

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 2012

B Check if applicable: C Name of organization METROPOLITAN MUSEUM OF ART D Employer identification number 13-1624086 E Telephone number (212) 879-5500 G Gross receipts \$ 1,015,528,923. H(a) Is this a group return for affiliates? Yes X No H(b) Are all affiliates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) or 527 J Website: WWW.METMUSEUM.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1870 M State of legal domicile: NY

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance 7b Net unrelated business taxable income... 8-12 Revenue 13-19 Expenses 20-22 Net Assets or Fund Balances

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Date Type or print name and title Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check self-employed if PTIN Firm's name Firm's EIN Firm's address Phone no.

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



Department of the Treasury  
Internal Revenue Service  
Ogden UT 84201

For assistance, call:  
1-877-829-5500

Notice Number: CP211A  
Date: December 3, 2012

010108.132807.0038.001 1 AT 0.374 536  
[Barcode]

Taxpayer Identification Number:  
13-1624086  
Tax Form: 990  
Tax Period: June 30, 2012



METROPOLITAN MUSEUM OF ART  
1000 5TH AVE  
NEW YORK NY 10028-0113

10108

### APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **February 15, 2013**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at [www.irs.gov/eo](http://www.irs.gov/eo). This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF THE METROPOLITAN MUSEUM OF ART IS TO COLLECT, PRESERVE, STUDY, EXHIBIT, AND STIMULATE APPRECIATION FOR AND ADVANCE KNOWLEDGE OF WORKS OF ART. SEE SCHEDULE O FOR MORE INFORMATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 38,853,776. including grants of \$ ) (Revenue \$ 377,819. ) ACQUISITIONS OF ART - SEE SCHEDULE O FOR MORE INFORMATION

4b (Code: ) (Expenses \$ 113,376,789. including grants of \$ 1,813,690. ) (Revenue \$ 17,622,912. ) CURATORIAL DEPARTMENTS, INCLUDING OPERATION OF THE CLOISTERS, CONSERVATION, CATALOGUING AND SCHOLARLY PUBLICATIONS (INCLUDES FELLOWSHIP AWARDS AND TRAVEL STIPENDS IN THE AMOUNT OF \$1,813,690) - SEE SCHEDULE O FOR MORE INFORMATION

4c (Code: ) (Expenses \$ 61,768,771. including grants of \$ ) (Revenue \$ ) GUARDIANSHIP AND MAINTENANCE OF THE MUSEUM AND ITS ART COLLECTION - SEE SCHEDULE O FOR MORE INFORMATION

4d Other program services (Describe in Schedule O.) ATTACHMENT 1 (Expenses \$ 122,499,652. including grants of \$ ) (Revenue \$ 44,828,460. )

4e Total program service expenses 336,498,988.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and their completion status.

JSA

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Form 990 (2011)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical answers. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No, and a shaded column. Rows include questions 1a through 9 regarding governing body members, relationships, and documentation.

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

Table with 4 columns: Question, Yes, No, and a shaded column. Rows include questions 10a through 16b regarding local chapters, conflict of interest policies, whistleblower policies, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CONTROLLER'S OFFICE 1000 FIFTH AVENUE NEW YORK, NY 10028-0198

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

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



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule C)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) HAMILTON E. JAMES ELECTIVE TRUSTEE	1.00	X					0	0	0	
16) DENIS P. KELLEHER ELECTIVE TRUSTEE	1.00	X					0	0	0	
17) DAVID H. KOCH ELECTIVE TRUSTEE	1.00	X					0	0	0	
18) SUSANA TORRUELLA LEVAL ELECTIVE TRUSTEE	2.00	X					0	0	0	
19) JOYCE FRANK MENSCHEL ELECTIVE TRUSTEE	1.00	X					0	0	0	
20) BIJAN MOSSAVAR-RAHMANI ELECTIVE TRUSTEE	1.00	X					0	0	0	
21) JEFFREY M. PEEK ELECTIVE TRUSTEE	1.00	X					0	0	0	
22) CYNTHIA HAZEN POLSKY ELECTIVE TRUSTEE	2.00	X					0	0	0	
23) ANNETTE DE LA RENTA ELECTIVE TRUSTEE & VICE CHAIR	2.00	X		X			0	0	0	
24) FRANK E. RICHARDSON ELECTIVE TRUSTEE	1.00	X					0	0	0	
25) JAMES J. ROSS ELECTIVE TRUSTEE	2.00	X					0	0	0	
<b>1b Sub-total</b>							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b>							8,741,218.	0	1,599,694.	
<b>d Total (add lines 1b and 1c)</b>							8,741,218.	0	1,599,694.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **226**

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

**Section B. Independent Contractors**

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **66**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) PAUL RUDDOCK ELECTIVE TRUSTEE	1.00	X					0	0	0	
( 27 ) WILLIAM C. RUDIN ELECTIVE TRUSTEE	1.00	X					0	0	0	
( 28 ) BONNIE J. SACERDOFE ELECTIVE TRUSTEE	2.00	X					0	0	0	
( 29 ) ALEJANDRO SANTO DOMINGO ELECTIVE TRUSTEE	1.00	X					0	0	0	
( 30 ) ANDREW M. SAUL ELECTIVE TRUSTEE	1.00	X					0	0	0	
( 31 ) JAMES E. SHIPP ELECTIVE TRUSTEE	2.00	X					0	0	0	
( 32 ) OSCAR L. TANG ELECTIVE TRUSTEE	2.00	X					0	0	0	
( 33 ) ANN G. TENENBAUM ELECTIVE TRUSTEE	1.00	X					0	0	0	
( 34 ) LULU C. WANG ELECTIVE TRUSTEE	2.00	X					0	0	0	
( 35 ) SHELBY WHITE ELECTIVE TRUSTEE	2.00	X					0	0	0	
( 36 ) BARRIE A WIGMORE ELECTIVE TRUSTEE	1.00	X					0	0	0	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **226**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) ANNA WINTOUR ELECTIVE TRUSTEE	1.00	X					0	0	0	
( 38) MICHAEL R. BLOOMBERG EX-OFFICIO TRUSTEE	1.00	X					0	0	0	
( 39) ADRIAN BENEPE EX-OFFICIO TRUSTEE	1.00	X					0	0	0	
( 40) KATE D. LEVIN EX-OFFICIO TRUSTEE	1.00	X					0	0	0	
( 41) JOHN LIU EX-OFFICIO TRUSTEE	1.00	X					0	0	0	
( 42) CHRISTINE QUINN EX-OFFICIO TRUSTEE	1.00	X					0	0	0	
( 43) RENEE E. BELFER ELECTIVE TRUSTEE TIL 09/11	1.00	X					0	0	0	
( 44) JAMES R. HOUGHTON ELE. TRUSTEE & CHAIR TIL 09/11	5.00	X		X			0	0	0	
( 45) BRUCE C. RATNER ELECTIVE TRUSTEE TIL 09/11	2.00	X					0	0	0	
( 46) THOMAS P. CAMPBELL DIR & CEO, EX-OFFICIO TRUSTEE	35.00			X			805,201.	0	308,384.	
( 47) EMILY K. RAFFERTY PRESIDENT, EX-OFFICIO TRUSTEE	35.00			X			1,496,732.	0	54,483.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **226**

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

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
48) CARRIE R. BARRATT ASSOC DIR COLLECTIONS/ADMIN.	35.00			X			268,365.	0	53,626.	
49) JENNIFER RUSSELL ASSOC DIRECTOR OF EXHIBITIONS	35.00			X			309,852.	0	36,355.	
50) SHARON H. COTT SR VP, SEC & GEN COUNSEL	35.00			X			399,968.	0	53,471.	
51) HAROLD HOLZER SR VP, FOR EXTERNAL AFFAIRS	35.00			X			410,226.	0	53,863.	
52) OLENA M. PASLAWSKY SR VP, CFO & TREASURER	35.00			X			424,198.	0	43,091.	
53) NINA MCN DIEFENBACH VP DEVELOPMENT & MEMBERSHIP	35.00			X			356,239.	0	54,099.	
54) TOM JAVITZ VP CONSTRUCTION	35.00			X			305,141.	0	53,745.	
55) BRADLEY L. KAUFFMAN VP & GEN MGR MERCH & RETAIL	35.00			X			602,312.	0	37,150.	
56) DEBRA A. MCDOWELL VP FOR HUMAN RESOURCES	35.00			X			276,832.	0	42,826.	
57) ELYSE TOPALIAN VP OF COMMUNICATIONS	35.00			X			250,799.	0	48,487.	
58) SUZANNE E. BRENNER CHIEF INVESTMENT OFFICER	35.00			X			920,053.	0	304,055.	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **226**

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) LAUREN A. MESERVE DEPUTY CHIEF INVSTMT OFFICER	35.00				X		721,558.	0	242,409.	
(60) GEORGE GOLDNER DRUE HEINZ CHAIRMAN	35.00				X		314,420.	0	53,683.	
(61) GARY TINTEROW ENGLEHARD CHARIMAN	35.00				X		301,886.	0	52,983.	
(62) LAWRENCE BECKER SHERMAN FAIR.CURATOR-IN-CHARGE	35.00				X		294,050.	0	53,628.	
(63) KEN M. WEINSTEIN GEN MGR MERCH FIN, OPERS & SYS	35.00				X		283,386.	0	53,356.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **226**

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a					
	b	Membership dues . . . . .	1b	26,977,308.				
	c	Fundraising events . . . . .	1c	16,525,916.				
	d	Related organizations . . . . .	1d					
	e	Government grants (contributions) . . . . .	1e	27,108,283.				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	123,040,835.				
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .		5,371,088.				
	h	<b>Total. Add lines 1a-1f . . . . .</b>		<b>193,652,342.</b>				
<b>Program Service Revenue</b>				<b>Business Code</b>				
	2a	EDUCATION PROGRAMS, CONCERTS & LECTURES	532000	19,462,890.	19,297,593.	165,297.		
	b	PHOTO RENTALS & FILM FEES	532000	21,970.	470.	21,500.		
	c							
	d							
	e							
	f	All other program service revenue . . . . .						
	g	<b>Total. Add lines 2a-2f . . . . .</b>		<b>19,484,860.</b>				
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		28,489,752.		-1,059,866.	29,549,618.	
	4	Income from investment of tax-exempt bond proceeds . . . . .		0				
	5	Royalties . . . . .		210,139.			210,139.	
			(i) Real	(ii) Personal				
	6a	Gross rents . . . . .						
	b	Less: rental expenses . . . . .						
	c	Rental income or (loss) . . . . .						
	d	Net rental income or (loss) . . . . .		0				
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory . . . . .		681,374,285.				
	b	Less: cost or other basis and sales expenses . . . . .		572,047,771.				
	c	Gain or (loss) . . . . .		109,326,514.				
	d	Net gain or (loss) . . . . .		109,326,514.			109,326,514.	
	8a	Gross income from fundraising events (not including \$ 16,525,916, of contributions reported on line 1c). See Part IV, line 18 . . . . .	a	574,890.				
	b	Less: direct expenses . . . . .	b	3,650,800.				
	c	Net income or (loss) from fundraising events . . . . .		-3,075,910.			-3,075,910.	
	9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	a					
	b	Less: direct expenses . . . . .	b					
c	Net income or (loss) from gaming activities . . . . .		0					
10a	Gross sales of inventory, less returns and allowances . . . . .	a	72,094,810.					
b	Less: cost of goods sold . . . . .	b	28,434,287.					
c	Net income or (loss) from sales of inventory . . . . .		43,660,523.	42,028,791.	1,631,732.			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
11a	RESTAURANT	812930	21,403,280.			21,403,280.		
b	PARKING GARAGE	812930	2,800,917.			2,800,917.		
c	CORPORATE EVENTS	561499	2,367,429.	937,721.	1,429,708.			
d	All other revenue . . . . .	900699	377,819.	377,819.				
e	<b>Total. Add lines 11a-11d . . . . .</b>		<b>26,949,445.</b>					
12	<b>Total revenue. See instructions . . . . .</b>		<b>418,697,665.</b>	<b>62,642,394.</b>	<b>2,188,371.</b>	<b>160,214,558.</b>		

**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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	1,658,248.	1,658,248.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	155,442.	155,442.		
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	6,723,530.	5,057,814.	1,325,501.	340,215.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages . . . . .	119,025,200.	105,041,548.	9,157,105.	4,826,547.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	15,132,912.	12,910,931.	1,746,279.	475,702.
9	Other employee benefits . . . . .	27,439,769.	24,002,192.	2,687,342.	750,235.
10	Payroll taxes . . . . .	9,809,686.	8,254,589.	1,224,940.	330,157.
11	Fees for services (non-employees):				
a	Management . . . . .	0			
b	Legal . . . . .	1,812,327.	115,387.	1,696,940.	
c	Accounting . . . . .	544,500.		544,500.	
d	Lobbying . . . . .	254,258.	254,258.		
e	Professional fundraising services. See Part IV, line 17 . . . . .	332,955.			332,955.
f	Investment management fees . . . . .	12,357,936.		12,357,936.	
g	Other . . . . .	10,089,344.	6,451,031.	3,490,489.	147,824.
12	Advertising and promotion . . . . .	3,281,818.	2,869,040.	34,719.	378,059.
13	Office expenses . . . . .	37,144,264.	34,178,453.	1,740,210.	1,225,601.
14	Information technology . . . . .	1,158,041.	590,892.	556,045.	11,104.
15	Royalties . . . . .	0			
16	Occupancy . . . . .	5,563,736.	5,534,446.	28,689.	601.
17	Travel . . . . .	2,785,237.	2,587,409.	133,212.	64,616.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	231,987.	104,781.	121,380.	5,826.
20	Interest . . . . .	4,566,880.	4,502,921.	63,959.	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	46,820,086.	45,200,282.	1,475,718.	144,086.
23	Insurance . . . . .	1,825,125.	1,210,121.	614,916.	88.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<u>PURCHASES OF ART</u> . . . . .	38,853,776.	38,853,776.		
b	<u>RESTAURANT SERVICES &amp; SUPPLI</u> . . . . .	17,565,519.	17,565,519.		
c	<u>REPAIRS &amp; MAINTENANCE</u> . . . . .	11,683,932.	11,382,273.	129,152.	172,507.
d	<u>CATERING SERVICES</u> . . . . .	3,055,317.	1,921,328.	319,580.	814,409.
e	All other expenses . . . . .	6,353,091.	6,096,307.	126,192.	130,592.
25	<b>Total functional expenses.</b> Add lines 1 through 24e	386,224,916.	336,498,988.	39,574,804.	10,151,124.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			



**Part X Balance Sheet**

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	2,031,723.	1	2,307,053.
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	107,833,829.	3	93,674,261.
	4	Accounts receivable, net	17,720,247.	4	16,577,514.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	14,475,878.	8	14,888,799.
	9	Prepaid expenses and deferred charges	7,408,866.	9	8,170,632.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	971,514,660.	10a	
	b	Less: accumulated depreciation	548,868,011.	10b	
			427,038,517.	10c	422,646,649.
	11	Investments - publicly traded securities	1,804,332,914.	11	1,683,249,711.
	12	Investments - other securities. See Part IV, line 11	892,416,903.	12	895,657,354.
	13	Investments - program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
15	Other assets. See Part IV, line 11	51,607,455.	15	65,617,492.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,324,866,332.	16	3,202,789,465.	
Liabilities	17	Accounts payable and accrued expenses	177,409,200.	17	231,381,271.
	18	Grants payable	0	18	0
	19	Deferred revenue	5,616,656.	19	7,558,498.
	20	Tax-exempt bond liabilities	173,485,962.	20	194,080,665.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	45,330,000.	23	35,886,000.
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	16,233,039.	25	20,848,519.
	26	<b>Total liabilities.</b> Add lines 17 through 25	418,074,857.	26	489,754,953.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	836,313,194.	27	699,987,338.
	28	Temporarily restricted net assets	1,249,610,968.	28	1,181,481,693.
	29	Permanently restricted net assets	820,867,313.	29	831,565,481.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	2,906,791,475.	33	2,713,034,512.	
34	<b>Total liabilities and net assets/fund balances</b>	3,324,866,332.	34	3,202,789,465.	



**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	418,697,665.
2	Total expenses (must equal Part IX, column (A), line 25)	2	386,224,916.
3	Revenue less expenses. Subtract line 2 from line 1	3	32,472,749.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,906,791,475.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-226,229,712.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,713,034,512.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII.

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
11g(i)		
  - (ii) A family member of a person described in (i) above? 

11g(ii)		
---------	--	--
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

11g(iii)		
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- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2011

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

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) - 84.44%; 15 Public support percentage from 2010 Schedule A, Part II, line 14 - 78.61%; 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization - [X]; 16b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization - [ ]; 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization - [ ]; 17b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization - [ ]; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions - [ ]

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

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

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2010 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
19b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

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# Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

2011

Open to Public Inspection

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

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

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

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

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No  
b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2011

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .	16,358.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	237,900.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	254,258.													
<b>d</b>	Other exempt purpose expenditures . . . . .	375,819,534.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	376,073,792.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0	0												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0	0												
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2 a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	288,833.	249,958.	248,736.	254,258.	1,041,785.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	15,129.	15,676.	15,615.	16,358.	62,778.

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities? j Total. Add lines 1c through 1i. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members. 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions).

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

Series of horizontal dashed lines for providing supplemental information.



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

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. See separate instructions.

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Conservation Easements including checkboxes for purposes (1-3), a table for held at the end of the tax year (2a-2d), and questions 3-9 regarding monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets including questions 1a, 1b, 2, and 3 regarding reporting requirements.

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

Schedule D (Form 990) 2011

1E1268 1.000

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 included on Form 990, Part X? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	2313067614.	1994256158.	1864302530.	2509518961.	
b Contributions . . . . .	24,912,568.	14,821,823.	4,741,195.	18,572,729.	
c Net investment earnings, gains, and losses . . . . .	-2,340,878.	437,143,658.	266,031,489.	-539073909.	
d Grants or scholarships . . . . .	2,675,861.	2,313,828.	2,292,900.	2,177,291.	
e Other expenditures for facilities and programs . . . . .	151,171,863.	130,840,197.	138,526,156.	122,537,960.	
f Administrative expenses . . . . .					
g End of year balance . . . . .	2181791580.	2313067614.	1994256158.	1864302530.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 36.0000 %
- b Permanent endowment ▶ 63.0000 %
- c Temporarily restricted endowment ▶ 1.0000 %

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:

- (i) unrelated organizations . . . . .
- (ii) related organizations . . . . .

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		1,015,000.		1,015,000.
b Buildings . . . . .		36,454,934.	20,747,312.	15,707,622.
c Leasehold improvements . . . . .		873,061,903.	481,287,694.	391,774,209.
d Equipment . . . . .		60,982,823.	46,833,005.	14,149,818.
e Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				422,646,649.

**Part VII Investments - Other Securities.** 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	554,960,187.	FMV
(B) REAL ASSETS	340,697,167.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 895,657,354.

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY & SPLIT-INT OBLIGS.	20,848,519.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 20,848,519.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1 418,697,665.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2 386,224,916.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3 32,472,749.
4	Net unrealized gains (losses) on investments	4 -128,776,248.
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8 -97,453,453.
9	Total adjustments (net). Add lines 4 through 8	9 -226,229,701.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10 -193,756,952.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	1 434,859,149.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a -128,776,248.
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d 172,078,065.
e	Add lines 2a through 2d	2e 43,301,817.
3	Subtract line 2e from line 1	3 391,557,332.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b 27,140,333.
c	Add lines 4a and 4b	4c 27,140,333.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 418,697,665.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	1 331,895,918.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d 48,997,769.
e	Add lines 2a through 2d	2e 48,997,769.
3	Subtract line 2e from line 1	3 282,898,149.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b 103,326,767.
c	Add lines 4a and 4b	4c 103,326,767.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 386,224,916.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV** 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 BALANCE SHEET, 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 COLLECTIONS COMPRISE NEARLY TWO MILLION WORKS OF ART FROM ANCIENT, MEDIEVAL, AND MODERN TIMES AND FROM ALL AREAS OF THE WORLD. 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

**Part XIV** Supplemental Information (continued)

GAIN.

## SCHEDULE D, PART V, LINE 4

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

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

## SCHEDULE D, PART XI, LINE 8

OTHER RECONCILING ITEMS

CHANGE IN THE FAIR VALUE OF INTEREST RATE AGREEMENTS AND EFFECT OF INTEREST RATE SWAPS \$(23,289,703); RECLASSIFICATIONS, FEES AND OTHER \$(15,903,061); CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT \$(7,459,630); PENSION RELATED CHANGES OTHER THAN NPPC \$(47,587,557); ADDITIONAL RETIREMENT CONTRIBUTION \$(4,273,368); PARTNERSHIP UBI \$1,059,866; TOTAL PART XI, LINE 8 \$(97,453,453).

## SCHEDULE D, PART XII, LINE 1

AUDITED FINANCIAL STATEMENTS INCLUDE \$314,164,425 FROM OPERATING ACTIVITIES AND \$120,694,724 FROM NON-OPERATING ACTIVITIES FOR REVENUE, GAINS AND OTHER SUPPORT. TOTAL PART XII, LINE 1 \$434,859,149

**Part XIV** Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 2D AND 4B

RECONCILING ITEMS FOR REVENUE

AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12: LINE 2D, OTHER.

COST OF SALES \$28,434,287; INVESTMENT RETURN LESS THAN CURRENT SUPPORT FOR OPERATING AND NON-OPERATING \$123,080,296; UTILITIES PROVIDED BY THE CITY OF NEW YORK \$15,115,706; FUNDRAISING SPECIAL EVENTS \$3,650,800, ADVERTISING GIFT-IN-KIND \$761,381; FEDERAL INDEMNIFICATION AWARD \$1,035,595; TOTAL PART XII, LINE 2D \$172,078,065.

AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT LINE 1: LINE 4B, OTHER.

CORPORATE EVENTS EXPENSE \$769,684; INVESTMENT MANAGEMENT FEES \$12,357,937; TRANSFER OF UNDESIGNATED NON-OPERATING FUNDS \$14,694,759; PROCEEDS FROM SALE OF ART \$377,819; PARTNERSHIP UBI \$(1,059,866); TOTAL PART XII, LINE 4B \$27,140,333.

SCHEDULE D, PART XIII, LINE 2D AND 4B

RECONCILING ITEMS FOR EXPENSES

AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25: LINE 2D, OTHER.

COST OF SALES \$28,434,287; SPECIAL EVENTS DIRECT EXPENSES OTHER THAN FUNDRAISING \$3,650,800; UTILITIES PROVIDED BY THE CITY OF NEW YORK



**Part XIV** Supplemental Information (continued)

\$15,115,706; ADVERTISING GIFT-IN-KIND \$761,381; FEDERAL INDEMNIFICATION  
AWARD \$1,035,595; TOTAL PART VIII, LINE 2D \$48,997,769.

AMOUNTS INCLUDED ON FORM 990, PART IX, LINE 25, BUT NOT LINE 1: LINE 4B,  
OTHER.

NON-OPERATING DEPRECIATION AND MISCELLANEOUS NON-CAPITALIZED EXPENDITURES  
\$47,107,313; PURCHASES OF ART \$38,853,776; INVESTMENT MANAGEMENT FEES  
\$12,357,937; CORPORATE EVENTS EXPENSE \$769,684; EFFECT OF INTEREST RATE  
SWAP \$4,238,057; TOTAL PART XIII, LINE 4B \$103,326,767.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

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

▶ Attach to Form 990. ▶ See separate instructions.

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE	NONE	NONE	GRANTMAKING	T. ROUSSEAU FELLOWSHIP	155,442.
(2) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS		534,909,636.
(3) EUROPE	NONE	NONE	INVESTMENTS		76,445,001.
(4) EUROPE	NONE	NONE	PROGRAM SERVICES	RESEARCH & EXHIBITIONS	1,419,000.
(5) EAST ASIA AND THE PACIFIC	NONE	NONE	PROGRAM SERVICES	RESEARCH & EXHIBITIONS	248,000.
(6) RUSSIA/INDEPENDENT STATES	NONE	NONE	PROGRAM SERVICES	RESEARCH & EXHIBITIONS	16,000.
(7) SOUTH AMERICA	NONE	NONE	PROGRAM SERVICES	RESEARCH & EXHIBITIONS	16,000.
(8) NORTH AMERICA	NONE	NONE	PROGRAM SERVICES	RESEARCH & EXHIBITIONS	48,000.
(9) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	RESEARCH & EXHIBITIONS	133,000.
(10) SUB-SAHARAN AFRICA	NONE	NONE	PROGRAM SERVICES	RESEARCH & EXHIBITIONS	39,000.
(11) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	PROGRAM SERVICES	RESEARCH & EXHIBITIONS	1,000.
(12) SOUTH ASIA	NONE	NONE	PROGRAM SERVICES	RESEARCH & EXHIBITIONS	15,000.
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total, . . . . .	NONE	NONE			
<b>b</b> Total from continuation sheets to Part I . . . . .	NONE	NONE			613,445,081.
<b>c</b> Totals (add lines 3a and 3b)	NONE	NONE			613,445,081.

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

Schedule F (Form 990) 2011

JSA 1E1274 1.000

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

3 Enter total number of other organizations or entities.

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) THEODORE ROUSSEAU FELLOWSHIP	EUROPE/ICELAND/GREENLAND	7	155,442.	CHECK		N/A	N/A
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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).*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471).*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865).*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*  Yes  No

**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 GRANTEEES TO CONDUCT RESEARCH, EXTEND THEIR PROFESSIONAL KNOWLEDGE AND CONTRIBUTE TO THEIR RESPECTIVE FIELDS AT LARGE. TO THE BEST OF THE MUSEUM'S KNOWLEDGE, NONE OF THE RECIPIENTS OF THE GRANTS OR FELLOWSHIPS ARE RELATED TO ANY PERSON SUCH AS A TRUSTEE, AN OFFICER, OR A KEY EMPLOYEE OF THE MUSEUM.

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" 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. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

**Part I**

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

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 DONOR SERVICES GROUP	TELE-MARKETING		X	553,782.	332,955.	220,827.
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				553,782.	332,955.	220,827.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events		
		COSTUME INST	ACQ FND DINNER	7.	(add col. (a) through col. (c))		
		(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	11,707,577.	1,513,835.	3,879,394.	17,100,806.	
	2	Less: Charitable contributions	11,555,077.	1,450,475.	3,520,364.	16,525,916.	
	3	Gross income (line 1 minus line 2)	152,500.	63,360.	359,030.	574,890.	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	2,455,607.	218,284.	976,909.	3,650,800.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)					( 3,650,800.)
	11	Net income summary. Combine line 3, column (d), and line 10					-3,075,910.

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

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

9 Enter the state(s) in which the organization operates gaming activities:  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_



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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

**Part IV** Supplemental Information. Complete this part to 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 complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B

DETAILS OF FUNDRAISING AGREEMENT

DONOR SERVICES GROUP CONDUCTS TELEMARKETING CAMPAIGNS TO CURRENT AND LAPSED MEMBERS OF THE METROPOLITAN MUSEUM OF ART THROUGHOUT THE YEAR. THE TELEMARKETING STAFF REFERS TO A SCRIPT, WHICH IS APPROVED BY THE MEMBERSHIP DEPARTMENT, WHEN SPEAKING WITH MEMBERS.

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

**Part IV**

**Supplemental information.** Complete this part to 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 complete this part to provide any additional information (see instructions).

DURING FISCAL YEAR 2012; 35,136 CURRENT MEMBERS WERE CONTACTED BY DONOR SERVICES GROUP REQUESTING A CONTRIBUTION TO THE MEMBERSHIP ANNUAL APPEAL; 10,716 CURRENT MEMBERS WERE CONTACTED PRIOR TO EXPIRATION WITH A REQUEST FOR THEM TO RENEW THEIR MEMBERSHIP; AND 10,102 LAPSED MEMBERS WERE CONTACTED WITH A REQUEST FOR THEM TO REJOIN THE MUSEUM.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

**Part I General information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

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)								
(6)								
(7)								
(8)								
(9)								
(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
- For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule I (Form 990) (2011)

METROPOLITAN MUSEUM OF ART

Schedule I (Form 990) (2011)

13-1624086

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 THE BOTHMER FELLOWSHIP	1	27,500.			
2 SYLVAN C. AND PAMELA COLEMAN FELLOWSHIP	11	216,667.			
3 CHESTER DALE FELLOWSHIP	4	94,167.			
4 ANNETTE DE LA RENTA FELLOWSHIP	1	45,000.			
5 THE DOUGLASS FOUNDATION FELLOWSHIP IN AMERICAN ART	2	35,000.			
6 SHERMAN FAIRCHILD FOUNDATION FELLOWSHIP	1	35,000.			
7 ANDREW W. MELLON ART HISTORY FELLOWSHIP	12	276,508.			

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

JSA

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Schedule I (Form 990) (2011)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 ANDREW W. MELLON CONSERVATION FELLOWSHIP	11	229,958.			
2 ANDREW W MELLON POSTDOCTORAL CURATORIAL FELLOWSHIP	3	127,057.			
3 J. CLAMSON MILLS FELLOWSHIP	2	71,667.			
4 HEGOP KEVORKIAN FELLOWSHIP	1	25,000.			
5 HANNS AND BRIGITTE HORNEY SWARZENSKI FELLOWSHIP	1	6,309.			
6 GENE AND MORGAN WHITNEY FELLOWSHIP	10	247,333.			
7 SLIEKA FOUNDATION FELLOWSHIP	2	25,000.			

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SAMUEL H. KRESS FDN. INTERPRETIVE FELLOWSHIP	2.	27,983.			
2 ANNETTE KADE FELLOWSHIP	2.	18,833.			
3 RESEARCH SCHOLARSHIP IN PHOTOGRAPH CONSERVATION	1.	40,000.			
4 FOLAIRE WEISSMAN	1.	5,000.			
5 ANDREW W. MELLON SUPPORTED STIPEND INCREASES	44.	99,216.			
6 SAMUEL H. KRESS FDN. CONSERVATION FELLOWSHIP	1.	20,250.			
7					

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

SCHEDULE I, PART I, LINE 2

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

REQUIRES PERIODIC UPDATES ON THE INDIVIDUALS' RESEARCH.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

**Part I Questions Regarding Compensation**

**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.

- |                          |   |                                     |   |
|--------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> | First-class or charter travel             | <input checked="" type="checkbox"/> | Housing allowance or residence for personal use |
| <input type="checkbox"/> | Travel for companions                     | <input type="checkbox"/>            | Payments for business use of personal residence |
| <input type="checkbox"/> | Tax indemnification and gross-up payments | <input type="checkbox"/>            | Health or social club dues or initiation fees   |
| <input type="checkbox"/> | Discretionary spending account            | <input type="checkbox"/>            | Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**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. Explain in Part III.

- |                                     |                                     |                                     |   |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Compensation committee              | <input checked="" type="checkbox"/> | Written employment contract                     |
| <input checked="" type="checkbox"/> | Independent compensation consultant | <input checked="" type="checkbox"/> | Compensation survey or study                    |
| <input checked="" type="checkbox"/> | Form 990 of other organizations     | <input checked="" type="checkbox"/> | Approval by the board or compensation committee |

**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:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) 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:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" to line 6a or 6b, describe in Part III.

**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 . . . . .

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2011

**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.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 THOMAS P. CAMPBELL	698,789	0	106,412	34,564	273,820	1,113,585	0
2 EMILY K. RAFFERTY	655,932	0	840,800	34,827	19,656	1,551,215	0
3 CARRIE R. BARRATT	245,929	0	22,436	34,827	18,799	321,991	0
4 JENNIFER RUSSELL	305,088	0	4,764	34,827	1,528	346,207	0
5 SHARON H. COTT	364,007	0	35,961	34,827	18,644	453,439	0
6 HAROLD HOLZER	364,617	0	45,609	34,827	19,036	464,089	0
7 OLENA M. PASLAWSKY	421,300	0	2,898	34,827	8,264	467,289	0
8 NINA MCN DIEFENBACH	308,839	0	47,400	34,827	19,272	410,338	0
9 TOM JAVITZ	301,282	0	3,859	34,827	18,918	358,886	0
10 BRADLEY L. KAUFFMAN	399,598	200,000	2,714	34,827	2,323	639,462	0
11 DEBRA A. MCDOWELL	256,045	0	20,787	34,827	7,999	319,658	0
12 ELYSE TOPALIAN	213,717	0	37,082	30,250	18,237	299,286	0
13 SUZANNE E. BRENNER	516,424	383,562	20,067	284,827	19,228	1,224,108	133,562
14 LAUREN A. MESERVE	423,073	297,945	540	234,564	7,845	963,967	97,945
15 GEORGE GOLDNER	261,347	0	53,073	34,827	18,856	368,103	0
16 GARY TINTEROW	242,341	0	59,545	34,827	18,156	354,869	0

**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.

	(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	LAWRENCE BECKER	(i) 241,280. (ii) 0 (iii) 0	0	52,770.	34,827.	18,801.	347,678.	0
2	KEN M. WEINSTEIN	(i) 242,857. (ii) 0 (iii) 0	40,000.	529.	34,564.	18,792.	336,742.	0
3		(i) (ii) (iii)						
4		(i) (ii) (iii)						
5		(i) (ii) (iii)						
6		(i) (ii) (iii)						
7		(i) (ii) (iii)						
8		(i) (ii) (iii)						
9		(i) (ii) (iii)						
10		(i) (ii) (iii)						
11		(i) (ii) (iii)						
12		(i) (ii) (iii)						
13		(i) (ii) (iii)						
14		(i) (ii) (iii)						
15		(i) (ii) (iii)						
16		(i) (ii) (iii)						

**Part III Supplemental Information**

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

SCHEDULE J, PART I, LINE 1A

PERSONAL HOUSING - FOR CALENDAR YEAR 2011, THE MUSEUM PROVIDED A HOUSING ALLOWANCE TO THE PRESIDENT, EMILY K. RAFFERTY. THIS ALLOWANCE WAS TREATED AS TAXABLE COMPENSATION. FOR CALENDAR YEAR 2011, THE MUSEUM PROVIDED THE DIRECTOR, THOMAS P. CAMPBELL, WITH A RESIDENCE THAT HE WAS REQUIRED TO LIVE IN AS A CONDITION OF EMPLOYMENT FOR THE CONVENIENCE OF THE MUSEUM.

SCHEDULE J, PART I, LINE 4B

THE FOLLOWING PERSONS PARTICIPATED IN OR RECEIVED PAYMENTS FROM A

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN:

THOMAS P. CAMPBELL - \$11,200

CARRIE R. BARRATT - \$21,210

SHARON H. COTT - \$34,500

HAROLD HOLZER - \$41,400

GARY TINTEROW - \$45,000

**Part III Supplemental Information**

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

NINA MCN DIEFENBACH - \$46,000

DEBRA A. MCDOWELL - \$18,400

ELYSE TOPALIAN - \$35,100

SUZANNE BRENNER - \$18,400

GEORGE GOLDNER - \$46,000

LAWRENCE BECKER - \$46,000

THE FOLLOWING PERSONS VESTED AND RECEIVED PAYMENT FROM A NON-QUALIFIED

RETIREMENT PLAN:

EMILY K. RAFFERTY - \$714,214

SCHEDULE J, PART 1, LINE 7

PURSUANT TO THE MUSEUM'S INCENTIVE COMPENSATION PLAN FOR INVESTMENT

STAFF, THE CHIEF INVESTMENT OFFICER, SUZANNE E. BRENNER RECEIVED A BONUS

PAYMENT OF \$383,562 WHICH IS INCLUDED IN SCHEDULE J, PART 11, COLUMN B.

THE DEPUTY CHIEF INVESTMENT OFFICER, LAUREN M. MESERVE, ALSO RECEIVED A

BONUS PAYMENT OF \$297,945 WHICH IS INCLUDED IN SCHEDULE J, PART 11

COLUMN B.

**Part III Supplemental Information**

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

VICE PRESIDENT AND GENERAL MANAGER OF MERCHANDISE AND RETAIL, BRADLEY L.

KAUFFMAN, AND GENERAL MANAGER OF MERCHANDISING FINANCE, OPERATIONS AND

SYSTEMS, KEN M. WEINSTEIN, RECEIVED DISCRETIONARY BONUS PAYMENTS OF

\$200,000 AND \$ 40,000 RESPECTIVELY, WHICH ARE INCLUDED IN SCHEDULE J,

PART II, COLUMN B.

FORM 990, PART VII

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

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

METROPOLITAN MUSEUM OF ART

**Part I Bond Issues**

PARTIAL FUNDING OF CAPITAL PRO

**Supplemental Information on Tax-Exempt Bonds**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Employer identification number  
13-1624086

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

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		65,000,000.		65,000,000.				
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		795,690.		795,690.				
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		64,204,310.		64,204,310.				
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2008		2008		2008		2008	
14 Were the bonds issued as part of a current refunding issue?		X		X				
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?		X		X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X				

**Part III Private Business Use**

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

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

Schedule K (Form 990) 2011

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

PARTIAL FUNDING OF CAPITAL PRO

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .		0.00 %		0.00 %				%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .		0.00 %		0.00 %				%
6 Total of lines 4 and 5 . . . . .		0.00 %		0.00 %				%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X					
2 Is the bond issue a variable rate issue?	X		X					
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider . . . . .								
c Term of hedge . . . . .								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider . . . . .								
c Term of GIC . . . . .								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X		X				
6 Did the bond issue qualify for an exception to rebate?	X		X					

**Part V Procedures To Undertake Corrective Action**

Check the box if 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 . . . . .  Yes  No

**Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).**

SCHEDULE K, PART 111, LINES 4-6  
PRIVATE BUSINESS AND UNRELATED USE



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

**PARTIAL FUNDING OF CAPITAL PRO**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?							
c	Are there any research agreements that may result in private business use of bond-financed property?							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .		%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .							
6	Total of lines 4 and 5 . . . . .		%		%		%	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?							
2	Is the bond issue a variable rate issue?							
3a	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?							
4a	Were gross proceeds invested in a guaranteed investment contract (GIC)?							
b	Name of provider . . . . .							
c	Term of GIC . . . . .							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?							
5	Were any gross proceeds invested beyond an available temporary period?							
6	Did the bond issue qualify for an exception to rebate?							

**Part V Procedures To Undertake Corrective Action**

Check the box if 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

**Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).**  
 THE MUSEUM PERFORMS A DETAILED PRIVATE BUSINESS AND UNRELATED USE CALCULATION. THE MUSEUM CALCULATED ITS PRIVATE BUSINESS AND UNRELATED USE

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

PARTIAL FUNDING OF CAPITAL PRO

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .		%		%		%		%
6 Total of lines 4 and 5 . . . . .		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .								

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .								
2 Is the bond issue a variable rate issue? . . . . .								
3a 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? . . . . .								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .								
b Name of provider . . . . .								
c Term of GIC . . . . .								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
5 Were any gross proceeds invested beyond an available temporary period? . . . . .								
6 Did the bond issue qualify for an exception to rebate? . . . . .								

**Part V Procedures To Undertake Corrective Action**

Check the box if 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

**Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).**

FOR THE FISCAL YEAR ENDED JUNE 30, 2012 TO BE NEARLY 0% IN TAX EXEMPT BOND FINANCED SPACE. THIS ANALYSIS EXCLUDES COST OF ISSUANCE.

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

OMB No. 1545-0047

**2011**

**Open To Public  
Inspection**

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(1)	(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		To	From			Yes	No	Yes	No	Yes	No
		(1)									
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											

Total . . . . . ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

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

Schedule L (Form 990 or 990-EZ) 2011

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CHILTON INVESTMENT COMPANY, INC.	SEE PART V.	1,061,864.	MANAGEMENT FEES		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

SCHEDULE L, PART IV

BUSINESS TRANSACTIONS INVOLVING INTERESTED PARTIES

TRUSTEE RICHARD L. CHILTON, JR. IS CHAIRMAN, CEO AND CHIEF INVESTMENT

OFFICER OF CHILTON INVESTMENT COMPANY, INC.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2011**

**Open To Public  
Inspection**

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .	X	161.	0	
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .	X	11.	0	
4 Books and publications . . . . .	X		0	
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	131.	5,371,088.	MKT VALUE- GIFT DATE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 57.

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

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

Schedule M (Form 990) (2011)

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

## PART I, COLUMN (B)

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

## PART I, LINE 32B

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

## 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.

Supplemental Information to Form 990 or 990-EZ

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.

2011

Open to Public  
Inspection

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PART III

MISSION AND PROGRAM SERVICE ACCOMPLISHMENTS

THE MISSION OF THE METROPOLITAN MUSEUM OF ART IS TO COLLECT, PRESERVE, STUDY, EXHIBIT, AND STIMULATE APPRECIATION FOR AND ADVANCE KNOWLEDGE OF WORKS OF ART THAT COLLECTIVELY REPRESENT THE BROADEST SPECTRUM OF HUMAN ACHIEVEMENT AT THE HIGHEST LEVEL OF QUALITY, ALL IN THE SERVICE OF THE PUBLIC AND IN ACCORDANCE WITH THE HIGHEST PROFESSIONAL STANDARDS.

THE METROPOLITAN MUSEUM OF ART WAS FOUNDED ON APRIL 13, 1870 BY A GROUP OF CIVIC LEADERS, ART COLLECTORS, AND PHILANTHROPISTS. THE PREMISE ON WHICH THE MUSEUM WAS FOUNDED IS "FOR THE PURPOSE OF ESTABLISHING AND MAINTAINING IN NEW YORK CITY A MUSEUM AND LIBRARY OF ART, OF ENCOURAGING AND DEVELOPING THE STUDY OF THE FINE ARTS, AND THE APPLICATION OF ARTS TO MANUFACTURE AND PRACTICAL LIFE, OF ADVANCING THE GENERAL KNOWLEDGE OF KINDRED SUBJECTS, AND, TO THAT END, OF FURNISHING POPULAR INSTRUCTION."

THE MUSEUM HAS SINCE BECOME THE PREEMINENT CULTURAL INSTITUTION IN THE WESTERN HEMISPHERE, SERVING A PUBLIC THAT EXTENDS FAR BEYOND NEW YORK CITY TO ALL THE UNITED STATES AND, INDEED, THE WORLD. IT RANKS AS NEW YORK'S PREMIER TOURIST ATTRACTION, WITH FIFTY-NINE PERCENT OF ITS NEARLY 6.28 MILLION ANNUAL VISITORS (INCLUDING THE CLOISTERS MUSEUM AND GARDENS) FROM OUTSIDE THE TRI-STATE AREA. FISCAL 2012 WAS A PIVOTAL YEAR FOR THE METROPOLITAN MUSEUM OF ART. ATTENDANCE IN FISCAL YEAR 2012 WAS THE HIGHEST RECORDED IN OVER FORTY YEARS DRIVEN BY THE FINAL WEEKS OF THE

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"ALEXANDER MCQUEEN: SAVAGE BEAUTY" EXHIBITION ALONG WITH THE LANDMARK OPENING OF NEW GALLERIES FOR THE DEPARTMENTS OF ISLAMIC AND AMERICAN ART, AND MANY OTHER EXHIBITIONS AND PROGRAMS. THE MUSEUM SERVES ALL AGE GROUPS, FROM PRE-SCHOOL CHILDREN TO SENIOR CITIZENS, AND MAINTAINS A BROAD RANGE OF EDUCATIONAL AND OUTREACH PROGRAMS.

## PART III (CONTINUED)

THE MUSEUM'S COLLECTIONS COMPRISE WORKS OF ART FROM ANCIENT, MEDIEVAL, AND MODERN TIMES AND FROM ALL AREAS OF THE WORLD. THEY OFFER A SURVEY OF ART FROM ANCIENT CIVILIZATIONS OF ASIA, AFRICA, SOUTH AMERICA, THE PACIFIC ISLANDS, EGYPT, THE NEAR EAST, AND GREECE AND ROME, TO THE PRESENT TIME. THE MUSEUM ALSO POSSESSES COLLECTIONS OF EUROPEAN PAINTINGS, MEDIEVAL ART AND ARCHITECTURE, ARMS AND ARMOR, PRINTS, PHOTOGRAPHS, DRAWINGS, COSTUMES, MUSICAL INSTRUMENTS, ISLAMIC ART, EUROPEAN SCULPTURE AND DECORATIVE ARTS, AND AMERICAN ART. THE MUSEUM MAINTAINS ONE OF THE MOST COMPREHENSIVE ART AND ARCHITECTURE LIBRARIES IN THE UNITED STATES. THE COLLECTIONS ARE MAINTAINED FOR PUBLIC EXHIBITION, EDUCATION, AND RESEARCH.

THE MUSEUM CONTINUES TO ENHANCE THE COLLECTIONS THROUGH KEY ACQUISITIONS IN A NUMBER OF AREAS. IN FISCAL YEAR 2012, THE MUSEUM ACQUIRED MANY OBJECTS OF DISTINCTION, INCLUDING A MARBLE HEAD OF ZEUS AMMON, CA A.D. 120-60; AN EXQUISITE BRONZE FIGURE BY THE RENAISSANCE ARTIST KNOWN AS ANTICO ENTITLED SPINARIO (BOY PULLING A THORN FROM HIS FOOT); AN EXCEEDINGLY RARE AND MONUMENTAL DOUBLE-SIDED PANEL BY THE GERMAN RENAISSANCE ARTIST HANS SCHÄUFELEIN THE ELDER, ONE OF ALBRECHT DÜRER'S



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MOST GIFTED PUPILS; AN ALBUM OF LANDSCAPE PAINTINGS BY SEVENTEENTH-CENTURY ARTIST ZHENG MIN ENTITLED EIGHT VIEWS OF MOUNT HUANG; A MAJOR PAINTING BY LOUIS-LÉOPOLD BOILLY OF THE PUBLIC VIEWING DAVID'S "CORONATION" AT THE LOUVRE (1830); 9 PORTRAIT DRAWINGS BY THE GREAT 19-CENTURY FRENCH DRAUGHTSMAN JEAN-AUGUSTE-DOMINIQUE INGRES; AND 36 COLOR PHOTOGRAPHS BY THE AMERICAN PHOTOGRAPHER WILLIAM EGGLESTON.

PART III (CONTINUED)

THE CURATORIAL PROGRAMS ARE SUPPORTED BY NUMEROUS SERVICES AND RESOURCES. THE DEPARTMENTS OF PAINTINGS, PAPER, OBJECTS AND TEXTILE CONSERVATION PREPARE AND REVIEW EVERY ARTWORK SELECTED FOR A NEW INSTALLATION, SPECIAL EXHIBITION OR LOAN. THIS CONSERVATION EFFORT RANKS WITH THE BEST OF THE WORLD'S MAJOR MUSEUMS. THE THOMAS J. WATSON LIBRARY HOUSES VALUABLE RESEARCH MATERIAL AVAILABLE FOR CURATORIAL, EDUCATION, AND PUBLICATION PROJECTS. IN FISCAL YEAR 2012, OVER 7,400 VISITS WERE MADE BY OUTSIDE RESEARCHERS (3,000 MORE THAN IN FY 2011) AND OVER 34,000 ITEMS WERE CIRCULATED TO READERS. NOLEN LIBRARY'S STORYTIME PROGRAM REACHED 5,250 CHILDREN AND HAS BEEN EXPANDED TO 8 TIMES A WEEK. THE LIBRARY ALSO MAKES RARE MATERIALS AVAILABLE ONLINE, INCLUDING ALL MUSEUM PUBLICATIONS FROM THE FOUNDING TO 1923.

THE MUSEUM CONTINUES TO BE A LEADING MUSEUM PUBLISHER IN THE WORLD AND AGAIN PRODUCED AN IMPRESSIVE NUMBER OF PUBLICATIONS, WITH MOST TITLES SELLING EITHER AT OR ABOVE PROJECTION, AND MANY TITLES RECEIVING EXCELLENT REVIEWS OR WINNING PRESTIGIOUS AWARDS. IN FISCAL YEAR 2012, THE EDITORIAL DEPARTMENT PUBLISHED TWENTY FIVE PUBLICATIONS, INCLUDING

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TWELVE EXHIBITION CATALOGUES, SEVEN COLLECTION AND OTHER SCHOLARLY CATALOGUES, TWO GUIDEBOOKS, AND FOUR BULLETINS. IN FISCAL 2012 MET PUBLICATION SALES CONTINUED TO BE BOLSTERED BY A RECORD NUMBER OF COPIES SOLD OF ALEXANDER MCQUEEN: SAVAGE BEAUTY (CLOSE TO 211,000 COPIES SOLD BETWEEN MAY 2011 AND THE END OF FISCAL 2012). A COMPLETELY RECONCEIVED AND REWRITTEN METROPOLITAN MUSEUM OF ART GUIDE WAS PUBLISHED IN 2012, THE FIRST NEW EDITION IN ALMOST THREE DECADES. WITH NEARLY 600 MASTERPIECES, IT REPRESENTS THE FULL SCOPE OF THE MUSEUM'S ENCYCLOPEDIC COLLECTION AND BY JANUARY 2013 WILL BE AVAILABLE IN SIX LANGUAGES.

## PART III (CONTINUED)

THE MUSEUM'S SPECIAL EXHIBITIONS PROGRAM IS EXCEPTIONALLY DIVERSE, PRESENTING ABOUT 35 EXHIBITION AND COLLECTION ROTATIONS PER YEAR FOCUSING ON A WIDE RANGE OF THEMES, PERIODS, AND INDIVIDUAL ARTISTS. THE FOLLOWING EXHIBITIONS WERE AMONG THE HIGHLIGHTS THIS YEAR: "INFINITE JEST: CARICATURE AND SATIRE FROM LEONARDO TO LEVINE"; "HEROIC AFRICANS: LEGENDARY LEADERS, ICONIC SCULPTURES"; "'WONDER OF THE AGE': MASTER PAINTERS OF INDIA, 1100-1900"; "STIEGLITZ AND HIS ARTISTS: MATISSE TO O'KEEFFE"; "THE GAME OF KINGS: MEDIEVAL IVORY CHESSMEN FROM THE ISLE OF LEWIS" (THE CLOISTERS); "STORYTELLING IN JAPANESE ART"; "THE COE COLLECTION OF AMERICAN INDIAN ART"; "DUNCAN PHYFE: MASTER CABINETMAKER IN NEW YORK"; "THE RENAISSANCE PORTRAIT FROM DONATELLO TO BELLINI"; "CHINESE ART IN AN AGE OF REVOLUTION: FU BAOSHI (1904-1965)"; "SPIES IN THE HOUSE OF ART: PHOTOGRAPHY, FILM, AND VIDEO"; "REMBRANDT AND DEGAS: PORTRAIT OF THE ARTIST AS A YOUNG MAN"; "THE STEINS COLLECT: MATISSE, PICASSO, AND THE PARISIAN AVANT-GARDE"; "BYZANTIUM AND ISLAM: AGE OF

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TRANSITION"; "NAKED BEFORE THE CAMERA"; "DÜRER AND BEYOND: CENTRAL EUROPEAN DRAWINGS IN THE METROPOLITAN MUSEUM OF ART, 1400-1700"; "THE DAWN OF EGYPTIAN ART"; "THE PRINTED IMAGE IN CHINA, 8TH-21ST CENTURY"; "SCHIAPARELLI AND PRADA: IMPOSSIBLE CONVERSATIONS"; "TOMÁS SARACENO ON THE ROOF: CLOUD CITY"; "DESIGNING NATURE: THE RINPA AESTHETIC IN JAPANESE ART"; AND "ELLSWORTH KELLY PLANT DRAWINGS".

THE PERMANENT COLLECTION AND SPECIAL EXHIBITIONS CONTINUE TO BE ENHANCED BY A VARIETY OF EDUCATIONAL PROGRAMS. LAST YEAR THE MUSEUM ORGANIZED SOME 25,283 EDUCATIONAL EVENTS REACHING 693,116 PEOPLE. AT THE MAIN BUILDING AND THE CLOISTERS, THE MUSEUM WELCOMED 6,021 SCHOOL CLASSES, REPRESENTING 217,850 STUDENTS. TEACHER TRAINING, THROUGH ONSITE AND ONLINE WORKSHOPS, AS WELL AS PRINTED AND WEB-BASED TEACHER RESOURCES, WHICH ARE FREE UPON REQUEST FOR ALL NYC PUBLIC SCHOOLS AND AVAILABLE IN PDF FORM FOR SCHOOLS WORLDWIDE, ENABLE K-12 EDUCATORS TO MORE FULLY UTILIZE THE MUSEUM'S COLLECTIONS IN THEIR CURRICULA.

## PART III (CONTINUED)

DURING THE YEAR 46,083 INDIVIDUALS PARTICIPATED IN FAMILY PROGRAMMING AND MANY MORE WERE ABLE TO ENRICH THEIR VISITS THROUGH PRINTED FAMILY GUIDES. FAMILIES WITH CHILDREN MAY ALSO DOWNLOAD AND PRINT THESE GUIDES AT HOME IN PREPARATION FOR THEIR MET VISIT. THE MUSEUM OFFERS SPECIALLY DESIGNED PROGRAMS FOR A DEDICATED TEEN AUDIENCE: 2,080 VISITORS (AGED 11 THROUGH 18) TOOK PART IN THESE PROGRAMS. FOR GENERAL VISITORS, THE MUSEUM OFFERS A COMPREHENSIVE SERIES OF LECTURES, GALLERY TALKS, AND GUIDED TOURS IN NUMEROUS LANGUAGES THROUGHOUT THE DAY, MOST OF WHICH ARE FREE WITH MUSEUM

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ADMISSION. LAST YEAR, 110,326 PEOPLE PARTICIPATED IN GALLERY TALKS AND GUIDED TOURS, AND 37,984 ATTENDED LECTURES. THE MUSEUM IS COMMITTED TO REACHING OUT TO POPULATIONS THROUGHOUT THE NEW YORK CITY COMMUNITY WHO MAY NOT BE FAMILIAR WITH THE MUSEUM. THE MUSEUM ALSO OFFERS A FULL RANGE OF PROGRAMS FOR VISITORS WITH VISION, HEARING, LEARNING, AND MOBILITY IMPAIRMENTS, AS WELL AS FOR THOSE WITH DEMENTIA AND THEIR CAREGIVERS. IN FISCAL 2012, 6,392 SUCH VISITORS PARTICIPATED IN 367 PROGRAMS.

DESPITE THE EVER-INCREASING CHALLENGE TO MEET OPERATING NEEDS, THE MUSEUM IS COMMITTED TO FINDING WAYS TO BE MORE RESPONSIVE TO THE INTERESTS OF ITS AUDIENCE. IN ORDER TO SERVE OUR MANY AUDIENCES MORE EFFECTIVELY, THE MUSEUM CONDUCTS QUARTERLY SURVEYS OF VISITORS, POLLING INDIVIDUALS AS THEY ENTER THE BUILDING TO DETERMINE GEOGRAPHIC ORIGIN, AGE, LEVEL OF EDUCATION, ETHNICITY, INCOME AND PROFESSION. NUMEROUS OTHER SURVEYS AND STUDIES EVALUATE SPECIFIC PROGRAMS. IN THE LAST FISCAL YEAR, APPROXIMATELY 36% OF VISITORS TO THE MUSEUM WERE FROM OTHER COUNTRIES. THUS, AS THE NUMBER OF NON-ENGLISH SPEAKING VISITORS INCREASES, PROVIDING SERVICES TO MEET THEIR NEEDS BECOMES EVER MORE IMPORTANT. THE MUSEUM OFFERS A FOREIGN VISITORS INFORMATION DESK; A MUSEUM MAP AND INFORMATION BROCHURE IN ELEVEN LANGUAGES; AND MULTI-LINGUAL WALKING TOURS, GALLERY TALKS, AND VISITOR INFORMATION ON THE MUSEUM'S WEBSITE.

PART III (CONTINUED)

FISCAL YEAR 2012 SAW THE METROPOLITAN MUSEUM OF ART'S DIGITAL MEDIA DEPARTMENT AT THE FOREFRONT OF SEVERAL OF THE MUSEUM'S DEFINING ACHIEVEMENTS AND INITIATIVES. FORMED IN FY 2011, THE DEPARTMENT IS

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CHARGED TO BOLSTER THE MUSEUM'S EFFORTS TO EXPAND ITS AUDIENCES THROUGH THE USE OF DIGITAL MEDIA, LEADING THE CREATION, PRODUCTION, PRESENTATION AND DISSEMINATION OF MULTI-MEDIA CONTENT BOTH WITHIN THE GALLERIES AND ONLINE.

IN JANUARY 2011, THE MUSEUM COMPLETED THE ONLINE PUBLICATION OF ALL CATALOGUED WORKS. THE DATABASE WAS A KEY COMPONENT IN THE LAUNCH OF THE MUSEUM'S EXPANDED AND REDESIGNED WEBSITE IN SEPTEMBER 2011. WITH COMPLETE LISTINGS OF THE MUSEUM'S CATALOGUED COLLECTIONS, AN INTERACTIVE MAP OF THE BUILDINGS, AND AN ARRAY OF EASILY ACCESSIBLE RESOURCES, THE NEW WEBSITE IS AN ESSENTIAL PART OF THE VISITOR EXPERIENCE. IT PROVIDES A SEAMLESS CONNECTION BETWEEN LEARNING ABOUT THE MUSEUM AND ITS COLLECTIONS ONLINE AND ENCOUNTERING FACE-TO-FACE THE MAGNIFICENT WORKS AND PROGRAMS IN OUR GALLERIES. IN FY 2012, THE MUSEUM COMPLETED ITS TWO-YEAR EFFORT TO REBUILD AND RELAUNCH THE WEBSITE. USING A NEW TRACKING TOOL, THE MUSEUM DETERMINED THAT VISITS TO THE SITE EQUALED APPROXIMATELY 46 MILLION IN FY 2012, WHICH REPRESENTS A 27% INCREASE COMPARED TO COMPARABLE VISITS IN FY 2011.

AS PART OF THE NEW WEBSITE, THE CONSTANTLY EVOLVING HEILBURUNN TIMELINE OF ART HISTORY BECAME MORE FULLY INTEGRATED INTO THE SITE. LAUNCHED IN 2000, THE TIMELINE REMAINS A FAVORITE ONLINE FEATURE AMONG SCHOLARS AND THE GENERAL PUBLIC ALIKE, WITH 1.5 MILLION VISITS PER MONTH. THE TIMELINE CONTINUES TO EXPAND IN SCOPE AND DEPTH, REFLECTING THE MOST UP-TO-DATE SCHOLARSHIP AND EXPLORING THE HISTORY OF ART AROUND THE WORLD THROUGH THE

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MUSEUM'S COLLECTIONS.

PART III (CONTINUED)

CONNECTIONS, ANOTHER WEB FEATURE THAT RECEIVED ENTHUSIASTIC RESPONSE CAME TO A CLOSE THIS YEAR AFTER ONE HUNDRED EPISODES. BY EXPLORING THE COLLECTIONS THROUGH THEMES THAT WERE PERSONAL TO MET STAFF, CONNECTIONS TAUGHT OUR AUDIENCE TO LOOK AT WORKS OF ART WITH FRESH EYES.

NOVEMBER 2011 SAW THE LAUNCH OF THE MET AROUND THE WORLD, A NEW WEBSITE FEATURE THAT OUTLINES THE MUSEUM'S GLOBAL ACTIVITY IN THE AREAS OF EXHIBITIONS, LOANS, CONSERVATION, EXCAVATIONS, FELLOWSHIPS, AND OTHER COLLABORATIONS. THE NEW SECTION CONSOLIDATES ALL OF THESE ACTIVITIES AND ALLOWS VISITORS TO SEARCH THEM BY LOCATION OR CATEGORY.

AS PART OF A BROADER EFFORT TO SUPPORT ITS COMMITMENT TO ADD ONLINE VISITORS AND BUILD AND ENCOURAGE ITS RELATIONSHIP WITH THEM, THE MUSEUM ALSO OPERATES EMAIL-MARKETING AND SOCIAL-MEDIA PROGRAMS THAT PROVIDE CONTENT AND INTERACTIVE EXPERIENCES. THE EMAIL MARKETING PROGRAM, WHICH INCLUDES BOTH ENGAGEMENT AND FUNDRAISING MESSAGES, REACHED 600,000 ONLINE SUBSCRIBERS AND MEMBERS IN FISCAL YEAR 2012. COLLECTIVELY THE MUSEUM REACHED MORE THAN 1.2 MILLION INDIVIDUALS THROUGH OUR E-MARKETING AND SOCIAL MEDIA EFFORTS, WHICH INCLUDES FACEBOOK, TWITTER, FLICKR, ARTBABBLE, AND YOUTUBE.

THE MUSEUM ALSO MADE STRIDES IN ITS DIGITAL PUBLISHING EFFORTS, PRODUCING A NUMBER OF APPLICATIONS FOR MOBILE DEVICES AS WELL AS BLOGS AND OTHER

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ONLINE PUBLICATIONS AND RESOURCES. A NEW DIRECTOR'S TOUR AUDIO GUIDE, THE FIRST SINCE 1999, WAS ALSO RELEASED. IT OFFERS-IN EIGHT LANGUAGES-A BROAD OVERVIEW OF THE MET AS WELL AS COMMENTARY ON SELECTED WORKS OF ART AND STORIES FROM THE HISTORY OF THE MUSEUM. THIS INTERPRETIVE TOOL SITS ALONGSIDE A WIDE RANGE OF EDUCATIONAL PROGRAMS DESIGNED TO ENGAGE VISITORS WITH WORKS OF ART IN NEW AND INNOVATIVE WAYS.

## PART III (CONTINUED)

THE MUSEUM AND ITS PERMANENT COLLECTIONS ARE CONTINUOUSLY ENHANCED THROUGH NEW INSTALLATIONS AND CAPITAL PROJECTS. THE OPENING IN NOVEMBER 2011 OF THE NEW GALLERIES FOR THE ART OF THE ARAB LANDS, TURKEY, IRAN, CENTRAL ASIA, AND LATER SOUTH ASIA WAS HISTORIC FOR THE MUSEUM, TRACING THE FULL COURSE OF ISLAMIC CIVILIZATION OVER A SPAN OF FOURTEEN CENTURIES. THE RENOVATION OF THESE FIFTEEN GALLERIES INCLUDED THE CONSERVATION AND REINSTALLATION OF THE DAMASCAS ROOM AND THE SPANISH CEILING, AS WELL AS INSTALLATION OF THE STONE FLOOR. THE JANUARY OPENING OF THE NEW AMERICAN WING GALLERIES FOR PAINTINGS, SCULPTURE, AND DECORATIVE ARTS CONCLUDED A TEN-YEAR PROJECT TO RENOVATE THE ENTIRE AMERICAN WING. THE NEW INSTALLATION PROVIDES VISITORS WITH AN UNRIVALED HISTORY OF AMERICAN ART FROM THE EIGHTEENTH THROUGH THE EARLY TWENTIETH CENTURY IN TWENTY-SIX RENOVATED AND ENLARGED GALLERIES ON THE WING'S SECOND FLOOR.

IN ADDITION, CONSTRUCTION BEGAN IN JANUARY 2012 ON A BRAND-NEW MEMBERS LOUNGE ON THE SECOND FLOOR OF THE GREAT HALL BALCONY AND WAS COMPLETED IN THE FALL OF 2012. A PROJECT TO RENOVATE AND INSTALL THE MUSEUM'S

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WORLD-RENOWNED EUROPEAN PAINTINGS GALLERIES COMMENCED AND THE GALLERIES ARE EXPECTED TO REOPEN IN SPRING 2013. RENOVATION OF THE GALLERIES, LIBRARY, CONSERVATION SPACE, AND ADMINISTRATIVE OFFICES OF THE COSTUME INSTITUTE BEGAN LAST FALL AND IS EXPECTED TO BE COMPLETED IN SPRING 2014.

CONSTRUCTION ON A COMPREHENSIVE REDESIGN OF THE METROPOLITAN'S FOUR-BLOCK-LONG PLAZA- INCLUDING THE CREATION OF NEW FOUNTAINS AS WELL AS SEASONAL LANDSCAPING, IMPROVED ACCESS TO THE MUSEUM, AND NEW LIGHTING - BEGAN IN FALL 2012 AND WILL TAKE APPROXIMATELY TWENTY-THREE MONTHS TO COMPLETE.

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 (1) PURCHASE, SELL, MORTGAGE OR LEASE REAL PROPERTY ON BEHALF OF THE MUSEUM; (B) FILL VACANCIES IN THE BOARD OF TRUSTEES OR IN ANY COMMITTEE; (C) AMEND OR REPEAL THE BY-LAWS OR ADOPT NEW BY-LAWS; AND (D) AMEND OR REPEAL ANY RESOLUTION OF THE BOARD OF TRUSTEES WHICH BY ITS TERMS SHALL NOT BE SO AMENDABLE OR REPEALABLE.

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



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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 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 SENIOR VICE PRESIDENT, SECRETARY AND 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

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THE POLICY AND (III) AGREES TO COMPLY WITH THE POLICY. THE INDIVIDUAL IS ALSO ASKED TO DISCLOSE ANY SITUATION OR AREAS OF POTENTIAL CONFLICTS OF INTEREST THAT HE OR SHE OR A MEMBER OF HIS OR HER FAMILY MAY HAVE. THE GENERAL COUNSEL'S OFFICE ENSURES ALL STATEMENTS ARE COMPLETED AND RETURNED. WHEN POTENTIAL CONFLICTS ARISE, THEY ARE INITIALLY EVALUATED BY THE GENERAL COUNSEL WITH THE ASSISTANCE OF OUTSIDE LEGAL COUNSEL IF NECESSARY. CONFLICTS 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 A CONFLICT OF INTEREST IS DETERMINED TO EXIST, THE INDIVIDUAL IS PROHIBITED FROM PARTICIPATING IN THE BOARD'S DELIBERATIONS AND DECISIONS REGARDING THE TRANSACTIONS.

PART VI, LINES 15A AND 15B

COMPENSATION REVIEW

ANNUALLY, THE MUSEUM OBTAINS A REVIEW AND APPROVAL BY AN INDEPENDENT COMPENSATION CONSULTANT AND THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES FOR THE TOTAL REMUNERATION OF ALL THE MUSEUM'S OFFICERS.

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.

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PART VIII, LINE 8

FUNDRAISING EVENTS

NOTE THAT THE \$3,075,910 LOSS ON LINE 8(C) DOES NOT INCLUDE THE \$16,525,916 OF CONTRIBUTIONS WHICH RESULTED IN A NET GAIN FROM THESE EVENTS OF APPROXIMATELY \$13.5 MILLION.

PART VIII, LINE 10

GROSS SALES LESS RETURNS AND ALLOWANCES

NOTE THAT THE GROSS PROFIT REPORTED ON LINE 10(C) DOES NOT INCLUDE EXPENSES REPORTED ON PART IX, LINE 25.

PART XI, LINE 5

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAINS ON INVESTMENTS \$(128,776,248); CHANGE IN THE FAIR VALUE OF INTEREST RATE AGREEMENTS AND EFFECT OF INTEREST RATE SWAPS \$(23,289,703); RECLASSIFICATIONS, FEES AND OTHER \$(15,903,061); CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT \$(7,459,630); PENSION RELATED CHANGES OTHER THAN NPPC \$(47,587,557); ADDITIONAL RETIREMENT CONTRIBUTION \$(4,273,368); PARTNERSHIP UBI \$1,059,866; ROUNDING \$(11) TOTAL PART XI, LINE 5 \$(226,229,712).

ATTACHMENT 1

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
MERCHANDISING OPERATIONS		40,217,462.	42,028,791.
OPERATION OF RESTAURANTS		20,079,602.	
SPECIAL EXHIBITIONS		12,879,944.	

Name of the organization METROPOLITAN MUSEUM OF ART	Employer identification number 13-1624086
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FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICESATTACHMENT 1 (CONT'D)

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
DEPRECIATION		13,352,042.	
COMMUNITY PROGRAMS AND LIBRARIES		11,603,387.	
RENOVATION OF GALLERIES		9,217,500.	
COMMUNICATIONS		5,767,484.	21,970.
MEMBERSHIP SERVICES INC BULLETIN		4,279,338.	
OPERATION OF AUDITORIUM		2,779,412.	1,839,978.
OPERATION OF PARKING GARAGE		1,553,797.	
CORPORATE EVENTS & FUNDRAISING		769,684.	937,721.
TOTALS		<u>122,499,652.</u>	<u>44,828,460.</u>

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
RC DOLNER, LLC 2 PENN PLAZA EAST, 11TH FLOOR NEWARK, NJ 07105	CONSTRUCTION MANAGER	4,263,818.
KEVIN ROCHE JOHN DINKELOO AND ASSOCIATES 20 DAVIS STREET, P.O. BOX 6127 HAMDEN, CT 06517	ARCHITECTS	2,202,656.

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

ATTACHMENT 3 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
GIF SERVICES 2525 BRUNSWICK AVENUE, SUITE 204 LINDEN, NJ 07036	BROKERAGE/SHIPPING	1,895,738.
TUTTLE 295 MADISON AVNEUE NEW YORK, NY 10017	EMPLOYMENT AGENCY	1,704,248.
MASTERPIECE INTERNATIONAL 39 BROADWAY NEW YORK, NY 10006	CUSTOMHOUSE BROKERS	1,479,279.
TOTAL COMPENSATION		<u>11,545,739.</u>

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. See separate instructions.

Open to Public Inspection

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number 13-1624086

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

Table with 7 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows 1-6 are empty.

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

Table with 9 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity. Rows 1-7 are empty.

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

Schedule R (Form 990) 2011

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) 13 CHARITABLE TRUSTS	TRUST		N/A	TRUST			
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

Table with columns: (a) Name of other organization, (b) Transaction type (a-r), (c) Amount involved, (d) Method of determining amount involved, and Yes/No columns. Rows include categories like Receipt of interest, Gift, Loans, Sale of assets, etc.

Summary table with rows (1) through (6) and columns corresponding to the main table headers.



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

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

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

**Part VII** Supplemental Information

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

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