIBITIONS	4,423.
(10)	CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		619,996,219.
(11)	EUROPE			INVESTMENTS		50,741,868.
(12)	SUB-SAHARAN AFRICA			INVESTMENTS		1,478,400.
(13)						
(14)						
(15)						
(16)						
(17)						
3 a	Sub-total			447		673,615,209.
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)					673,615,209.

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

Schedule F (Form 990) 2014

METROPOLITAN MUSEUM OF ART Schedule F (Form 990) 2014

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 8

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. Enter total number of other organizations or entities

Schedule F (Form 990) 2014

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JSA

METROPOLITAN MUSEUM OF ART

Schedule F (Form 990) 2014

Part III

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

Part III can be duplicated if additional space is needed.	nonal space is needed.						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) THEODORE ROUSSEAU FELLOWSHIP	EUROPE/ICELAND/GREENLAND	2.	33,750.	СНЕСК		N/A	N/A
(2)						-	
(3)							
(4)							
(5)							
(9)							
(2)						-	
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sche	Schedule F (Form 990) 2014

METROPOLITAN MUSEUM OF ART

Schedule F (Form 990) 2014

Schedu	le F (Form 990) 2014		Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	No No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	No No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

Page 5

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2

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

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

Schedule F (Form 990) 2014

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

OMB No. 1545-0047

Open to Public Inspection

Name of the organization M

Employer identification number

METROPOLITAN MUSEUM OF ART					13-1624086	5
Part I Form 000 F7 files or				"Yes" to Form 9	90, Part IV, line	17.
Form 990-EZ mers are r						
1 Indicate whether the organization	raised funds through	n a <u>ny</u> of the	following	activities. Check a	II that apply.	
a X Mail solicitations	(e X Solid	itation of	non-government g	rants	
b X Internet and email solicitation	is f	F X Solid	itation of	government grants	3	
c X Phone solicitations	ŗ	g X Spe	cial fundra	ising events		
d X In-person solicitations						
2a Did the organization have a writte	n or oral agreement	with any inc	dividual (in	cluding officers, di	irectors, trustees _	
or key employees listed in Form 9	990, Part VII) or entit	ty in connec	tion with p	rofessional fundrai	sing services?	X Yes No
b If "Yes," list the ten highest paid		s (fundraise	rs) pursua	ant to agreements	under which the	fundraiser is to be
compensated at least \$5,000 by t	he organization.					
(I) Nome and address of individual		(iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		or control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
			outions?	•	col. (i)	organization
		Yes	No			
1	TELE-			0.60 7.60	105 051	
DONOR SERVICES GROUP	MARKETING		X	269,760.	125,271.	144,489.
2 COMMET	TELE-			422 015	155 550	050 050
COMNET	MARKETING		X	433,815.	155,559.	278,256.
3						
4				İ		
5						
6						·
0						
7						
,						
8			ļ			
v						
9						
-						
10						
			<u> </u>			
Total			•	703,575.	280,830.	422,745.
3 List all states in which the organ	ization is registered	or licensed	to solicit			
registration or licensing.			- 10 00.000			it to exempt from
AL, AK, AR, CA, CO, CT, FL, GA, HI	,IL,					
KS, KY, LA, ME, MD, MA, MI, MN, MS	,MO,NV,NH,NJ,N	M, NY, NC	,ND,OH,			
OK, OR, PA, RI, SC, TN, UT, VA, WA	,WV,WI,					
				· · · · · · · · · · · · · · · · · · ·		

						* * * * * * * * * * * * * * * * * * * *
17100				- William who	W ** * * * * * * * * * * * * * * * * *	

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

Schedule G (Form 990 or 990-EZ) 2014

METROPOLITAN MUSEUM OF ART

Schedule G (Form 990 or 990-EZ) 2014

			(a) Event #1 COSTUME INST	(b) Event #2 ACQ FUND DINNE	(c) Other events	(d) Total events (add col. (a) through
Φ			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	12,642,145.	2,040,508.	5,703,199.	20,385,852
Y		Less: Contributions	12,515,895.	1,976,608.	5,180,786.	19,673,289
	3	Gross income (line 1 minus line 2)	126,250.	63,900.	522,413.	712,563
	4	Cash prizes				
	5	Noncash prizes				
sesus	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment			:	
	9	Other direct expenses	3,666,781.	246,282.	1,331,605.	5,244,668
	10	Direct expense summary. Add lines	4 through 9 in column (d) ,		5,244,668
Pa	rt i	Net income summary. Subtract line from Gaming. Complete if the org	anization answered "\	(es" to Form 990 Part	IV line 19 or reno	-4,532,105
		than \$15,000 on Form 990-E	EZ, line 6a.	00 10 1 0111 000, 1 011	11V, IIIIC 10, 01 10p0	rica more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Se	1	Gross revenue				
Ses	2	Cash prizes				
_	3	×1 , ,				
Exper		Noncash prizes				
Direct Exper	4	Rent/facility costs				
Uirect Exper						
Direct Exper	5	Rent/facility costs	Yes%	6 Yes %	Yes%	
Direct Exper	5	Rent/facility costs	Yes %	No	No	
Direct Exper	5 6 7	Rent/facility costs Other direct expenses	Yes% No 2 through 5 in column (d	No No	No P	
Direct Expenses	5 6 7	Rent/facility costs Other direct expenses Volunteer labor	Yes% No 2 through 5 in column (d	No No	No P	
Direct	5 6 7 8 E a ls	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subtract the state(s) in which the organization licensed to conduct	Yes% No 2 through 5 in column (d act line 7 from line 1, co tion conducts gaming act gaming activities in each	No lumn (d)	No ►	, Yes No
Direct	5 6 7 8 E a ls	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subtract the state(s) in which the organization licensed to conduct	Yes% No 2 through 5 in column (d act line 7 from line 1, co	No lumn (d)	No ►	. Yes No

JSA

Schedule G (Form 990 or 990-EZ) 2014

METROPOLITAN MUSEUM OF ART

13-1624086

Sched	ule G (Form 990 or 990-EZ) 2014
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
13	formed to administer charitable gaming?
a	Indicate the percentage of gaming activity conducted in: The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ►
	Address ►
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name ►
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
L	retain the state gaming license?
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Par	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
SCH	EDULE G, PART I, LINE 2B
DOM	OR SERVICES GROUP AND COMNET MARKETING GROUP CONDUCTED TELEMARKETING
2011	Short Ind Collist Indicating Groot Conducted Indianakaling
CAM	PAIGNS TO CURRENT AND LAPSED MEMBERS OF THE METROPOLITAN MUSEUM OF ART
THR	OUGHOUT THE YEAR. THE TELEMARKETING STAFF OF BOTH FIRMS REFERS TO A
SCP	IPT, WHICH IS APPROVED BY THE MEMBERSHIP DEPARTMENT, WHEN SPEAKING
DOR	, "MION TO ALLHOVED DI THE MEMBERSHIP DEPARTMENT, WHEN SPEAKING
WIT	H MEMBERS.
	Schedule G (Form 990 or 990-EZ) 2014

METROPOLITAN MUSEUM OF ART

13-1624086

	METROPOLITAN MOSEUM OF ART	13-10	24000	
Sched	ule G (Form 990 or 990-EZ) 2014			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entit	у		
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:		 ,	
a	The organization's facility	13a		%
b		13b		 %
14	Enter the name and address of the person who prepares the organization's gaming/special events book			
	records:	,		
	Name ►			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives g	gaming		
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the		
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	,			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided N			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
.,	Is the organization required under state law to make charitable distributions from the gaming pro	sooods t	^	
u				
h	retain the state gaming license?		Yes	No
D	Enter the amount of distributions required under state law to be distributed to other exempt organization's own exempt activities during the tax year ▶ \$	anization	S	
Dar		/iii\	1 (.)	
rat	Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition			
	(see instructions).	nai inio	malion	
DUR	ING FISCAL YEAR 2015, 14,762 CURRENT MEMBERS WERE CONTACTED BY COMNET	,		
2011				
MAR	KETING GROUP REQUESTING A CONTRIBUTION TO THE MEMBERSHIP ANNUAL			
	MATTING GROUP REQUESTING IT CONTRIBUTION TO THE MEMBEROHILL ANNOAH			
APP	EAL; 20,147 CURRENT MEMBERS WERE CONTACTED BY DONOR SERVICES GROUP,			
- 3 L L	, 20,141 COMMENT MEMBERS WERE CONTROLLED BY DONOR SERVICES GROUP,			
AMD	6,830 CURRENT MEMBERS WERE CONTACTED BY COMNET MARKETING GROUP PRIOR			
* YIN ID	0,000 COMMENT MEMBERS WERE CONTRCTED DI COMMENT MARKETING GROUP PRIOR	•		
ਧਾ∩	FYDIDATION WITH A DEGLECT FOR THEM TO DESIGN THEIR MEMBERGHID. COST			
10	EXPIRATION WITH A REQUEST FOR THEM TO RENEW THEIR MEMBERSHIP; 6,877			
רו ע ד	SED MEMBEDS WEDE COMEACHED BY DOMOR GERMICES CROWN AND COOK TARGET			
THE	SED MEMBERS WERE CONTACTED BY DONOR SERVICES GROUP, AND 6,336 LAPSED			
MEM	BERS WERE CONTACTED BY COMNET MARKETING GROUP AFTER EXPIRATION WITH A			
	THE PARTICULAR OF THE PARTICULAR			

Schedule G (Form 990 or 990-EZ) 2014

METROPOLITAN MUSEUM OF ART

13-1624086

Sched	ule G (Form 990 or 990-EZ) 2014 Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
a	The organization's facility
14	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
5	or spent in the organization's own exempt activities during the tax year > \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
REO	UEST FOR THEM TO RENEW THEIR MEMBERSHIP.
	operation and the manufacture.
SCH	EDULE G, PART II, LINE 11 AND FORM 990, PART VIII, LINE 8
FUN	DRAISING EVENTS
NOT	E THAT THE \$ 4,532,105 LOSS ON FORM 990, PART VIII, LINE 8(C) EXCLUDES
THE	\$19,673,289 OF CONTRIBUTIONS WHICH IF INCLUDED, WOULD RESULT IN A NET
SUR	PLUS OF \$15.1 MILLION.

Schedule G (Form 990 or 990-EZ) 2014

SCHEDULEI (Form 990)

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2014	Open to Public	

OMB No. 1545-0047

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 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Part I General Information on Grants and Assistance METROPOLITAN MUSEUM OF ART Department of the Treasury Name of the organization Internal Revenue Service

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

~

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	d government isted in the lin	organizations le 1 table	isted in the line 1 ta	able			
Pap	ions for Form 9	30.				Sch	Schedule 1 (Form 990) (2014)

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METROPOLITAN MUSEUM OF ART

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Schedule I (Form 990) (2014) Part III

Part III can be duplicated if additional space is needed	ace is needed.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 THE BOTHMER FELLOWSHIP	1.	31,250.		N/A	N/A
2 SYLVAN C. AND PAM COLEMAN FELLOWSHIP	ů.	155, 792.		N/A	N/A
3 CHESTER DALE FELLOWSHIP	.5.	72,166.		N/A	N/A
4 ANNETTE DE LA RENTA FELLOWSHIP	2.	36,416.		N/A	N/A
5 THE DOUGLASS FOUNDATION FELLOWSHIP IN AMERICAN ART	.1	5,166.		N/A	N/A
6 SHERMAN FAIRCHILD FOUNDATION FELLOWSHIP	11.	30,000.		N/A	N/A
7 ANDREW W. MELLON ART HISTORY FELLOWSHIP	10.	231,498.		N/A	N/A
Part IV Supplemental Information. Complete this part to information.	is part to prov	vide the informat	ion required in	Part I, line 2, Part III,	provide the information required in Part I, line 2, Part III, column (b), and any other additional

Schedule I (Form 990) (2014)

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METROPOLITAN MUSEUM OF ART

Schedule I (Form 990) (2014)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 ANDREW W. MELLON CONSERVATION FELLOWSHIP	10.	193,165.		N/A	N/A
2 ANDREW W. MELLON POSTDOCTORAL CURATORIAL FELLOWSHP	ň	119,159.		N/A	N/A
3 J. CLAWSON MILLS FELLOWSHIP	4.	82,499.		N/A	N/A
4 HEGOP KEVORKIAN FELLOWSHIP	2.	52,500.		N/A	N/A
5 HANNS AND BRIGITTE HORNEY SWARZENSKI FELLOWSHIP	2.	43,500.		N/A	N/A
6 JANE AND MORGAN WHITNEY FELLOWSHIP	22.	425,789.		N/A	N/A
7 SLIFKA FOUNDATION FELLOWSHIP	2	36,249.		N/A	N/A
Part IV Supplemental Information. Complete this part to information.	is part to prov	vide the informat	tion required in	Part I, line 2, Part III,	provide the information required in Part I, line 2, Part III, column (b), and any other additional

Schedule I (Form 990) (2014)

PAGE 53

METROPOLITAN MUSEUM OF ART Schedule 1 (Form 990) (2014)

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SAMUEL H. KRESS FDN. INTERPRETIVE FELLOWSHIP	1.	4,000.		N/A	N/A
2 RESEARCH SCHOLARSHIP IN PHOTOGRAPH CONSERVATION	1.	45,166.		N/A	N/A
3 ANDREW W. MELLON COLLECTIONS SCHOLARSHIP	2.	. 760,08		N/A	N/A
4 PAT O'CONNELL FELLOWSHIP	H	6,833.		N/A	N/A
5 LEONARD A. LAUDER FELLOWSHIP	2.	96,242.		N/A	N/A
9					
7					
Part IV Supplemental Information Complete this part to	is part to prov	vide the informat	fion required in	Part Lline 2 Part III	provide the information required in Part I line 2. Part III. column (b), and any other additional

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

SCHEDULE I, PART I, LINE

THE MUSEUM AWARDS VARIOUS GRANTS, EDUCATIONAL TRAVEL STIPENDS AND

A GRANTS FELLOWSHIPS ON AN OBJECTIVE AND NONDISCRIMINATORY BASIS. COMMITTEE, COMPRISED OF MUSEUM CURATORS, CONSERVATORS, EDUCATORS,

SCIENTISTS AND LIBRARIANS, MAKES SELECTIONS BASED UPON COMPETITIVE

THE PURPOSE OF THE GRANTS IS TO PROVIDE AN WRITTEN APPLICATIONS.

OPPORTUNITY FOR THE GRANTEES TO CONDUCT RESEARCH, EXTEND THEIR

PROFESSIONAL KNOWLEDGE AND CONTRIBUTE TO THEIR RESPECTIVE FIELDS AT

RECIPIENTS OF THE EDUCATIONAL TRAVEL STIPENDS ARE EMPLOYEES OF LARGE.

THE BEST OF THE MUSEUM'S KNOWLEDGE, NONE OF THE OTHER 10 THE MUSEUM. Schedule I (Form 990) (2014)

METROPOLITAN MUSEUM OF ART Schedule I (Form 990) (2014)

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
8					
4					
2					
9					
					-1 (1-1)111

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

EVERY GRANTEE A TRUSTEE, AN OFFICER, OR A KEY EMPLOYEE OF THE MUSEUM.

RECIPIENTS OF THE GRANTS OR FELLOWSHIPS ARE RELATED TO ANY PERSON SUCH AS

IS ASSIGNED A SPECIFIC SUPERVISOR AT THE START OF THEIR FELLOWSHIP

THE SUPERVISOR IS EITHER A CURATOR, CONSERVATOR, SCIENTIST OR PERIOD. EDUCATOR FROM THE DEPARTMENT HOSTING THE INDIVIDUAL SCHOLAR. THE SCHOLAR

THE AND SUPERVISOR ARE IN CONTACT THROUGHOUT THE YEAR AND DISCUSS ALL OF

DETAILS OF THE GRANTEE'S RESEARCH WORK. IN ADDITION, THE ACADEMIC

PROGRAMS OFFICE WHICH IS RESPONSIBLE FOR ALL OF THE FELLOWS REQUIRES

PERIODIC UPDATES ON THE INDIVIDUALS' RESEARCH.

Schedule I (Form 990) (2014)

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PAGE

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

MET:	ROPOLITAN MUSEUM OF ART 13-162408	6		
Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel X Housing allowance or residence for personal use	7-8 A		
	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 (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to		X	
2	explain	1b	Λ.	Jane 17.
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			Tall.
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line		Х	
_	1a?	2	Λ	era tul
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	4 Written employment contract			
	Ompensation survey of study			
	Approval by the board of compensation committee	2.00		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	144		18/40
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a	8,1-00	Х
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.		337	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			20.0
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.	135	Na.	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	Ė		
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		x
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	Menedeli.	

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

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

METROPOLITAN MUSEUM OF ART

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

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

		(B) Breakdown of W-2 and/	W-2 and/or 1099-MIS	or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred in prior Form 990
	€	885,985.	0	113,324.	36,751.	322,136.	1,358,196.	0
DIR & CEO, EX-OFFICIO TRUSTEE		0	0	0	0	0	0	0
	Ξ	769,901.	0	143,651.	1,620,151.	21,428.	2,555,131.	0
2 PRES., EX-OFFIC.TRUSTEE TO 3/15 (i		0	0	0	0	0	0	0
	€	330,816.	0	3,150.	36,751.	21,315.	392,032.	0
3 DEPUTY DIR COLLECTIONS/ADMIN.	E	0	0	0	0	0	0	0
) ©	355,010.	0	10,910.	34,605.	1,757.	402,282.	0
4 ASSOC DIRECTOR OF EXHIBITIONS (ii		0	0	0	0	0	0	0
	(E)	411,430.	0	2,123.	36,751.	21,309.	471,613.	0
5 SR VP, SEC & GEN COUNSEL		0	0	b	O	0	0	0
iR.	€	314,830.	0	88,658.	36,751.	21,306.	461,545.	0
6 SR VP, PUBLIC AFFAIRS (ii		0	b	0	0	0	C	0
PASLAWSKY	€	464,878.	0	6,870.	36,751.	9,592.	518,091.	0
7 SR VP, CFO & TREASURER	Œ	o	þ	0	0	0		0
DIEFENBACH	(E)	336,112.	0	3,286.	36,751.	21,369.	397,518.	0
8 VP DEVELOPMENT & MEMBERSHIP (ii	(E)	þ	0	O	0	0	0	0
	€	337,740.	0	5,019.	36,751.	21,362.	400,872.	0
9 VP CONSTRUCTION & FACILITIES (ii	(E)	0	0	0	0	0		0
	€	398,799.	0	1,198.	36,576.	19,620.	456,193.	0
10 VP MERCHANDISING & RETAIL (ii	E	0	0	þ	0	0		0
	€	294,907.	0	2,808.	36,751.	8,796.	343,262.	0
11 VP FOR HUMAN RESOURCES (II	€	O	0	þ	0	0	- 1	0
	€	243,514.	0	2,329.	35,204.	20,521.	301,568.	0
12 ^{VP} FOR COMMUNICATIONS (ii	(E)	p	0	O	0	0	C	0
E. BRENNER	€	583,120.	570,590.	4,902.	328,499.	22,136.	1,509,247.	231,000.
13 SVP & CHIEF INVESTMENT OFFICER (II	€	0	0	0	0	0	C	0
BLAIR	ε	218,356.	0	482.	31,025.	8,440.	258,303.	0
14 ASSIST. SEC & SR ASSOC. COUNSEL	(E)	b	0	O	Q	0	0	0
	€	373,746.	0	5,154.	36,751.	11,912.	427,563.	0
15SR VP, MAKETING & EXT. RELS (ii	(ii)	0	0	0		0		
r-7	€	498,563.	466,847.	1,037.	275,278.	9,496.	1,251,221.	189,000.
16 CHIEF INVESTMENT OFFICER (II	(ii)	0	0	d	0	0	0	0
							Sch	Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

METROPOLITAN MUSEUM OF ART

Schedule J (Form 990) 2014

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

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

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

		(B) Breakdown of W-2 and/	f W-2 and/or 1099-MIS	or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(I)-(D)	in column (B) reported as deferred in prior Form 990
VANESSA MELENDEZ	ε	238,409.	175,979.	469.	28,951.	8,521.	452,329.	43,453.
sr. INVESTMENT OFFICER TO 5/15	€		0	0	0	0	0	0
GEORGE R. GOLDNER	€	285,373.	0	9,793.	36,751.	20,771.	352,688.	0
2 CRMN. DRÄWINGSEPRINTS TO 2/15	€	0	0	0	0	D	0	0
JEFFREY SPAR	€	335,361.	0	1,109.	36,575.	20,306.	393,351.	0
3 CHIEF TECHNOLOGY OFFICER	€	0	0	0	0	0	0	0
KEN M. WEINSTEIN	€	279,597.	0	929.	36,576.	21,075.	338,177.	0
4 GM MERCH FINANCE, OPS & SYSTMS	≘	0	0	0	0	0	0	0
SREE SREENIVASAN	€	270,717.	0	593.	36,575.	21,015.	328,900.	0
5 CHIEF DIGITAL OFFICER	€	0	0	0	O	0	0	0
KEITH R. CHRISTIANSEN	ε	271,017.	0	6,349.	36,751.	20,824.	334,941.	0
6 CHAIRMAN, EUROPEAN PAINTINGS	€	0	0	0	0	0	0	0
	Ξ							
7	Ξ							
	Ξ							
∞	€							
	(i)							
6	€							
	(E)							
10	(ii)							
	(i)							
11	€							
	Ξ							
12	(II)							
	Ξ							
13	(ii)							
	€							
14	(E)							
	Ξ							
15	(E)							
	Θ							
16	<u>(ii)</u>							
							Sche	Schedule J (Form 990) 2014

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Schedule J (Form 990) 2014

METROPOLITAN MUSEUM OF ART

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Part | Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

FIRST-CLASS TRAVEL - FOR CALENDAR YEAR 2014, THOMAS CAMPBELL, CARRIE

REBORA BARRATI, JENNIFER RUSSELL, AND SREE SREENIVASAN FLEW FIRST CLASS

AN EXCEPTIONAL BASIS WHERE THE AIRLINES DID NOT OFFER DOMESTICALLY ON

THIS TRAVEL WAS NOT TREATED AS TAXABLE COMPENSATION. BUSINESS CLASS. PERSONAL HOUSING - FOR CALENDAR YEAR 2014, THE MUSEUM PROVIDED A HOUSING

ALLOWANCE TO THE PRESIDENT, EMILY RAFFERTY. THIS ALLOWANCE WAS TREATED AS

TAXABLE COMPENSATION. FOR CALENDAR YEAR 2014, THE MUSEUM PROVIDED THE

DIRECTOR AND CHIEF EXECUTIVE OFFICER, THOMAS CAMPBELL, WITH A RESIDENCE

THAT HE WAS REQUIRED TO LIVE IN AS A CONDITION OF EMPLOYMENT FOR THE

CONVENIENCE OF THE MUSEUM. THE VALUE OF THIS HOUSING WAS NOT TREATED AS

TAXABLE COMPENSATION

SCHEDULE J, PART 1, LINE

THE FOLLOWING PERSONS PARTICIPATED IN OR RECEIVED PAYMENTS FROM A

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN:

- \$90,702 THOMAS CAMPBELL

EMILY RAFFERTY - \$79,173

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Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

METROPOLITAN MUSEUM OF ART

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Supplemental Information

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

PART I, LINE SCHEDULE J, THE MUSEUM'S INCENTIVE COMPENSATION PLAN FOR INVESTMENT PURSUANT TO

SENIOR VICE PRESIDENT AND CHIEF INVESTMENT OFFICER, SUZANNE STAFE,

CHIEF RECEIVED A BONUS PAYMENT OF \$570,590. IN ADDITION, BRENNER, INVESTMENT OFFICER, LAUREN MESERVE, RECEIVED A BONUS PAYMENT OF \$466,847,

AND SENIOR INVESTMENT OFFICER, VANESSA MELENDEZ, RECEIVED A BONUS PAYMENT

OF \$175,979. ALL SUCH PAYMENTS ARE INCLUDED IN SCHEDULE

PART II COLUMN B.

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

COLUMN (C) INCLUDES DEFERRED COMPENSATION AS FOLLOWS:

A RETENTION PAYMENT FOR EMILY RAFFERTY OF \$1,583,400 AND BONUS PAYMENTS

FOR SUZANNE BRENNER OF \$291,748 AND FOR LAUREN MESERVE OF \$238,703. THIS

DEFERRED COMPENSATION WAS GRANTED SUBJECT TO THE CONDITION THAT IT MAY

FORFEITED IF THE RECIPIENT LEAVES THE MUSEUM'S EMPLOYMENT BEFORE

THE EXACT AMOUNT IS SUBJECT SUZANNE BRENNER AND LAUREN MESERVE, PAID. FOR

TO ADJUSTMENT BASED ON THE PERFORMANCE OF THE ENDOWMENT FUND.

Schedule J (Form 990) 2014

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METROPOLITAN MUSEUM OF ART

Page 3

Part III Supplemental Information Schedule J (Form 990) 2014

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

FORM 990, PART VII

THOMAS P. CAMPBELL AMD EMILY K. RAFFERTY ARE EX-OFFICIO TRUSTEES.

Schedule J (Form 990) 2014

PAGE 61

PARTIAL FUNDING OF CAPITAL PROJECTS

Supplemental Information on Tax-Exempt Bonds

SCHEDULE K (Form 990)

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

Open to Public

OMB No. 1545-0047

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

METROPOLITAN MUSEUM OF ART

Name of the organization Department of the Treasury Internal Revenue Service

Employer identification number

13-1624086

(i) Pooled financing × ŝ Yes ŝ ۵ (h) On behalf of Yes × × Yes Yes (g) Defeased ŝ × × ŝ ŝ Yes 65,000,000. PARTIAL FUNDING OF CAPITAL PROJECT 65,000,000. PARTIAL FUNDING OF CAPITAL PROJECT ပ ပ Yes Yes (f) Description of purpose 65,000,000. 64,204,310. 795,690. 2× ê × × 2008 m m Yes Yes × × 65,000,000. 795,690. 64,204,310. 운× å × × (e) Issue price 2008 4 4 Yes Yes × × 12/01/2006 12/01/2006 (d) Date issued Other spent proceeds to support the Was the organization a partner in a partnership, or a member of an LLC, (c) CUSIP # 649717NP6 649717NQ4 Does the organization maintain adequate books and records (b) Issuer EIN Were the bonds issued as part of an advance refunding issue?. 911882413 911882413 Has the final allocation of proceeds been made? TRUST FOR CULTURAL RESOURCES OF THE CITY OF NY TRUST FOR CULTURAL RESOURCES OF THE CITY OF NY Credit enhancement from proceeds. Issuance costs from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Part III Private Business Use (a) Issuer name final allocation of proceeds? Amount of bonds retired Total proceeds of issue Bond Issues Proceeds Part II Part I 15 o S 9 æ ,-က 4 / 10 12 44 16 17 2 7 13 ⋖ œ O

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Schedule K (Form 990) 2014

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₹

Are there any lease arrangements that may result in private business use

bond-financed property?

7

which owned property financed by tax-exempt bonds?

Page 2 Schedule K (Form 990) 2014

13-1624086

Schedule K (Form 990) 2014 Part III Private Business Use (Continued)	PARTIAL E	FUNDING	OF CAPI	CAPITAL PROJECTS	JECTS			1 aña
				В		U		٥
3a Are there any management or service contracts that may result in private	Yes	ON.	Yes	ON	Yes	ON.	Yes	O.N.
business use of bond-financed property?			: ا					
counsel to review any management or service contracts relating to the financed property?	×		×					
c Are there any research agreements that may result in private business use of		×		×				,
d If "Yes" to line 3c does the organization routinely engage bond counsel or other								
4 Enter the percentage of financed property used in a private business use by entities								;
other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
the percentage of financed property used in a private busine								
result of unrelated trade or business activity carried on by your organization,		ò		č		ò		ò
another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6 Total of lines 4 and 5						%		%
7 Does the bond issue meet the private security or payment test?		×		×				
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental 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								
disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the	>		>					
requirements under regulations sections 1.141-12 and 1.140-27	4		4					
		A		В		U		0
4 Has the issuer filed form 8038.T Arhitrane Rehate Vield Beduction and	Yps	2	Yes	2	Yes	S	Yes	Z
Penalty in Lieu of Arbitrage Rebate?		×		×				
2 If "No" to line 1, did the following apply?				-				
a Rebate not due yet?								
b Exception to rebate?	×		X					
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?	×		X					
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		×		×				
b Name of provider								
c Term of hedge,								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
JSA						ŭ	chedule K (F	Schedule K (Form 990) 2014

Schedule K (Form 990) 2014

Page 3

13-1624086

Schedule K (Form 990) 2014 ŝ ŝ Yes Yes ŝ ŝ ပ Yes Yes Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) 2 ⋈ Ŷ × φ Yes Yes × × ŝ ŝ × × ⋖ Yes Yes × Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? the monitor d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? 6 Were any gross proceeds invested beyond an available temporary period? 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? organization established written procedures to Procedures To Undertake Corrective Action c Term of GIC..... requirements of section 148? , Arbitrage (Continued) Has the Part IV Part V Part VI

13-1624086

Schedule K (Form 990) 2014

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

METROPOLITAN MUSEUM OF ART

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, 2015 TO BE NEARLY 0% IN TAX EXEMPT

BOND FINANCED SPACE. THIS ANALYSIS EXCLUDES COST OF ISSUANCE.

Schedule K (Form 990) 2014 PAGE 65

SCHEDULE L

Transactions With Interested Persons

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

►Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

 Excess Benefit Complete if the		•	 *.			_			line 40h
 TOTAL TARGET	019011120110110	1	 	,	 		,	,	

4	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) c	Corrected?
'	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	s No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by	the organization managers or disqualified p	persons during the year		
	under section 4958		> \$		
3	Enter the amount of tax, if any, on I	ine 2, above, reimbursed by the organization	> \$		

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) In o	lefault?		ard or	(i) Wi agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)							+		 			
(10)												
Total					>	\$		1.196	J. 12	VZ RES	at Vi	

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990 or 990-EZ) 2014

METROPOLITAN MUSEUM OF ART

Schedule L (Form 990 or 990-EZ) 2014 Page 2 Part IV Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	-	aring of zation's nues?
				Yes	No
(1) WHALE ROCK FLAGSHIP FUND LTD.	SEE PART V	1,203,512.	MANAGEMENT & PERFORMANCE FEE		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE L, PART IV

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

Inspection

	Name of the organization METROPOLITAN MUSEUM OF ART						Employer identification number 13-1624086				
Par						.0 101100					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributi amounts reported of Form 990, Part VIII, lir	on	Method o noncash con					
1	Art - Works of art	X	182.	, ,	0						
2	Art - Historical treasures							·····			
3	Art - Fractional interests		9.		0				• • • • • • • • • • • • • • • • • • • •		
4	Books and publications										
5	Clothing and household	,,									
	goods										
6	Cars and other vehicles										
7	Boats and planes				-						
8	Intellectual property										
9	Securities - Publicly traded		159.	22,661,5	93.	MKT VALUI	E- G	IFT	DAT		
10	Securities - Closely held stock										
11	Securities - Partnership, LLC,										
	or trust interests										
12	Securities - Miscellaneous										
13	Qualified conservation										
	contribution - Historic										
	structures										
14	Qualified conservation										
	contribution - Other										
15	Real estate - Residential										
16	Real estate - Commercial										
17	Real estate - Other										
18	Collectibles										
19	Food inventory										
20	Drugs and medical supplies										
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimens										
24	Archeological artifacts										
25	Other ►()										
26	Other ►()										
27	Other ►()										
28	Other ►()										
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions	for						
	which the organization completed I					29			70.		
								Yes	No		
30a	During the year, did the organizat										
	28, that it must hold for at least the	ree years fr	om the date of the initial c	ontribution, and which	ch is i	not required					
	to be used for exempt purposes for	the entire h	olding period?				30a		X		
b	If "Yes," describe the arrangement i	n Part II.									
31	Does the organization have a							1.43			
	contributions?						31	Х			
32a	Does the organization hire or use	e third part	ies or related organization	s to solicit, process,	or s	ell noncash					
	contributions?						32a	Х			
b	If "Yes," describe in Part II.										
33	If the organization did not report as	n amount in	column (c) for a type of pro	perty for which colur	nn (a)	is checked,					
	describe in Part II.						1-236				

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

Schedule M (Form 990) (2014)

METROPOLITAN MUSEUM OF ART

Part II

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

SCHEDULE M, PART I, COLUMN (B)

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

SCHEDULE M, PART I, LINE 32B

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

SCHEDULE M, PART I, LINE 33

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

Schedule M (Form 990) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

Open to Public

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

▶ Attach to Form 990 or 990-EZ.

Inspection

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number 13-1624086

PART III

MISSION AND PROGRAM SERVICE ACCOMPLISHMENTS

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

DURING THE MUSEUM'S 2015 STRATEGIC-PLANNING PROCESS, THE NEED FOR AN UPDATED, SIMPLER MISSION STATEMENT WITH A MORE TIGHTLY ARTICULATED EXPRESSION OF THAT PURPOSE BECAME APPARENT. TO THAT END, ON JANUARY 13, 2015, THE TRUSTEES OF THE METROPOLITAN MUSEUM OF ART REAFFIRMED THE ABOVE STATEMENT OF PURPOSE AND SUPPLEMENTED IT WITH THE FOLLOWING STATEMENT OF MISSION:

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

THE FIVE-YEAR STRATEGIC PLAN THAT THE BOARD OF TRUSTEES APPROVED IN

JANUARY 2015 IS THE MOST WIDE-RANGING STUDY EVER UNDERTAKEN OF THE MET'S

STRENGTHS AND NEEDS, AND IT SETS FORTH GOALS AND OBJECTIVES THAT CLARIFY

Name of the organization

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OUR DIRECTION AND PRIORITIES FOR THE NEXT FIVE YEARS. IN DOING SO, IT ALIGNS THE WORK OF THE MET TOWARD A SINGLE VISION: TO CREATE THE MOST DYNAMIC AND INSPIRING ART MUSEUM IN THE WORLD. THE PLAN ARTICULATES THREE AREAS OF FOCUS FOR THE NEXT FIVE YEARS: 1) UTILIZING AND POSITIONING OUR COLLECTION, SCHOLARSHIP, AND EXPERTISE TO ENCOURAGE GREATER ACCESS TO, DIALOGUE WITH, AND UNDERSTANDING OF THESE RESOURCES; 2) CONNECTING TO A BROADER, MORE DIVERSE AUDIENCE TO INSPIRE INCREASED ENGAGEMENT WITH OUR WORK AND TO CULTIVATE NEW RELATIONSHIPS WITH VISITORS, COLLECTORS, AND SUPPORTERS; AND 3) ATTAINING ORGANIZATIONAL AND OPERATIONAL EXCELLENCE TO ENABLE GREATER TRANSPARENCY, EFFICIENCY, COLLABORATION, AND COMMUNICATION. THE OBJECTIVES AND STRATEGIES THAT DEFINE EACH OF THESE GOALS WILL FACILITATE STEADY PROGRESS TOWARD SUCCESS IN THESE AREAS AND PROVIDE A ROAD MAP FOR A MORE ALIGNED AND INTEGRATED INTERNAL CULTURE ACROSS THE MUSEUM.

PART III (CONTINUED)

ATTENDANCE

A RECORD 6.3 MILLION PEOPLE-FROM THE FIVE BOROUGHS OF NEW YORK CITY, THE LOCAL TRI-STATE AREA, ACROSS THE UNITED STATES, AND AROUND THE WORLD-VISITED THE MUSEUM DURING FISCAL YEAR 2015. THE TOTAL INCLUDES VISITORS BOTH AT THE MAIN BUILDING ON FIFTH AVENUE AND AT THE CLOISTERS MUSEUM AND GARDENS, THE BRANCH OF THE MUSEUM IN UPPER MANHATTAN DEVOTED TO THE ART AND ARCHITECTURE OF THE MIDDLE AGES. IT WAS THE HIGHEST VISITORSHIP SINCE THE MET BEGAN TRACKING ADMISSION STATISTICS MORE THAN FORTY YEARS AGO, AND IT IS THE FOURTH YEAR IN A ROW THAT ATTENDANCE EXCEEDED SIX MILLION. VISITORS FROM NEW YORK CITY'S FIVE BOROUGHS

Schedule O (Form 990 or 990-EZ) 2014

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COMPRISED 26% OF THE MUSEUM'S VISITORSHIP FOR THE YEAR, WHILE NEW YORK
CITY AND TRI-STATE VISITORS TOGETHER COMPRISED 41% OF THE TOTAL.

INTERNATIONAL VISITORS FROM 189 COUNTRIES VISITED THE MAIN BUILDING AND
THE CLOISTERS IN FISCAL YEAR 2015, ACCOUNTING FOR 38% OF THE ANNUAL
VISITORSHIP. EXHIBITION ATTENDANCE WAS STRONG OVER THE COURSE OF THE
YEAR, WITH TWENTY OF THE EXHIBITIONS THAT OPENED DURING FISCAL YEAR 2015
RECEIVING MORE THAN 100,000 VISITORS.

PROJECTS AND INITIATIVES

FISCAL YEAR 2015 ALSO BROUGHT FIRST STEPS IN SEVERAL PROJECTS THAT BUILD ON THE MUSEUM'S STRENGTHS AND PROVIDE NEW OPPORTUNITIES FOR INNOVATION AND GROWTH IN THE YEARS AHEAD. AN EARLY HIGH POINT WAS THE OPENING IN SEPTEMBER 2014 OF THE COMPLETELY REDESIGNED, FOUR-BLOCK-LONG DAVID H. KOCH PLAZA ON FIFTH AVENUE, AFTER A MAJOR TWO-YEAR RECONSTRUCTION EFFORT. A NEW PUBLIC SPACE OF GREAT IMPORTANCE, IT PROVIDES OUR COMMUNITY AND MILLIONS OF VISITORS WITH A WARM AND WELCOMING ENTRY TO THE MUSEUM. THE RENOVATION OF THE PLAZA WAS THE FIRST IN A SERIES OF PROJECTS IN A NEW, HOLISTIC CONCEPTUAL PLAN THAT SUPPORTS THE MUSEUM'S FUTURE. INCLUDED IN THE PLAN IS THE RENOVATION OF THE SOUTHWEST WING OF THE MET, WHICH DAVID CHIPPERFIELD ARCHITECTS WAS SELECTED TO DESIGN IN MARCH 2015.

WE ALSO ANNOUNCED LAST SPRING THE INAUGURAL SEASON AT THE MET BREUER. THE OPENING OF THE MET BREUER TO THE PUBLIC IN MARCH 2016 WILL MARK THE START OF AN EXCITING NEW CHAPTER FOR THE MUSEUM, PROVIDING US WITH ADDITIONAL SPACE TO EXPAND OUR MODERN AND CONTEMPORARY VISUAL AND PERFORMING ARTS

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PROGRAM, AS WE CONCURRENTLY REDESIGN AND REBUILD THE SOUTHWEST WING.

HELPING TO SHAPE THE PLANS FOR ALL OUR SPACES, CURRENT AND EVOLVING, THE AUDIENCE ENGAGEMENT STUDY THAT WE BEGAN LAST YEAR ENTERED ITS FINAL PHASE. THE GOALS OF THIS INITIATIVE ARE TO BRING CLARITY AND CONSISTENCY TO OUR COMMUNICATIONS WITH THE PUBLIC AND BETTER LEVERAGE THE FULL SCOPE OF THE MET'S WORK.

PART III (CONTINUED)

INTERNATIONAL ACTIVITY

IN THE MUSEUM'S ONGOING EFFORTS TO ENGAGE WITH THE GLOBAL COMMUNITY, THE YEAR SAW A NUMBER OF SIGNIFICANT ACHIEVEMENTS. IN APRIL 2015 WE HOSTED THE SECOND ANNUAL GLOBAL MUSEUM LEADERS COLLOQUIUM (GMLC), A TWO-WEEK CONFERENCE FOR MUSEUM LEADERS PRIMARILY FROM ASIA, AFRICA, AND LATIN AMERICA. THE AIM OF THE GMLC IS TO BROADEN AND DEEPEN INTERNATIONAL DIALOGUE ABOUT VARIOUS FACETS OF MUSEUM MANAGEMENT, INCLUDING CURATORIAL AND CONSERVATION WORK AS WELL AS MARKETING, DEVELOPMENT, AND DIGITAL TECHNOLOGY. IN JUST TWO YEARS IT HAS HELPED FORGE A NUMBER OF NEW COLLABORATIONS AND INITIATIVES AMONG THE PARTICIPATING INSTITUTIONS, WHOSE LEADERS MIGHT HAVE OTHERWISE NEVER CONNECTED.

A MAJOR OUTGOING LOAN EXHIBITION, BASED EXCLUSIVELY ON THE MUSEUM'S EGYPTIAN COLLECTION, "ANCIENT EGYPTIAN QUEENS AND GODDESSES: TREASURES FROM THE METROPOLITAN MUSEUM OF ART, NEW YORK," TRAVELED TO JAPAN THIS YEAR-FIRST TO THE TOKYO METROPOLITAN ART MUSEUM (JULY 19-SEPTEMBER 23, 2014), AND THEN TO THE KOBE CITY MUSEUM (OCTOBER 13, 2014-JANUARY 12,

Schedule O (Form 990 or 990-EZ) 2014

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2015). IN OCTOBER 2014 THE MET AND THE SAUDI COMMISSION FOR TOURISM AND ANTIQUITIES IN RIYADH SIGNED A MEMORANDUM OF AGREEMENT EXPRESSING MUTUAL WILLINGNESS TO ESTABLISH A LONG-TERM JOINT PROGRAM IN WHICH THE MET PROVIDES TRAINING IN SCIENTIFIC RESEARCH, COLLECTIONS MANAGEMENT, AND MUSEUM EDUCATION, AND MET STAFF MEMBERS RECEIVE OPPORTUNITIES TO STUDY COLLECTIONS IN SAUDI ARABIA; BOTH PARTIES PLEDGE TO LEND WORKS TO EACH OTHER FOR UPCOMING EXHIBITIONS. UNDER THE INDIAN CONSERVATION FELLOWSHIP PROGRAM, ESTABLISHED BY THE 2013 MEMORANDUM OF AGREEMENT WITH THE MINISTRY OF CULTURE OF THE GOVERNMENT OF INDIA, THE MUSEUM HOSTED IN FISCAL YEAR 2015 SEVEN CONSERVATORS FROM MAJOR MUSEUMS, UNIVERSITIES, AND HERITAGE ORGANIZATIONS THROUGHOUT INDIA. AND IN NOVEMBER 2014, THE MUSEUM LAUNCHED A PARTNERSHIP WITH THE KHAN ACADEMY THAT PROVIDES EXPANDED ACCESS FOR VISITORS AROUND THE WORLD TO THE MET'S ONLINE RESOURCES.

PART III (CONTINUED)

COLLECTION AND ACQUISITIONS

THE MET PRESENTS OVER 5,000 YEARS OF ART FROM AROUND THE WORLD AT ITS MAIN BUILDING ON FIFTH AVENUE, THE CLOISTERS MUSEUM AND GARDENS, AND, STARTING IN MARCH 2016, THE MET BREUER. THE MET HAS ALWAYS ASPIRED TO BE MORE THAN A TREASURY OF RARE AND BEAUTIFUL OBJECTS. EVERY DAY, ART COMES ALIVE IN THE MUSEUM'S GALLERIES AND THROUGH ITS EXHIBITIONS AND EVENTS, REVEALING BOTH NEW IDEAS AND UNEXPECTED CONNECTIONS ACROSS TIME AND ACROSS CULTURES.

OVER THE PAST YEAR, ACQUISITIONS HAVE DEEPENED AND BROADENED THE MUSEUM'S COLLECTION. KEY ACQUISITIONS INCLUDED AN AMBITIOUS AND BEAUTIFUL

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MEZZOTINT PRODUCED DURING THE SEVENTEENTH CENTURY; A GLORIOUS TAPESTRY WOVEN UNDER THE DIRECTION OF FRANCIS POYNTZ (BRITISH, ACTIVE 1660-1684); THE AMBITIOUS AND FLAWLESS MARBLE BUST OF THE GREAT MILITARY HERO AND STATESMAN JOHN CHURCHILL, THE FIRST DUKE OF MARLBOROUGH, BY THE CELEBRATED FLEMISH SCULPTOR JOHN MICHAEL RYSBRACK (1694-1770); A MASTERFUL COMPOSITION OF 1568 BY THE NETHERLANDISH ARTIST JOACHIM BEUCKELAER (1533-1575); FIVE SENSITIVELY MODELED, PAINTED ELEMENTS FROM AN EXTENDED JUDEO-CHRISTIAN NARRATIVE OF THE CROSSING OF THE RED SEA FROM THE BOOK OF EXODUS; A GRAND KOREAN PORTRAIT BY THE CELEBRATED SCHOLAR, CALLIGRAPHER, AND CIVIL OFFICIAL YUN DONGSEOM (1710-1795); A POSTHUMOUS COMMEMORATIVE PORTRAIT OF A HEMBA CHIEF FROM THE NINETEENTH TO EARLY TWENTIETH CENTURY; AN EPIC NARRATIVE PAINTING BY THE CONTEMPORARY AFRICAN-AMERICAN ARTIST KERRY JAMES MARSHALL; AN ICONIC WORK (CA. 1934-39) BY AARON DOUGLAS (1899-1979), PREEMINENT PAINTER OF THE HARLEM RENAISSANCE; AND THE MAGNIFICENT EMERALD-ENCRUSTED "CROWN OF THE ANDES." CREATED ABOUT 1660 IN COLONIAL SPANISH AMERICA.

CURATORIAL, CONSERVATION, AND RESEARCH

THE MUSEUM'S CURATORIAL PROGRAMS ARE SUPPORTED BY NUMEROUS SERVICES AND RESOURCES. THE DEPARTMENTS OF PAINTINGS, PAPER, OBJECTS, TEXTILE, AND PHOTOGRAPHS CONSERVATION PREPARE AND REVIEW EVERY ARTWORK SELECTED FOR AN EXHIBITION OR LOAN. THE MET'S CONSERVATION EFFORT RANKS WITH THE BEST OF THE WORLD'S MAJOR MUSEUMS. THE THOMAS J. WATSON LIBRARY HOUSES VALUABLE RESEARCH MATERIAL AVAILABLE TO THE STAFF AND PUBLIC FOR CURATORIAL, EDUCATION, AND PUBLICATION PROJECTS. IN FISCAL YEAR 2015, 12,869 VISITS

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WERE MADE BY OUTSIDE RESEARCHERS (A 17% INCREASE FROM FY14) AND 2,130 NEW OUTSIDE RESEARCHERS WERE REGISTERED. THE MUSEUM LIBRARIES CIRCULATED 46,929 ITEMS TO READERS. ELEVEN WEEKLY SESSIONS OF STORY TIME IN NOLEN LIBRARY REACHED OVER 17,066 CHILDREN AND THEIR CAREGIVERS, AN INCREASE OF 8% OVER FISCAL YEAR 2014. THE LIBRARY CONTINUED TO DIGITIZE RARE COLLECTION MATERIALS, BOTH PRINTED AND MANUSCRIPT, AND TO MAKE THEM AVAILABLE ONLINE, CONTINUING TO AVERAGE MORE THAN 100,000 PAGE HITS PER MONTH. THE MET CONTINUES TO BE ONE OF THE WORLD'S LEADING MUSEUM PUBLISHERS, AND THIS YEAR'S AWARD-WINNING PROGRAM OF PRINT PUBLICATIONS PRODUCED EIGHTEEN NEW TITLES IN FISCAL YEAR 2015, INCLUDING GROUNDBREAKING EXHIBITION CATALOGUES. IN ADDITION TO ITS PRINT PUBLICATIONS, THE MUSEUM LAUNCHED ITS FIRST DIGITAL EDITION OF THE MET BULLETIN, WHILE ITS AWARD-WINNING DIGITAL PUBLISHING PLATFORM, METPUBLICATIONS, ATTRACTED 1.5 MILLION ANNUAL VISITORS, INCLUDING A SIGNIFICANT INTERNATIONAL AUDIENCE. FIVE DECADES OF MET PUBLICATIONS ON ART HISTORY ARE NOW AVAILABLE ONLINE TO SCHOLARS AND THE PUBLIC FOR FREE.

EXHIBITIONS

IN THE GALLERIES THIS YEAR, WE PRESENTED MORE THAN FIFTY EXHIBITIONS,
FROM SMALL FOCUSED INSTALLATIONS TO MAJOR INTERNATIONAL SHOWS, ON A RANGE
OF THEMES, PERIODS, CULTURES, AND INDIVIDUAL ARTISTS. THE FOLLOWING
EXHIBITIONS WERE AMONG THE HIGHLIGHTS IN FISCAL YEAR 2015: "CUBISM: THE
LEONARD A. LAUDER COLLECTION"; "THOMAS HART BENTON'S AMERICA TODAY MURAL
REDISCOVERED"; "ASSYRIA TO IBERIA AT THE DAWN OF THE CLASSICAL AGE";

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GRAND DESIGN: PIETER COECKE VAN AELST AND RENAISSANCE TAPESTRY";

"BARTHOLOMEUS SPRANGER: SPLENDOR AND EROTICISM IN IMPERIAL PRAGUE";

"WARRIORS AND MOTHERS: EPIC MBEMBE ART"; "MADAME CÉZANNE"; "ENNION:

MASTER OF ROMAN GLASS"; A SERIES OF EXHIBITIONS AND INSTALLATIONS

CELEBRATING THE ONE-HUNDREDTH ANNIVERSARY OF THE DEPARTMENT OF ASIAN ART,

STARTING WITH "DISCOVERING JAPANESE ART: AMERICAN COLLECTORS AND THE

MET"; "CHINA: THROUGH THE LOOKING GLASS"; "THE PLAINS INDIANS: ARTISTS OF

EARTH AND SKY"; "SULTANS OF DECCAN INDIA, 1500-1700: OPULENCE AND

FANTASY"; "VAN GOGH: IRISES AND ROSES"; "CAPTAIN LINNAEUS TRIPE:

PHOTOGRAPHER OF INDIA AND BURMA, 1852-1860"; "THE ROOF GARDEN COMMISSION:

PIERRE HUYGHE"; AT THE CLOISTERS MUSEUM AND GARDENS, "TREASURES AND

TALISMANS: RINGS FROM THE GRIFFIN COLLECTION"; AND "SARGENT: PORTRAITS OF

ARTISTS AND FRIENDS."

PART III (CONTINUED)

EDUCATION AND CONCERTS & LECTURES

EDUCATION AND CONCERTS & LECTURES CONTINUED THEIR COMMITMENT TO

POSITIONING THE MET AS A PLACE FOR THE DYNAMIC EXCHANGE OF IDEAS. THROUGH
INTELLECTUALLY RIGOROUS AND SOCIALLY DYNAMIC EXPERIENCES WITH OUR

COLLECTION AND EXHIBITIONS, THE DEPARTMENT CREATED A RANGE OF MEANINGFUL
ENCOUNTERS FOR OUR VISITORS. IN FISCAL YEAR 2015, 28,422 EVENTS DREW

794,179 PARTICIPANTS, ONCE AGAIN REFLECTING AN INCREASINGLY NEW AND

VARIED AUDIENCE. CONCERTS & LECTURES PROMINENTLY FEATURED CONTEMPORARY

ARTISTS, MOST NOTABLY IN THE THIRD ANNUAL PERFORMING-ARTIST RESIDENCY

WITH THE THEATER ENSEMBLE THE CIVILIANS, WHO COLLABORATED ON A WIDE RANGE

OF PROJECTS WITH VISITING FAMILIES, CURATORS, EDUCATORS, AND STAFF

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THROUGHOUT THE MUSEUM. TICKET SALES FOR EVENTS INCREASED BY 20% OVER LAST YEAR, AND 50% OF THOSE WHO BOUGHT TICKETS HAD NEVER ATTENDED A CONCERT OR LECTURE AT THE MUSEUM. FURTHER, THE NUMBER OF CHILDREN ATTENDING CONCERTS FOR A MERE ONE DOLLAR EACH, IN ADDITION TO THE FULL-PRICE TICKET OF THEIR ACCOMPANYING ADULTS, DOUBLED COMPARED TO LAST YEAR WITH THE NEW ABILITY TO PURCHASE TICKETS ONLINE.

IN EDUCATION, EFFORTS TO BROADEN, DEEPEN, AND INCREASE THE MUSEUM'S
RELEVANCE AMONG DIVERSE TEEN AUDIENCES RESULTED IN THE LAUNCH OF A NEW
PROJECT CALLED TEENS TAKE THE MET!, A LARGE-SCALE EVENT THAT BROUGHT
TOGETHER OVER SEVENTY ORGANIZATIONAL PARTNERS TO CREATE A WIDE VARIETY OF
ART MAKING, MUSIC, GALLERY EXPERIENCES, 3D PRINTING, DANCE CLASSES, AND
MORE. IN FISCAL YEAR 2015, WE PRESENTED TWO OF THESE CELEBRATORY EVENTS,
ATTRACTING ALMOST FIVE THOUSAND TEENS. CONTINUED ENGAGEMENT WITH
PRACTICING ARTISTS AND THE EXPLORATION OF THE CREATIVE PROCESS REMAINED A
PRIORITY THIS YEAR. OUR STUDIO ART-MAKING PROGRAMS EXPERIENCED A STEADY
RISE IN ATTENDANCE OVER THE PREVIOUS YEAR. THE POPULAR DROP-IN DRAWING,
FOR EXAMPLE, SAW A 61% INCREASE IN PARTICIPATION. VISITORS OF ALL AGES
AND ABILITIES ENJOYED AN ENORMOUS RANGE OF PROGRAMS, INCLUDING
LARGE-SCALE FESTIVALS, SUCH AS THE LUNAR NEW YEAR CELEBRATION AND
;FIESTA!, TOGETHER ATTRACTING OVER SIX THOUSAND PEOPLE AND UNDERSCORING
THE MET AS A POPULAR DESTINATION FOR FAMILIES.

THE MUSEUM CONTINUES TO BE A HIGHLY VALUED RESOURCE FOR K-12 STUDENTS AND TEACHERS. IN FISCAL YEAR 2015, A TOTAL OF 237,343 PARTICIPATED IN 6,259

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GUIDED AND SELF-GUIDED SCHOOL GROUP VISITS, WHILE A TOTAL OF 3,777
EDUCATORS ATTENDED PROGRAMS FOCUSED ON INTEGRATING ART INTO CLASSROOM
TEACHING.

PART III (CONTINUED)

DIGITAL

MILLIONS OF PEOPLE TAKE PART IN THE MET EXPERIENCE ONLINE. THE MUSEUM'S WEBSITE ATTRACTED A TOTAL OF THIRTY-TWO MILLION VISITS IN FISCAL YEAR 2015; APPROXIMATELY 36% OF THESE WERE INTERNATIONAL VISITORS WHILE 64% WERE DOMESTIC. THE MUSEUM'S EMAIL MARKETING PROGRAM, WHICH INCLUDES CURATORIAL AND EDUCATIONAL CONTENT, MET STORE CONTENT, AND FUND-RAISING CAMPAIGNS, GREW TO NEARLY 680,000 SUBSCRIBERS IN FISCAL YEAR 2015. ON THE SOCIAL MEDIA SIDE, THE MUSEUM'S FACEBOOK ACCOUNT REACHED MORE THAN 1.3 MILLION LIKES (AN INCREASE OF 18% FROM LAST YEAR), AND THE MUSEUM'S TWITTER ACCOUNT GARNERED MORE THAN 982,000 FOLLOWERS (UP 30% FROM LAST YEAR). THE MUSEUM'S INSTAGRAM REACHED MORE THAN 637,000 FOLLOWERS (UP 258 PERCENT FROM LAST YEAR) AND WON A WEBBY AWARD FOR THE SECOND CONSECUTIVE YEAR. THE MET'S PINTEREST ACCOUNT AMASSED 559,000 FOLLOWERS. FINALLY, THE MUSEUM LAUNCHED AN ACCOUNT ON WEIBO, THE CHINESE-LANGUAGE SOCIAL MEDIA SITE, ATTRACTING MORE THAN TEN MILLION VISITORS IN FISCAL YEAR 2015.

THE MUSEUM LAUNCHED THE WEBBY AWARD-WINNING MET APP IN SEPTEMBER 2014. A
FREE DIGITAL RESOURCE, IT OFFERS AN EASY WAY TO STAY CONNECTED WITH THE
MET FROM ANYWHERE IN THE WORLD AND WAS USED MORE THAN ONE MILLION TIMES
IN ITS FIRST NINE MONTHS. TO REACH OUR VISITORS ON THE GO, THE MUSEUM
ALSO EXPANDED THE MOBILE VERSION OF METMUSEUM.ORG TO INCLUDE INFORMATION

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ABOUT EVENTS AND MEMBERSHIP. THE ENTIRE CATALOGUE OF AUDIO GUIDE CONTENT WAS ALSO MADE AVAILABLE FOR FREE ON THE MOBILE VERSION OF THE WEBSITE.

NEW ONLINE FEATURES SUCH AS THE ARTIST PROJECT, AN INNOVATIVE YEARLONG SERIES IN WHICH ONE HUNDRED WORKING ARTISTS RESPOND TO THE MET'S COLLECTION, AND VIEWPOINTS, FEATURING COMMENTARY BY MET EXPERTS, LEADING AUTHORITIES, AND RISING STARS, HELPED VISITORS TO SEE AND EXPERIENCE THE MUSEUM'S COLLECTION IN NEW AND EXCITING WAYS. THE EVER-POPULAR ONLINE PUBLICATION HEILBRUNN TIMELINE OF ART HISTORY CONTINUED TO EVOLVE AND EXPAND, RECEIVING ONE MILLION VISITS PER MONTH ON AVERAGE IN FISCAL YEAR 2015. IN SPRING 2015, MET BLOGS RECEIVED A PEOPLE'S VOICE WEBBY AWARD IN THE CULTURAL BLOGS CATEGORY.

PART III (CONTINUED)

CAPITAL PROJECTS

AS PREVIOUSLY NOTED, THE MUSEUM OPENED THE DAVID H. KOCH PLAZA ON FIFTH AVENUE IN SEPTEMBER 2014, AFTER A TWO-YEAR RECONSTRUCTION EFFORT, AND IN MARCH 2015 SELECTED DAVID CHIPPERFIELD ARCHITECTS FOR THE REDESIGN OF THE SOUTHWEST WING. THE MUSEUM ALSO COMPLETED WORK ON THE VENETIAN GALLERY IN NOVEMBER 2014.

THE SIGNIFICANT ACHIEVEMENTS OF FISCAL YEAR 2015 ARE A TESTAMENT TO THE STRENGTH OF THE MUSEUM AND CARRY FORWARD OUR MISSION TO BUILD, STUDY, CONSERVE, AND PRESENT TO OUR VISITORS OVER 5,000 YEARS OF VISUAL EXPRESSION. WITH THE OPENING OF THE MET BREUER, IT IS AN EXCITING PERIOD, AND WE LOOK FORWARD TO INFUSING THAT ICONIC SPACE WITH A PERSPECTIVE ON ART AND CULTURE THAT ONLY THE MET, WITH ITS DEEP COLLECTION, CAN PROVIDE.

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PART VI, LINE 1A

GOVERNING BODY DELEGATED AUTHORITY

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

INTERVALS BETWEEN MEETINGS OF THE BOARD OF TRUSTEES OTHER THAN THE POWERS

TO (A) FILL VACANCIES IN THE BOARD OF TRUSTEES OR IN ANY COMMITTEE; (B)

AMEND OR REPEAL THE BY-LAWS OR ADOPT NEW BY-LAWS; AND (C) AMEND OR REPEAL

ANY RESOLUTION OF THE BOARD OF TRUSTEES WHICH BY ITS TERMS SHALL NOT BE

SO AMENDABLE OR REPEALABLE.

PART VI, LINE 2

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

PART VI, LINE 4

THE MUSEUM MADE SOME CHANGES TO ITS BY-LAWS, WHICH WERE APPROVED AT THE MAY 12, 2015 MEETING OF THE BOARD OF TRUSTEES. THE REVISIONS WERE MADE TO ENSURE COMPLIANCE WITH THE NEWLY ENACTED NONPROFIT REVITALIZATION ACT (THE "NPRA") AS WELL AS TO UPDATE THE PROVISIONS RELATING TO THE DUTIES OF THE DIRECTOR AND PRESIDENT. THE CHANGES INCLUDE:

- ADJUSTING THE RESPECTIVE DUTIES OF THE DIRECTOR AND PRESIDENT;
- ALLOWING THE EXECUTIVE COMMITTEE TO MAKE REAL ESTATE DECISIONS, WHICH IS NOW PERMITTED PURSUANT TO THE NPRA;
- INSURING COMPLIANCE WITH LEGAL REQUIREMENTS WITH RESPECT TO EXECUTIVE COMPENSATION;
- CONFORMING COMMITTEE NOMENCLATURE TO THE NPRA;

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- UPDATING OFFICER POSITIONS AND TITLES; AND
- PERMITTING USE OF TECHNOLOGY FOR BOARD AND COMMITTEE MEETINGS.

PART VI, LINE 6

GOVERNING BODY AND MANAGEMENT

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

PART VI, LINE 11B

PROCESS THE ORGANIZATION USES TO REVIEW THE FORM 990

THE MUSEUM'S FORM 990, INCLUDING REQUIRED SCHEDULES AND SUPPORTING DOCUMENTATION, IS INITIALLY COMPILED BY THE MUSEUM'S CONTROLLER'S OFFICE 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 PRESIDENT, THE AUDIT COMMITTEE OF THE MUSEUM'S BOARD OF TRUSTEES, AND EXTERNAL LEGAL COUNSEL. A COMPLETE COPY IS PROVIDED TO EACH MEMBER OF THE BOARD OF TRUSTEES PRIOR TO FILING THE RETURN. THE MUSEUM'S EXTERNAL TAX ADVISORS FILE THE FORM 990 ELECTRONICALLY WITH THE INTERNAL REVENUE SERVICE.

PART VI, LINE 12C

CONFLICT OF INTEREST POLICY

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

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A SUMMARY OF THE POTENTIAL CONFLICTS OF INTEREST DISCLOSED BY SENIOR STAFF IS PRESENTED TO THE DIRECTOR AND PRESIDENT EACH YEAR.

PART VI, LINES 15A AND 15B

COMPENSATION REVIEW

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

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ARRANGEMENTS ARE CONTEMPORANEOUSLY DOCUMENTED IN THE MEETING MINUTES.

PART VI, LINE 19

PUBLIC AVAILABILITY OF OTHER DOCUMENTS

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

PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

INCLUDES THE FOLLOWING:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	(48,131)
UNREALIZED GAINS ON 2015 BOND PROCEED	1,594,009
NET RECLASSIFICATIONS, FEES, AND OTHER	(60,885)
PENSION - RELATED CHANGES OTHER THAN NPPC	(17,257,469)
CHANGE IN FAIR VALUE OF INTEREST RATE EXCHANGE AGREEMENTS	(3,575,747)
PARTNERSHIP UBIT	5,235,725
TOTAL	(14,112,498)

PUBLIC DISCLOSURE COPY

Name of the organization METROPOLITAN MUSEUM OF ART		Employer identification number 13-1624086	
FORM 990, PART III, LINE 4D - OTHER PROGRAM	SERVICES	ATTACHMENT	1 1
DESCRIPTION	GRANTS	EXPENSES	REVENUE
RETAIL OPERATIONS		2,508,995.	3,620,442.
OPERATION OF RESTAURANTS		22,749,925.	
SPECIAL EXHIBITIONS		21,244,088.	
COMMUNITY PROGRAMS AND LIBRARIES		16,067,363.	
OPERATING SERVICES		2,781,913.	
COMMUNICATIONS		12,011,992.	17,056.
MEMBERSHIP SERVICES INC BULLETIN		6,718,977.	
OPERATION OF AUDITORIUM		3,426,799.	2,026,825.
OPERATION OF PARKING GARAGE		1,441,825.	
CORPORATE EVENTS & FUNDRAISING		636,030.	876,586.
TOTALS		89,587,907.	6,540,909.

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

FL, GA, HI, IL, KS, KY, MD, MA, MI,

MN, MS, MO, NH, NJ, NM, OH, OR, PA,

RI, SC, TN, UT, VA, WV, WI,

ATTACHMENT 3

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

RC DOLNER, LLC

CONSTRUCTION MANAGER

22,124,840.

307 5TH AVE. 3RD FLOOR NEW YORK, NY 10016

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ATTACHMENT 3 (CONT'D)

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MASTERPIECE INTERNATIONAL 39 BROADWAY NEW YORK, NY 10006	CUSTOMHOUSE BROKERS	2,398,353.
HEWITT ASSOCIATES PO BOX 95135 CHICAGO, IL 60694-5135	CONSULTANT	2,653,425.
LAPLACA COHEN 43 WEST 24TH STREET FLOOR 10 NEW YORK, NY 10010	ADVERTISING	2,551,540.
H&L ELECTRIC, INC. 41-11 28TH STREEET LONG ISLAND CITY, NY 11101	CONSTRUCTION	2,003,644.

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Related Organizations and Unrelated Partnerships

METROPOLITAN MUSEUM OF ART

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

METROPOLITAN MUSEUM OF ART

Parti

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

► Attach to Form 990.

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

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

OMB No. 1545-0047	Open to Public Inspection
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(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2014 (f)
Direct controlling
entity å 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. (f) Direct controlling (e) End-of-year assets Public charity status (if section 501(c)(3)) (d) Total income (c) Legal domicile (state or foreign country) (d) Exempt Code section Legal domicile (state or foreign country) (b) Primary activity Primary activity (a)Name, address, and EIN (if applicable) of disregarded entity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN of related organization Part II 8 ε ල 4 (9) Ξ 8 <u>ල</u> (4) 9 5 9 (2)

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Schedule R (Form 990) 2014

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 III

Nar	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections, 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate alboations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(i) General or managing partner?	(k) Percentage ownership
			(Anima)					Yes No		Yes No	
(1)											
(2)											
(3)											
(4)											
(5)											
(9)											
(2)											
Part IV	Identification of Related Organizations Taxable as a line 34 because it had one or more related organizat	ed Organizations one or more rela	s Taxable	as a Corporationizations treated	a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, tions treated as a corporation or trust during the tax year.	ete if the organi r trust during th	zation answere e tax year.	"Yes"	on Form 990, I	Part IV,	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income	(g) (h) Share of Percentage Section end-of-year assets ownership controlled entity?	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
								res No
(1) CHARITABLE TRUSTS (13)								
	TRUST		N/A	TRUST				×
(2)								
(3)								
(4)								
(5)								
(9)								
(7)								
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Schedule R (Form 990) 2014

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

Note Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.			Yes	o N
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?	elated organizations list	ted in Parts II-IV?		
a Receipt of (i) interest. (ii) annuities. (iii) rovalties. or (iv) rent from a controlled entity.				
City arout or conital contribution to related organization(s)			1p	
c Giff, grant, or capital contribution from related organization(s)			2 :	
d Loans or loan quarantees to or for related organization(s)	•		1d	
			1e	
e Loalis of foat gualatitees by related organization(s)				
f Dividends from related organization(s)			1	
			19	
			7 2	
h Purchase of assets from related organization(s)				
i Exchange of assets with related organization(s)			1 <u>1</u>	
(a) white property of the control of			:-	
J. Lease of facilities, equipment, of other assets to related organization(s).				
(s)anitazina paralistica organization or other assets from related organization(s)			7	
K Lease of actimes, equipment, or other assets non-related organization(s)			-	
I Performance of services or membership or fundraising solicitations for related organization(s)			= :	
m Performance of services or membership or fundraising solicitations by related organization(s)			f f	ļ
			72	
			7	l
o Sharing of paid employees with related organization(s)			01	
			10	
				1
q Reimbursement paid by related organization(s) for expenses			10	
• Other transfer of cash or property to related organization(s)			-	
			18	
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2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction uneshous.	is line, including cove	red relationships and trans-	action unesholds.	
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining	_
	type (a-s)		amount involved	
(1)				
(2)				
(0)				
(4)				
(5)				
(9)				;
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Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

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

(a) (b) Legal Name, address, and EIN of entity (state (state cou	(b) Primary activity	c) (d) (e) (f) Are all partners Share of Share of Share of Share of Share of Share of Share of Share of Share of Solicy (3) Income (related, Solicy(3) (c)(3) Income (related, excluded organizations?	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	1	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	1	(k) Percentage ownership
(1)		sections 512-514)	Yes No			Yes	2	•	Yes	2	
	1										
(2)											
(3)											
(4)											
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Part VII Supplemental Information

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

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