Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

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

Inspection

A	For t	he 2018 calendar year, or tax year beginning 07/01, 2018, an	nd ending		06/30, 20 19
_		C Name of organization		D Employer ide	ntification number
В	Check if	applicable: METROPOLITAN MUSEUM OF ART			
Γ	Add	Doing Business As		13-1624	086
			om/suite	E Telephone nu	mber
	Initia	al return 1000 FIFTH AVENUE		(212) 879	9-5500
	\dashv	City or town, state or province, country, and ZIP or foreign postal code			
	Ame	NEW YORK, NY 10028-0198		G Gross receipts	\$ 1,261,008,779.
		F Name and address of principal officer: DANTEL WETSS		H(a) Is this a group	
	pend	1000 FIFTH AVENUE, NEW YORK, NY 10028-0198		subordinates? H(b) Are all subordin	ates included? Yes No
ī	Tax-e	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		a list. (see instructions)
J		site: ▶ WWW.METMUSEUM.ORG	1 102.	H(c) Group exempt	ion number
K			I Year of form		state of legal domicile: NY
Sec. of	art		E rear or rolling	ation.	tate of legal dollinone.
-	1	Briefly describe the organization's mission or most significant activities: THE METRO	OPOLITAN	MUSEUM OF	ART COLLECTS.
o.	1	STUDIES, CONSERVES, AND PRESENTS SIGNIFICANT WORKS			
, O		TIMES AND CULTURES; SEE SCHEDULE O FOR MORE DETAILS			
i.	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)		1	3 46.
∞8	4	Number of independent voting members of the governing body (Part VI, line 1b)			4 44.
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			5 2,564.
Ξ	6				6 1,328.
Act	72	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			7a -17,498,635.
		Net unrelated business taxable income from Form 990-T, line 34			b -26,324,101.
-	B	Net difference business taxable income from Form 550-1, line 34		Prior Year	Current Year
		Contributions and growth (Port VIII line 4h)		279,348,687	
ne	8	Contributions and grants (Part VIII, line 1h)		8,530,162	The second test of the second
Revenue	10	Program service revenue (Part VIII, line 2g)	CTION	249,108,489	
å	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		37,811,505	
	037863	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		574,798,843	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,704,214	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
	4.5	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).		198,017,360	
Expenses	160			237,371	
ben	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,536,666.	9090	237,371	51 6175-Watte Watte Same
EX	47			291,214,167	. 290,021,630.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		492,173,112	The second secon
	Someway	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	—	82,625,731	
or		Revenue less expenses. Subtract line 18 from line 12		nning of Current Yes	
anc anc	20	Total accests (Bort V. line 16)		364,352,710	
Net Assets Fund Balanc	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		692,348,797	
let/	22	Net assets or fund balances. Subtract line 21 from line 20.			. 3,735,123,952.
	rt II	Signature Block		0,2,000,7520	. 7770071207502.
100	CONTRACTOR OF THE PARTY OF THE	nalties of perjury, I declare that I have examined this return, including accompanying schedules are	nd statements	and to the best of m	ny knowledge and belief it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer has any k	nowledge.	Ty kilothouge and bollon, it is
		E-EILED		02/19/	/2020
Sig	n	Signature of officer		Date	
He		JAMESON KELLEHER VP, CFO &	TREASUR	ER	
		Type or print name and title	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
		Print/Type preparer's name Preparer's signature Di	ate	Check if	PTIN
Paid	ı	TRAVIS L PATTON E-FILED		Check if self-employed	P00369623
Pre	oarer	DET COMMERCIAL COORDER OF THE		1	3-4008324
Use	Only	Firm's name FRICEWATERHOUSECOOPERS LLP Firm's address 600 13TH STREET NW WASHINGTON, DC 20005		0.4	02-414-1000
May	the II	RS discuss this return with the preparer shown above? (see instructions)		Phone no. 20	1
		rwork Reduction Act Notice, see the separate instructions.		· · · · · · · · · · · · · · · · · · ·	X Yes No Form 990 (2018)
. 01	· uhci	moin neadenon net monee, see the separate mondenons.			1 51111 000 (2010)

	m 990 (2018) Page Z
	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE METROPOLITAN MUSEUM OF ART COLLECTS, STUDIES, CONSERVES, AND
	PRESENTS SIGNIFICANT WORKS OF ART ACROSS ALL TIMES AND CULTURES
	IN ORDER TO CONNECT PEOPLE TO CREATIVITY, KNOWLEDGE, AND IDEAS.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	(Code:)(Expenses 165,662,723 including grants of 2,965,533)(Revenue 6,295,448) CURATORIAL DEPARTMENTS, INCLUDING OPERATION OF THE CLOISTERS
	OPERATIONS OF BREUER, CONSERVATION, CATALOGUING AND SCHOLARLY
	PUBLICATIONS (INCLUDES FELLOWSHIP AWARDS AND TRAVEL STIPENDS IN THE AMOUNT OF \$2,965,533) - SEE SCHEDULE O FOR MORE INFORMATION
	(Code:) (Expenses \$88,932,148. including grants of \$) (Revenue \$6,181,633) ACQUISITIONS AND SALES OF ART - SEE SCHEDULE O FOR MORE INFORMATION
4-	(Code: \(\frac{1}{2}\) (Foregoe \(\frac{1}{2}\) \(\frac{1}{2}\) (Povegue \(\frac{1}{2}\)
	(Code:)(Expenses \$56,868,560. including grants of \$)(Revenue \$) GUARDIANSHIP AND MAINTENANCE OF THE MUSEUM AND ITS ART COLLECTION - SEE SCHEDULE O FOR MORE INFORMATION
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4d (GUARDIANSHIP AND MAINTENANCE OF THE MUSEUM AND ITS ART COLLECTION - SEE SCHEDULE O FOR MORE INFORMATION Other program services (Describe in Schedule O.) ATTACHMENT 1
4d (GUARDIANSHIP AND MAINTENANCE OF THE MUSEUM AND ITS ART COLLECTION - SEE SCHEDULE O FOR MORE INFORMATION

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ra	rt IV Checklist of Required Schedules		Yes	N
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		100	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		2
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Σ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			١.
	"Yes," complete Schedule D, Part I	6		2
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		١,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		7
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		v	
_	complete Schedule D, Part III	8	Х	-
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		2
0	debt negotiation services? If "Yes," complete Schedule D, Part IV	3		-
J	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		180
	VII, VIII, IX, or X as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	(Amplionary Com)	AND ADDRESS OF THE PARTY OF THE	SARCHO!
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	1.4		
0.00	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	İ	2
C	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Σ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Σ
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		х	
_	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		Х
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		- 1
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
,		10	Λ	-
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17	х	
,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	21	_
3	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
,	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
)		10		X
1 -	If "Yes," complete Schedule G, Part III	19 20a	\rightarrow	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	domestic government on Fattin, column (n), line 1: 11 Tes, complete schedule i, Fatts Fattu ii		990 (

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Par	tiv Checklist of Required Schedules (continued)		T V	I Na
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	X	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	A	-
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			1
	current or former officers, directors, trustees, key employees, highest compensated employees, or			Х
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		Λ
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		37	
	conservation contributions? If "Yes," complete Schedule M	30	Х	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
7.0	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.5
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	Х	
Part	19? Note. All Form 990 filers are required to complete Schedule O. V Statements Regarding Other IRS Filings and Tax Compliance	38		
ган	Check if Schedule O contains a response or note to any line in this Part V		1	
	Chook in contourie of contains a response of note to any file in this fact v	• • • •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	rest i		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
		Form	990 0	2018)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2,564			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country: ▶ EGYPT			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		Contract of
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	DEED!	Marie I	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			37
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	Marine I		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	\rightarrow	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	$\overline{}$	Λ
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	AND DESCRIPTION OF	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8	STEERING OF	
^	sponsoring organization have excess business holdings at any time during the year?	0	3034	3:5: GE
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	1000000	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	0.0	37-03-	
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	HERE THE THE WASHINGTON TO STATE OF THE STAT	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Check if Schedule O contains a response or note to any line in this Part VI	in Schedule O.	See ii	nstrud	ctions.
500			• • •		X
Sec	tion A. Governing Body and Management			Ves	T No
			_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	1a 4	6		
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 4	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business re any other officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or ur		-		
J	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	and the second second	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members of stockholders, or other persons who had the power to el				
1 a	one or more members of the governing body?		7a		X
b					
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions under				
	the year by the following:	rianon during			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
ŭ	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	be reached at	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Inte)	
				Yes	No
100	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of s				
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
110		p	11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill	ng the form?.	Tiu	de la company	TAGE IN
b			12a	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		120		
D	Were officers, directors, or trustees, and key employees required to disclose annually interests the		12b	x	
- 2	rise to conflicts?		120		
C	Did the organization regularly and consistently monitor and enforce compliance with the po		12c	х	
4.0	describe in Schedule O how this was done		13	X	
13	Did the organization have a written whistleblower policy?		14	X	
14	Did the organization have a written document retention and destruction policy?		14	71	2000
15	Did the process for determining compensation of the following persons include a review and				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		45-	v	
a	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar with a taxable entity during the year?		16a	025200	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to	STATE OF BUILDING SALES			
D	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
ecti	on C. Disclosure			-	
7	List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 2	*			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), §	90. and 990-T	(Secti	on 50	1(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that app	y.	,0000	J., JU	1(0)
	X Own website Another's website X Upon request Other (explain in Sche				
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents		rest p	olicy,	and
	financial statements available to the public during the tax year.			(3)	
0	State the name, address, and telephone number of the person who possesses the organization's be CONTROLLER'S OFFICE 1000 FIFTH AVENUE NEW YORK, NY 10028-0198 212-879-5500	oks and records	>		
	212-0/7-3500		Form \$	000	
			rorm :	3 U ((810)

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

X

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	erson	e than of the state of the stat	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DNVIII DDODGW	F 00					- 12				
(1)DANIEL BRODSKY	5.00	v		v					0	0
ELECTIVE TRUSTEE & CHAIRMAN (2)RUSSELL L. CARSON	1.00	X		X				0.	. 0.	0.
ELEC. TRUSTEE&V. CHAIR TO 9/18	0.	X		Х				0.	0.	0.
(3)RICHARD L. CHILTON, JR.	2.00			Λ			_	0.	0.	
ELECTIVE TRUSTEE & VICE CHAIR	0.	X	8	Х		8		0.	0.	0.
(4)LULU C. WANG	2.00	21	-	21				0.	0.	<u> </u>
ELECTIVE TRUSTEE & VICE CHAIR	0.	Х		Х				0.	0.	0.
(5)CHARLES N. ATKINS	1.00			**				0.	· ·	
ELECTIVE TRUSTEE	0.	Х						0.	0.	0.
(6)CANDACE K. BEINECKE	2.00									
ELECTIVE TRUSTEE	0.	Х						0.	0.	0.
(7)DEBRA BLACK	1.00	-								
ELECTIVE TRUSTEE	0.	Х						0.	0.	0.
(8)SAMANTHA BOARDMAN	2.00									
ELECTIVE TRUSTEE	0.	Х						0.	0.	0.
(9)JAMES BREYER	1.00				-					
ELECTIVE TRUSTEE	0.	Х						0.	0.	0.
(10)WELLINGTON Z. CHEN	1.00									
ELECTIVE TRUSTEE	0.	X						0.	0.	0.
(11)N. ANTHONY COLES	2.00							1		
ELECTIVE TRUSTEE	0.	X						0.	0.	0.
(12)STEPHEN M. CUTLER	1.00									
ELECTIVE TRUSTEE	0.	Х						0.	0.	0.
(13)BLAIR EFFRON	2.00									
ELECTIVE TRUSTEE	0.	X						0.	0.	0.
(14)MARK FISCH	2.00							2	3	
ELECTIVE TRUSTEE	0.	X						0.	0.	0.

Form 990 (2018)

Form 990 (2018)

(A)	(D)			10			(D)	(E)	(5)
Name and title	(B) Average			(C)			(D) Reportable	(E) Reportable	(F) Estimated
Name and title	hours per	(do	not cl		nore than	one	compensation	compensation from	amount of
	week (list any	100000000000000000000000000000000000000			son is bot		from	related	other
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	related organizations	ndiv or di	nsti	Officer	employee Key employee	Former	organization	(W-2/1099-MISC)	from the organization
	below dotted	rect	utio	er .	est oye	let	(W-2/1099-MISC)		and related
	line)	or tr	nal	- .	e loye			15 (2)	organizations
		Individual trustee or director	Institutional trustee	.	pen				
		to to	tee		employee Key employee				84
5) COLVIN GRANNUM	1.00								
ELECTIVE TRUSTEE	0.	Х	V				0.	0.	
5) JEFFREY W. GREENBERG	2.00								
ELECTIVE TRUSTEE	0.	X					0.	0.	
7) CAROLINE DIAMOND HARRISON	1.00								
ELECTIVE TRUSTEE	0.	X					0.	0.	
3) J. TOMILSON HILL	1.00								
ELECTIVE TRUSTEE	0.	Х					0.	0.	
) BONNIE B. HIMMELMAN	1.00								
ELECTIVE TRUSTEE	0.	Х					0.	0.	
) MING CHU HSU	1.00	2							
ELECTIVE TRUSTEE FROM 11/18	0.	Х					0.	\ 0.	
) HAMILTON E. JAMES	2.00			-					300 10 1000 E
ELECTIVE TRUSTEE	0.	Х					0.	0.	
) MICHAEL BYUNGJU KIM	1.00		-				3.		
ELECTIVE TRUSTEE		Х					0.	0.	
) SACHA LAINOVIC	1.00	21		-+			0.		
ELECTIVE TRUSTEE FROM 9/18	0.	Х					0.	0.	
) PHILIP F. MARITZ	2.00		+	-	-		0.	0.	
ELECTIVE TRUSTEE	0.	Х					0.	0.	
) HOWARD MARKS	2.00		-+	-	+		0.	0.	
ELECTIVE TRUSTEE	2.00	Х					0.	0.	
EDECIIVE INODIEE	0.	Λ				\Box	0.		
- Cula total								n 1	
							1000	0.	1 439 95
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Total from continuation sheets to Part VII,	Section A		isted			> rec	9,353,012. 9,353,012.	0.	1,438,95
Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A	nose I 321	istec	i abo	ve) wh		9,353,012. 9,353,012. ceived more than \$	0. 0. \$100,000 of	
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Page 8

	art VII Section A. Officers, Directors, Tr	usiees, Ne	y En	ibic	byee	es, a	and F	iigi	hest Compensat	ea Employees (continuea)
	(A) Name and title	(B) Average hours per	(do	not c	Pos		than or	ne	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
		week (list any	box,	unle	ss pe d a d	rson is	s both a	an	from	related organizations	other compensation
		related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
		line)	al trus	nal tru		loyee	compe				organizations
			lee	ıstee			ensated			2 1 2	
26) BIJAN MOSSAVAR-RAHMANI ELECTIVE TRUSTEE	1.00	Х						0.	0.	
27) JOHN PAULSON ELECTIVE TRUSTEE TO 9/18	1.00	Х						0.	0.	
2.8) JEFFREY M. PEEK	2.00	Λ			+	-	-	0.	0.	
	ELECTIVE TRUSTEE	0.	X						0.	0.	
9) EDWARD N. PICK	1.00						1			
_	ELECTIVE TRUSTEE FROM 11/18	0.	Х						0.	0.	
0) JOHN PRITZKER	1.00									77
_	ELECTIVE TRUSTEE FROM 03/19	0.	X		_	_		_	0.	0.	
1) SIR PAUL RUDDOCK	1.00	37			772					
2	ELECTIVE TRUSTEE) ALVARO SAIEH	1.00	X	-	-	+	-	4	0.	0.	
_	ELECTIVE TRUSTEE	0.	Х						0.	0.1	
3) ALEJANDRO SANTO DOMINGO	2.00	Λ.		-	*		+	0.	0.	
-	ELECTIVE TRUSTEE	0.	х						0.	0.	
1		2.00			\dashv	\dashv		+			
-	ELECTIVE TRUSTEE	0.	Х						0.	0.	
5)	ANDREW SOLOMON	2.00	-	\neg							
	ELECTIVE TRUSTEE	0.	Х						0.	0.	
5)	BEATRICE STERN ELECTIVE TRUSTEE	1.00	-								
	Sub-total							~ F			
C	Sub-total Total from continuation sheets to Part VII, Solid Total (add lines 1b and 1c) Total number of individuals (including but not line)	imited to th	ose I					rec	ceived more than \$	5100,000 of	4400
C	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	imited to th						rec	ceived more than \$	6100,000 of	Yes
c	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	imited to the	ose li 321	sted	ab stee	ove)	who ey en	nple	oyee, or highest	compensated	and the second second
2	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	imited to the	321 , or h indi	tru:	stee	, ke	who ey en	nplo	oyee, or highest	compensated	Yes N
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e	Total from continuation sheets to Part VII, Sold Total (add lines 1b and 1c)	imited to the ser, director se	nose II 321 7, or h indi ortabl \$15 n pense Sche	trus vidu e co	stee al. omppoor	ove) ke k	who ey en ation "Yes," any u	and co	oyee, or highest d other compens omplete Schedule elated organizatio on at received more nding with or within	compensated ation from the J for such n or individual than \$100,000 of	3 X 4 X 5
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										750000
	(A) Name and title	(B)			(C)	22		(D)	(E)	(F)
	Name and title	Average hours per	(do		Position	n ore than	one	Reportable compensation	Reportable compensation from	Estimated amount of
		week (list any	box,	unles	s perso	n is bot	n an	from	related	other
		hours for		T		ctor/trus		the	organizations	compensat
		related organizations	ndiv r di	nstit	Officer	mpl	Former	organization	(W-2/1099-MISC)	from the organization
		below dotted	ecto	utio	er 1	est c	er	(W-2/1099-MISC)		and relate
		line)	Individual trustee or director	nal t	Officer	m				organizatio
			stee	Institutional trustee	"	bens				*
				e		Highest compensated employee			2	
7)	ANN G. TENENBAUM	1.00				T-				
_	ELECTIVE TRUSTEE	0.	Х					0.	0.	
8)	MERRYL H. TISCH	1.00								
_	ELECTIVE TRUSTEE	0.	Х					0.	0.	
9)	MATHEW M. WAMBUA	1.00								
_	ELECTIVE TRUSTEE	0.	Х					0.	0.	
))	DAME ANNA WINTOUR	1.00				1.				
-	ELECTIVE TRUSTEE	0.	Х					0.	0.	
)	DASHA ZHUKOVA	1.00								***************************************
	ELECTIVE TRUSTEE	0.	Х					0.	0.	
2)	BILL DE BLASIO	1.00								
	EX-OFFICIO TRUSTEE	0.	Х					0.	0.	
)	COREY JOHNSON	1.00		+	+	+	\vdash	0.		
-	EX-OFFICIO TRUSTEE	0.	X					0.	0.	
)	MITCHELL J. SILVER	1.00	-1	+	+	-	\vdash	0.	0.	
-	EX-OFFICIO TRUSTEE	0.	Х					0.	0.	
)	TOM FINKELPEARL	1.00	71	+	+	-		0.	0.	
-	EX-OFFICIO TRUSTEE	0.	х					0.	0.	
1	SCOTT STRINGER	1.00	^	-	-			0.	0.	
1	EX-OFFICIO TRUSTEE	0.	x							
,	DANIEL H. WEISS		Λ	-	+	-		0.	0.	
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)			x	,	z			1 191 074	0	50 E
_	PRESIDENT/CEO, EX-OFF. TRUSTEE	0.	Х	;	<			1,191,074.	0.	59,5
b	PRESIDENT/CEO, EX-OFF. TRUSTEE Sub-total	0.					>	1,191,074.	0.	59,5
b	PRESIDENT/CEO, EX-OFF. TRUSTEE Sub-total Total from continuation sheets to Part VII, Se	ection A					A A	1,191,074.	0.	59,5
b c d	PRESIDENT/CEO, EX-OFF. TRUSTEE Sub-total Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)	o.		::			>			59,5
b c d	PRESIDENT/CEO, EX-OFF. TRUSTEE Sub-total Total from continuation sheets to Part VII, Se	ection A		 sted			>			59,5
b c d	PRESIDENT/CEO, EX-OFF. TRUSTEE Sub-total Total from continuation sheets to Part VII, Set Total (add lines 1b and 1c) Total number of individuals (including but not I	ection A	ose li	 sted			>			59,5
o c d	PRESIDENT/CEO, EX-OFF. TRUSTEE Sub-total Total from continuation sheets to Part VII, Set Total (add lines 1b and 1c)	o.imited to the	nose li 321	sted	abov	e) who	p rec	ceived more than \$	s100,000 of compensated	
- d	PRESIDENT/CEO, EX-OFF. TRUSTEE Sub-total Total from continuation sheets to Part VII, Set Total (add lines 1b and 1c) Total number of individuals (including but not I reportable compensation from the organization	o.imited to the	nose li 321	sted	abov	e) who	p rec	ceived more than \$	s100,000 of compensated	
b c d	PRESIDENT/CEO, EX-OFF. TRUSTEE Sub-total Total from continuation sheets to Part VII, Set Total (add lines 1b and 1c)	imited to the	nose li 321 r, or h indi	sted trus	abov	e) who	o rec	ceived more than \$	compensated	Yes
o c d	PRESIDENT/CEO, EX-OFF. TRUSTEE Sub-total Total from continuation sheets to Part VII, Set Total (add lines 1b and 1c)	imited to the	nose li 321 r, or h indi	trus	abov	key e	mpl an	oyee, or highest	compensated	Yes
o c d	PRESIDENT/CEO, EX-OFF. TRUSTEE Sub-total Total from continuation sheets to Part VII, So Total (add lines 1b and 1c) Total number of individuals (including but not I reportable compensation from the organization Did the organization list any former office employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the second content of the se	imited to the	nose li 321 r, or h indi \$150	trus	abov	key e	mpl an	oyee, or highest d other compensa	compensated ation from the	Yes
o c d	PRESIDENT/CEO, EX-OFF. TRUSTEE Sub-total Total from continuation sheets to Part VII, Set Total (add lines 1b and 1c). Total number of individuals (including but not I reportable compensation from the organization Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler and individual listed on line 1a, is the sorganization and related organizations greindividual. Did any person listed on line 1a receive or set of the set of th	imited to the er, director le J for such um of reparter than accrue com	r, or h indi	trus: vidua e co	eee,	key e	mpl an	oyee, or highest d other compensa omplete Schedule	compensated ation from the J for such	Yes X
o c d	PRESIDENT/CEO, EX-OFF. TRUSTEE Sub-total Total from continuation sheets to Part VII, Set Total (add lines 1b and 1c)	imited to the er, director le J for such um of reparter than accrue com	r, or h indi	trus: vidua e co	eee,	key e	mpl an	oyee, or highest d other compensa omplete Schedule	compensated ation from the J for such	Yes X
b c d	PRESIDENT/CEO, EX-OFF. TRUSTEE Sub-total Total from continuation sheets to Part VII, Set Total (add lines 1b and 1c). Total number of individuals (including but not I reportable compensation from the organization Did the organization list any former office employee on line 1a? If "Yes," complete Schedus For any individual listed on line 1a, is the sorganization and related organizations greindividual. Did any person listed on line 1a receive or for services rendered to the organization? If "Yestion B. Independent Contractors	ection A imited to the ser, director le J for succum of reprater than accrue complete s, "complete"	nose li 321 r, or h indi ortabl \$150 	trus vidua e co 0,000	abov	key e	mpl an an an unresports	oyee, or highest d other compensa omplete Schedule	compensated ation from the J for such n or individual	Yes 3 X 4 X 5
b c d	PRESIDENT/CEO, EX-OFF. TRUSTEE Sub-total Total from continuation sheets to Part VII, Set Total (add lines 1b and 1c)	imited to the er, director le J for such um of reprater than accrue comparts, complete ensated in	nose li 321 r, or h indi ortabl \$150 	trussidua e co 0,000 	abov	key e	mpl an announcers	oyee, or highest d other compensa omplete Schedule elated organization on	compensated ation from the J for such n or individual than \$100,000 of	Yes 3 X 4 X 5
b c d	PRESIDENT/CEO, EX-OFF. TRUSTEE Sub-total Total from continuation sheets to Part VII, Set Total (add lines 1b and 1c). Total number of individuals (including but not I reportable compensation from the organization Did the organization list any former office employee on line 1a? If "Yes," complete Schedus For any individual listed on line 1a, is the sorganization and related organizations greindividual. Did any person listed on line 1a receive or for services rendered to the organization? If "Yestion B. Independent Contractors Complete this table for your five highest compompensation from the organization. Report compensation from the organization.	imited to the er, director le J for such um of reprater than accrue comparts, complete opensated in	nose li 321 r, or h indi ortabl \$150 	trussidua e co 0,000 	abov	key e	mpl an announcers	oyee, or highest d other compense omplete Schedule	compensated ation from the J for such n or individual than \$100,000 of	3 X 4 X 5
b c d	PRESIDENT/CEO, EX-OFF. TRUSTEE Sub-total Total from continuation sheets to Part VII, Set Total (add lines 1b and 1c). Total number of individuals (including but not I reportable compensation from the organization. Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler For any individual listed on line 1a, is the sorganization and related organizations greindividual. Did any person listed on line 1a receive or for services rendered to the organization? If "Yestion B. Independent Contractors Complete this table for your five highest componensation from the organization. Report converse.	imited to the lear, director le J for succum of reprater than accrue compared in the learn section of the learn section in the learn se	nose li 321 r, or h indi ortabl \$150 	trussidua e co 0,000 	abov	key e	mpl an announcers	oyee, or highest d other compensa omplete Schedule elated organization on	compensated ation from the J for such n or individual than \$100,000 of n the organization	Yes 3 X 4 X 5
b c d	PRESIDENT/CEO, EX-OFF. TRUSTEE Sub-total Total from continuation sheets to Part VII, So Total (add lines 1b and 1c) Total number of individuals (including but not I reportable compensation from the organization Did the organization list any former office employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the sorganization and related organizations greindividual Did any person listed on line 1a receive or for services rendered to the organization? If "Yestion B. Independent Contractors Complete this table for your five highest componensation from the organization. Report compensation from the organization. Report compensation from the organization.	imited to the lear, director le J for succum of reprater than accrue compared in the learn section of the learn section in the learn se	nose li 321 r, or h indi ortabl \$150 	trussidua e co 0,000 	abov	key e	mpl an announcers	oyee, or highest d other compense omplete Schedule elated organization on at received more inding with or withi	compensated ation from the J for such n or individual than \$100,000 of n the organization	3 X 4 X 5 Stax
b c d	PRESIDENT/CEO, EX-OFF. TRUSTEE Sub-total Total from continuation sheets to Part VII, So Total (add lines 1b and 1c) Total number of individuals (including but not I reportable compensation from the organization Did the organization list any former office employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the sorganization and related organizations greindividual Did any person listed on line 1a receive or for services rendered to the organization? If "Yestion B. Independent Contractors Complete this table for your five highest componensation from the organization. Report compensation from the organization. Report compensation from the organization.	imited to the lear, director le J for succum of reprater than accrue compared in the learn section of the learn section in the learn se	nose li 321 r, or h indi ortabl \$150 	trussidua e co 0,000 	abov	key e	mpl an announcers	oyee, or highest d other compense omplete Schedule elated organization on at received more inding with or withi	compensated ation from the J for such n or individual than \$100,000 of n the organization	3 X 4 X 5 Stax
b c d	PRESIDENT/CEO, EX-OFF. TRUSTEE Sub-total Total from continuation sheets to Part VII, So Total (add lines 1b and 1c) Total number of individuals (including but not I reportable compensation from the organization Did the organization list any former office employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the sorganization and related organizations greindividual Did any person listed on line 1a receive or for services rendered to the organization? If "Yestion B. Independent Contractors Complete this table for your five highest componensation from the organization. Report compensation from the organization. Report compensation from the organization.	imited to the lear, director le J for succum of reprater than accrue compared in the learn section of the learn section in the learn se	nose li 321 r, or h indi ortabl \$150 	trussidua e co 0,000 	abov	key e	mpl an announcers	oyee, or highest d other compense omplete Schedule elated organization on at received more inding with or withi	compensated ation from the J for such n or individual than \$100,000 of n the organization	3 X 4 X 5 Stax
b c d	PRESIDENT/CEO, EX-OFF. TRUSTEE Sub-total Total from continuation sheets to Part VII, So Total (add lines 1b and 1c) Total number of individuals (including but not I reportable compensation from the organization Did the organization list any former office employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the sorganization and related organizations greindividual Did any person listed on line 1a receive or for services rendered to the organization? If "Yestion B. Independent Contractors Complete this table for your five highest componensation from the organization. Report compensation from the organization. Report compensation from the organization.	imited to the lear, director le J for succum of reprater than accrue compared in the learn section of the learn section in the learn se	nose li 321 r, or h indi ortabl \$150 	trussidua e co 0,000 	abov	key e	mpl an announcers	oyee, or highest d other compense omplete Schedule elated organization on at received more inding with or withi	compensated ation from the J for such n or individual than \$100,000 of n the organization	3 X 4 X 5 Stax
b c d	PRESIDENT/CEO, EX-OFF. TRUSTEE Sub-total Total from continuation sheets to Part VII, So Total (add lines 1b and 1c) Total number of individuals (including but not I reportable compensation from the organization Did the organization list any former office employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the sorganization and related organizations greindividual Did any person listed on line 1a receive or for services rendered to the organization? If "Yestion B. Independent Contractors Complete this table for your five highest componensation from the organization. Report compensation from the organization. Report compensation from the organization.	imited to the er, director le J for such um of reprater than accrue complete ensated in empensation ess	nose li 321 r, or h indi state ortable \$15 npenssche depen n for	trus: sted trus: continued and endered endered and endered endered and endered and endered and endered and endered and endered and endered endere	abov	key e	mpl an ann ann ann ar copers	ceived more than \$ oyee, or highest	compensated ation from the J for such n or individual than \$100,000 of n the organization	3 X 4 X 5 Stax

Part VII Section A. Officers, Directors, Tr	(B)	,				and	. ng			
Name and title	Average hours per week (list any hours for	box,	unle er an	Pos check ess pe	erson	e than is both tor/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
			lee			sated				
48) MAX HOLLEIN DIR./EX-OFF. TRUSTEE FROM 8/18	35.00									
49) ANDREA BAYER	0.	X		X				737,318.	0.	26,77
DEP DIR COLLECTIONS FROM 10/18	35.00			X				240 124		
50) QUINCY HOUGHTON	35.00			A				248,134.	0.	54,78
DEPUTY DIR OF EXHIBITIONS	0.			х				378,974.	0.	E0 04
1) INKA DROGEMULLER	35.00							370,374.	0.	58,94
DEP DIR DIG, ED, PUB FROM 4/19	0.			Х				0.	0.	
2) SHARON H. COTT	35.00									
SVP, SECRETARY & GEN. COUNSEL	0.			Х		- 1		454,617.	0.	59,06
3) CLYDE B. JONES III	35.00									
SVP INSTITUTIONAL ADVANCEMENT	0.			Х				521,009.	0.	47,93
4) LAUREL BRITTON	35.00									
VP REVENUE & OPS FROM 9/18 5) TOM A. JAVITS	0.			Х				277,566.	0.	37,73
VP CONSTRUCTION & FACILITIES	35.00				-					
6) JAMESON KELLEHER	0.		4	X	_		_	379,537.	0.	58,63
VP, CFO & TREASURER	35.00			٠,						
7) LAUREN A. MESERVE	35.00		+	X	+	-	+	413,196.	0.	56,61
SVP, CHIEF INVESTMENT OFFICER	-33.00			x				1 227 045		
8) RICH PEDOTT	35.00	-	+	-	+	-	+	1,227,045.	0.	366,60
VP & GNL MGR RETAIL	0.			X				455,328.	0.	39,09
to Sub-total c Total from continuation sheets to Part VII, Se d Total (add lines 1b and 1c) Total number of individuals (including but not li reportable compensation from the organization	ction A						rece	eived more than \$	100,000 of	
Did the organization list any former office employee on line 1a? If "Yes," complete Schedul	e J for such	indiv	idua	1.						Yes N
For any individual listed on line 1a, is the su organization and related organizations greated individual.	iter than	\$150 · · ·	,000)? 	lf '	"Yes,"	co	mplete Schedule	J for such	4 X
Did any person listed on line 1a receive or a for services rendered to the organization? If "Yes ection B. Independent Contractors	ccrue comp ," complete	Sched Sched	ition dule	J fo	m i	any u uch pe	nrel erso	ated organization	or individual	5
Complete this table for your five highest compecompensation from the organization. Report conyear.	ensated ind mpensation	epend for th	dent	co aler	ntra	ctors	tha	t received more the	nan \$100,000 of the organization's	tax
(A) Name and business addre	ss							(B) Description of service	ces Com	(C) pensation
				Al Control						
Total number of independent contractors (incl more than \$100,000 in compensation from the o	uding but organization	not lii ▶	mite	d to	o th	nose	liste	ed above) who re-	ceived	

-				e
μ	а	a	P	c

Part VII Section A. Officers, Directors, T	(B)			(C			(D)	(E)	Visitor v
Name and title	Average			Posit	ion		Reportable	Reportable	(F) Estimated
	hours per				nore than		compensation	compensation from	amount of
	week (list any hours for	office			son is bot ector/tru		from	related	other
	related	악					the organization	organizations	compensation from the
	organizations	dire	stitut	Officer	employee Key employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization
	below dotted	ctor	tiona	.	st ca yee	1	, , , , , , , , , , , , , , , , , , , ,	K 50	and related
	,,,,,,,	Individual trustee or director	Institutional trustee	,	mpe		, , , , , , , , , , , , , , , , , , ,		organization
		ee	stee		Highest compensated employee Key employee				
ALLICON DIMITEDES PARTE					ted		W 12		
O) ALLISON RUTLEDGE-PARISI VP & CHIEF HR OFFICER	35.00								
)) JEFFREY S. SPAR	0.			X			375,432.	0.	49,1
	35.00								
VP/CHIEF TECH OFFICER TO 12/18 .) KENNETH N. WEINE	0.			X			358,872.	0.	58,9
	35.00								
VP EX. AFFAIRS, CHIEF COMM OFF	0.			X	0.00		342,595.	0.	50,5
) JUSTIN V. REED	35.00								
INVESTMENT OFFICER	0.				X		425,587.	0.	149,9
) LISA KRASSNER	35.00					П			
CHIEF MEMBER & VS OFF. TO 7/18	0.				X		345,841.	0.	34,0
) MICHAEL B. GALLAGHER	35.00								
CHAIRMAN, PAINTINGS CONSERV.	0.				X		304,908.	0.	58,6
) KEITH R. CHRISTIANSEN	35.00								- , 0
CHAIRMAN, EUROPEAN PAINTINGS	0.				X		304,905.	0.	58,2
) STEPHEN A. MANZI	35.00								55,2
CHIEF DEVELOP OFFICER INDIV	0.				X		300,633.	0.	58,6
CARRIE R. BARRATT	35.00							· .	23,0
DEPUTY DIR COLLECTIONS TO 6/18	0.					Х	310,441.	0.	54,9
	-10			-		_			
Sub-total									
rotal from continuation sneets to Part VII, Se	ction A				R 57 154	•			
Total (add lines 1b and 1c)						•			
Total number of individuals (including but not li	mited to the	se lis	ted a	abov	e) who	rece	eived more than \$1	100.000 of	
reportable compensation from the organization	>	321						,	
									Yes
Did the organization list any former office	r, director,	or 1	truste	ee,	key er	nplo	yee, or highest	compensated	
employee on line 1a? If Yes, complete Schedul	e J for such	indivi	dual						3 X
For any individual listed on line 1a, is the su	um of repo	rtable	com	npen	sation	and	other compensat	ion from the	
organization and related organizations great	ater than	\$150	0001	7 If	"Yes"	co	molete Schodula	J for such	
marviadar									4 X
Did any person listed on line 1a receive or a	ccrue comp	pensa	tion	from	any u	unrel	ated organization	or individual	
for services rendered to the organization? If "Yes tion B. Independent Contractors	," complete	Sched	dule .	J for	such p	erso	n		5
	anagted in t		1						
Complete this table for your five highest compecompensation from the organization. Report converse	ensated ind mpensation	for th	ient ie ca	cont	ractors ar vear	tha	t received more th	an \$100,000 of	tov
year.					your	0110	with or within	the organization's	ıax
(A)			-				(B)		(C)
Name and business addre	SS						Description of service	es Comi	(C) pensation
							2.4		
			7.00						
Total number of independent contractors (incl more than \$100,000 in compensation from the o	uding but	not lir	nited	d to	those	liste	d above) who red	ceived	

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from to under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a					
Gr.	b Membership dues 1b	29,091,025.				
r Ar	c Fundraising events 1c	22,719,456.				
nija Sig	d Related organizations 1d					
Sir	e Government grants (contributions) 1e	13,164,025.				
her	f All other contributions, gifts, grants,					
o dr	and similar amounts not included above . 1f	278,495,686.				
and	g Noncash contributions included in lines 1a-1f: \$	90,837,298.				
e	h Total. Add lines 1a-1f		343,470,192.			
ent	EDUCATIONAL DRONG CONCERNS - LEGISLES	Business Code		CONTRACTOR OF STREET		
Program Service Revenue	a EDUCATIONAL PRGMS, CONCERTS & LECTURES b PHOTO RENTALS & FILM FEES	532000	7,047,785.	6,950,832.	96,953.	
ice	-	532000	198,693.		198,693.	
e 2	С					
E	d					
gra	6					
o o	f All other program service revenue L			2/9 (App. 1975.) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
3			7,246,478.			
3	(morading dividend		20.000			
4	and other similar amounts)		20,823,034.		-23,792,101.	44,615,135.
5	Royalties	proceeds .	0.			
	(i) Real	(ii) Personal	531,250.	PERSONAL PROPERTY OF THE	10.00 to N.S. (1885) 1824	531,250.
6	Gross rents					
	Less: rental expenses					
	Rental income or (loss)					
			0.			
7 8		(ii) Other			inconsule de la compa	
	assets other than inventory 793,798,991.					
ŀ						
	and sales expenses690,884,118.					
			102,914,873.			102,914,873.
е 8а		139	NOT PRODUCE A LIGHT			102, 514, 673.
	events (not including \$22,719,455.					
Other Reven	of contributions reported on line 1c).					
er er	See Part IV, line 18 a	1,070,686.				
d b	Less: direct expenses b	6,374,481.				
_ c		▶	-5,303,795.			-5,303,795.
9a	Gross income from gaming activities.					
	See Part IV, line 19 a	0.				
b		0.				
С	Net income or (loss) from gaming activities	▶	0.			
10a	Gross sales of inventory, less					
	returns and allowances a	51,366,173.				
b	Less: cost of goods sold b	48,676,609.				
С	Net income or (loss) from sales of inventory	▶	2,689,564.	2,317,100.	372,464.	
	Miscellaneous Revenue E	Business Code				
11a	CORPORATE EVENTS	722320	3,327,887.	309,088.	3,018,799.	74 1 0 0
b	PARKING GARAGE	812930	2,429,341.			2,429,341.
С	RESTAURANT	722511	30,763,114.		2,606,557.	28,156,557.
d	All other revenue		6,181,633.	6,181,633.		
e	Total. Add lines 11a-11d		42,701,975.		aliani na seriente de la companya d	

515,073,571.

15,758,653.

173,343,361.

-17,498,635.

12

Total revenue. See instructions.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a re Do not include amounts reported on lines 6b, 7b	(A)	(B)	(C)	
8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,886,366.	2,886,366.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign		5 .		
individuals. See Part IV, lines 15 and 16	79,167.	79,167.		
4 Benefits paid to or for members	0.			Andreas Street Butter
5 Compensation of current officers, directors, trustees, and key employees		2,541,886.	4,297,802.	521,00
6 Compensation not included above, to disqualified			, , , , , , , , , , , , , , , , , , , ,	321,00
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.		- 2	
7 Other salaries and wages	127,487,451.	119,328,778.	2,425,720.	5,732,95
8 Pension plan accruals and contributions (include		,	2,123,120.	3,132,95
section 401(k) and 403(b) employer contributions)	4,339,430.	3,229,590.	988,037.	121,80
9 Other employee benefits	49,068,478.	36,518,873.	11,172,313.	1,377,29
0 Payroll taxes	9,849,115.	7,330,134.	2,242,528.	
1 Fees for services (non-employees):	,,	.,000,101.	2,212,320.	276,45
a Management	0.			
b Legal	1,842,329.	350,830.	1,491,499.	
c Accounting	997,805.	1,394.	996,411.	
d Lobbying	89,457.	89,457.	330,411.	
e Professional fundraising services. See Part IV, line 17.	173,372.	03,437.		150 05
f Investment management fees	19,790,764.	Marian var an argenda, je	10 500 564	173,37
	15,750,704.		19,790,764.	
g Other. (If line 11g amount exceeds 10% of line 25, column	9,722,271.	8,038,540.	200 404	505 0
(A) amount, list line 11g expenses on Schedule O.)	8,470,883.	7,565,990.	898,484.	785,247
3 Office expenses	45,345,263.	39,936,528.	39,151.	865,742
Information technology.	3,200,322.	991,202.	1,603,071.	3,805,664
	0.	991,202.	2,062,443.	146,677
		F 070 601		
	6,108,900.	5,878,681.	155,702.	74,517
7 Travel	3,206,367.	2,846,210.	132,831.	227,326
Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
Conferences, conventions, and meetings	357,025.	246,970.	95,739.	14,316
Interest	12,865,679.	11,608,417.	1,076,279.	180,983
Payments to affiliates	0.	46.00		
Depreciation, depletion, and amortization	48,463,854.	46,074,527.	2,119,037.	270,290
Insurance	1,820,015.	1,047,153.	635,787.	137,075
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.)	00.000			
a PURCHASES OF ART	88,932,148.	88,932,148.		
RESTAURANT SERVICES & SUPPLI	27,546,582.	27,546,582.		
CATERING GERNAGE	6,259,153.	6,254,611.	4,542.	
dCATERING SERVICES	3,378,937.	2,556,821.	65,568.	756,548.
All other expenses	1,623,876.	1,074,017.	480,460.	69,399
Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	491,265,706.	422,954,872.	52,774,168.	15,536,666.
fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

Part X	Balance Sheet	

	Check if Schedule O contains a response or note to any line in this	Part X		
		(A)		(B)
	4 Cook and the second s	Beginning of year		End of year
- 1	1 Cash - non-interest-bearing	34,282,316	. 1	46,477,189
1	2 Savings and temporary cash investments	0	- 4	0
	Pledges and grants receivable, net	134,012,172		127,566,117
	4 Accounts receivable, net	11,281,301	. 4	13,220,692
	 Loans and other receivables from current and former officers, directors, 			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0	. 5	0
	4930(1)(1)), persons described in section 4958(c)(3)(R), and contributing employers			
	and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets	organizations (see instructions). Complete Part II of Schedule L		-	0
Assets	The restriction of the restricti	0		. 0
4 9		9,055,056.	-	12,720,325
1 07	Prepaid expenses and deferred charges	6,937,539.	9	6,403,852
10				
	other basis. Complete Part VI of Schedule D b Less: accumulated depreciation		HEAST.	
11	Investments - publish traded equivities			
12	pasiely traded decornies	2,788,965,792.		2,837,328,048.
13	and the securities. Occ 1 at 17, life 11	939,876,765.	_	
14	program related. Oce Fait IV, line 11	0.	13	0.
15		0.	17	0
16	Other assets. See Part IV, line 11	69,116,529.	15	50,498,537.
17	Total assets. Add lines 1 through 15 (must equal line 34)	4,364,352,710.	16	4,477,108,999.
18	Accounts payable and accrued expenses	69,664,822.	17	84,897,333.
19	Grants payable	0.	18	0.
20	Deferred revenue	6,153,488. 164,139,130.	19	5,580,978.
21	Tax-exempt bond liabilities	0.	20	169,652,404.
2000	Loans and other payables to current and former officers, directors,		21	0.
Liabilities	trustees, key employees, highest compensated employees, and			
ig	disqualified persons. Complete Part II of Schedule L	0.		
23	Secured mortgages and notes payable to unrelated third parties	12,365,000.	22	14,703,800.
24	Unsecured notes and loans payable to unrelated third parties	246,710,085.	23	
25	Other liabilities (including federal income tax, payables to related third	210//10/005.	24	247,385,913.
	parties, and other liabilities not included on lines 17-24). Complete Part X			* X ₀
	of Schedule D	193,316,272.	25	219,764,619.
26	Total liabilities. Add lines 17 through 25	EVEN STATE OF THE PROPERTY OF	26	741,985,047.
	Organizations that follow SFAS 117 (ASC 958), check here X and	oste kine Alla viskoje na	20	Side San Control Name (
Ses	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	964,277,996.	27	1,061,995,527.
28	remporarily restricted het assets	1,617,827,759.		1,304,211,292.
29	remanently restricted net assets	1,089,898,158.		1,368,917,133.
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
3 30	Capital stock or trust principal, or current funds	ALL CHILDREN CONTROL OF THE STREET	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				3,735,123,952.
34	Total liabilities and net assets/fund balances	4,364,352,710		4,477,108,999.
			-	Form 990 (2018)

Form **990** (2018)

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

Form 990 (2018)

X

3a

3b

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

METROPOLITAN MUSEUM OF ART 13-1624086 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetan (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Page 2

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.)

S	ection A. Public Support						
	alendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	255,926,608.	259,945,100.	312,492,656.	279,348,687.		
2					2/3/340,007.	343,470,192	. 1,451,183,243
3	furnished by a governmental unit to the organization without charge	16,715,169.	17,715,465.	14,667,793.	17,908,833.	16,194,609.	83,201,869
5	Total. Add lines 1 through 3 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	272,641,777.	277,660,565.	327,160,449.	297,257,520.	359,664,801.	1,534,385,112
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4			- 中型車(W = 0)			105,090,823.
	ction B. Total Support			enterello (Par			1,429,294,289.
	endar year (or fiscal year beginning in)	(a) 2014	41,2045				
7	Amounts from line 4	(a) 2014 272,641,777.	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	43,474,530.	277,660,565. 38,288,913.	327,160,449.	297,257,520.	359,664,801. 45,146,385.	211,247,344.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						1,745,632,456.
12	Gross receipts from related activities, etc. (se	e instructions)				12	340,482,373.
13	First five years. If the Form 990 is for organization, check this box and stop here.	the organizatio	in's first, second,	third faculty.	- FFU 1		
	don of computation of Fublic Suppl	ort Percentage	е				
14	Public support percentage for 2018 (line	e 6, column (f) o	divided by line 1	1, column (f))		14	81.88%
15	Public support percentage from 2017 S	chedule A, Part	II, line 14			15	80.77 %
16a	331/3% support test - 2018. If the orga	nization did not	check the box	on line 13 and	line 14 is 224	20/ 25 25 55	eck this
	box and stop here. The organization qua	ilities as a public	cly supported or	ganization			X
D	os its to support test - 2017. If the orga	nization did not	check a box on	line 13 or 16a	and line 15 ic	331/20/ or mare	e, check
172	this box and stop here. The organization	qualifies as a p	ublicly supporte	d organization			▶ 📗
	10%-facts-and-circumstances test - 20 10% or more, and if the organization meets the organization	reets the "facts "facts-and-circ	s-and-circumstar cumstances" test	nces" test, chec t. The organiza	k this box and tion qualifies a	stop here. Ex s a publicly sup	plain in oported
	Explain in Part VI how the organization supported organization	zation meets to meets the "faction	he "facts-and-c cts-and-circumst	ircumstances" t ances" test. Th	est, check this e organization	box and stop qualifies as a p	here.
10	Private foundation. If the organization distructions	d not check a b	ox on line 13, 10	6a. 16b 17a o	r 17h check th	is how and soo	

Page 3

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

Se	ection A. Public Support				ornproto r art		
Ca	lendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) To
1				(0) 20 10	(d) 2017	(6) 2018	(f) To
	received. (Do not include any "unusual grants.")						
2						-	
	sold or services performed, or facilities						
	furnished in any activity that is related to the					,	
	organization's tax-exempt purpose						
3							
	unrelated trade or business under section 513			582			
4	-			-		-	
7	Tax revenues levied for the organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the					8	
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
L	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	: Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Tota
9	Amounts from line 6						(1)
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly				1		
202	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
4	First five years. If the Form 990 is for	the organization	on's first, secon-	d, third, fourth,	or fifth tax yea	r as a section	501(c)(3)
	organization, check this box and stop here						▶ [
ect	tion C. Computation of Public Suppo	ort Percentag	е				
5	Public support percentage for 2018 (line 8, co	olumn (f), divided	d by line 13, colum	ın (f))		15	
6	Public support percentage from 2017 Schedu	ile A, Part III, line	15			16	
ect	ion D. Computation of Investment li	ncome Perce	ntage				
7	Investment income percentage for 2018 (line	10c, column (f)	divided by line 13	3, column (f))		17	***************************************
8	Investment income percentage from 2017 Sci	hedule A, Part III	. line 17	(//		18	
9 a	331/3% support tests - 2018. If the organ	nization did not	check the box	on line 14 and	ine 15 is more	than 331/20/ ==	d line
22	17 is not more than 331/3%, check this	box and ston	here. The organ	ization qualifies	ו פוטווו פו טו פוויים	nnorted	u line ⊾ ⊾ Г
b .	33 1/3 % support tests - 2017. If the organiz	ration did not of	neck a how on the	e 14 or line 40-	as a publicly su	pported organiza	ition . P
1	line 18 is not more than 331/3% check the	is how and at-	horo The	e 14 or line 19a,	and line 16 is m	nore than 331/3%	6, and
o F	line 18 is not more than 331/3%, check the	not chook a	hov on Here orga	nization qualifies	as a publicly su	pported organiza	tion -
	Private foundation. If the organization did	пот спеск а	DOX OII line 14	, 19a, or 19b,			
1 1.000						edule A (Form 990	

Part IV Supporting Organizations

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

Section A. A	All	Supporting	Organizations
--------------	-----	------------	----------------------

-	- Capperaing Organizations	4		
	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	class or purpose, describe the designation. If historic and continuing relationship, explain.	y 1		
2				
3	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answe (b) and (c) below.	7 3a		28.3
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.			
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.) 3c		
4	Was any supported organization not organized in the United States ("foreign supported organization")? In "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	f 4a		
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	188		
(Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
5 a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	A Partie	
С		5c		_
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	Ett 4	STILL
9 a		9a		
b		9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes" appropriate holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes" appropriate holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes" appropriate holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)?			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a		

3a

trustees of each of the supported organizations? Provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Type III Non Eurotionally late and 1 500()(0) 0			9
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization satisfied the Integral Part Technology	anization	ns	
1 Check here if the organization satisfied the Integral Part Test as a qualifyi instructions. All other Type III non-functionally integrated supporting organization.	ng trust o nizations	n Nov. 20, 1970 (expla must complete Sectio	ain in Part VI). See
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5	*	
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	liake 4		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	1,04000		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	5		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally		d Tona III	L
instructions)	integrate	a Type III supporting o	organization (see

Schedule A (Form 990 or 990-EZ) 2018

-	Type III Non-Functionally Integrated 509(a)(3	Supporting Organiza	tions (continued)	
	ction D - Distributions			Current Year
1	to eapported organizations to accomplish	exempt purposes		
2	para to position delivity that directly lattices ex	empt purposes of suppor	ted	
	organizations, in excess of income from activity			
3	to accomplish exempt put	poses of supported organ	izations	
4	re adding exempt dec deserts			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
-	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from	CARLEY PERSONS		
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			A THE RESERVE THE PROPERTY OF THE PARTY OF T
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carry over to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

(2) (3) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	If th	ne organization answered "Yes	" on Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, line	47 (Lobbying Activities), th	en
If the organization answered "Yes," on Form 990, Part IV, line \$ (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then a section \$01(c)(4), (6), or (6) organizations. Complete Part III. Section \$01(c)(4), (6), or (6) organization is exempt under section \$01(c) or is a section \$27 organization. Pert IVA Complete if the organization is exempt under section \$01(c) or is a section \$27 organization. Provide a description of the organization is exempt under section \$11(c) or is a section \$27 organization. Political campaign activities" Political campaign activities (see instructions) Volunteer hours for political campaign activities (see instructions). It is the amount of any excise tax incurred by the organization under section \$95(c)(3). It enter the amount of any excise tax incurred by organization under section \$955. If the organization incurred a section 4955 fax, did it file Form 4720 for this year? If the organization incurred a section 4955 fax, did it file Form 4720 for this year? Complete if the organization is exempt under section \$01(c), except section \$01(c)(3). It enter the amount of any excise tax incurred by organization for section \$27 exempt function activities. Formal incurred a section 4955 fax, did it file Form 4720 for this year? Complete if the organization is exempt under section \$01(c), except section \$01(c)(3). It enter the amount of file filing organization is exempt under section \$01(c), except section \$01(c)(3). It enter the amount of the filing organization is exempt under section \$01(c), except section \$01(c)(3). It enter the amount of the filing organization is exempt under section \$01(c), except section \$01(c)(3). It enter the amount of the filing organization is exempt under section \$01(c), except section \$01(c)(3). It is the organization file Form 1120-POL for this year? If the organization is the filing organization is exempt under section \$01(c), except section \$01(c)(c), except section \$01(c), ex	۰	Section 501(c)(3) organization	s that have filed Form 5768 (election to	under section 501(h)): (Complete Part II-A. Do not co	omplete Part II-B.
Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization METROPOLITAN MUSEUM OF ART Part IA. Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization is exempt under section 501(c) or is a section 527 organization. 2 Political campaign activity expenditures (see instructions). 3 Volunteer hours for political campaign activities (see instructions). 3 Volunteer hours for political campaign activities (see instructions). 3 Volunteer hours for political campaign activities (see instructions). 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Enter the amount of any excise tax incurred by organization managers under section 4955. S 5 Enter the amount of any excise tax incurred by organization managers under section 4955. S 6 Enter the amount of any excise tax incurred by organization managers under section 4955. S 7 In the organization incurred a section 4955 tax, did it file Form 4720 for this year? 8 In the organization incurred a section 4955 tax, did it file Form 4720 for this year? 9 In the file organization incurred a section 4955 tax, did it file Form 4720 for this year? 1 Enter the amount of the filing organization is exempt under section 527 exempt function activities. 1 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL. In the filing organization file Form 1120-POL for this year? 2 Did the filing organization file Form 1120-POL for this year? 3 Total exempt function expenditures. Add lines 1 and 2. Enter here amount paid from the filing organizations to which the filing organization made payments. For each organization isted, enter the amount paid from the filing organization such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide inform	If th	ne organization answered "Yes	" on Form 990. Part IV line 5 (Prov	ction under section 501(y Tax) (see separate	(h)): Complete Part II-B. Do instructions) or Form 990	not complete Part II-A. D-EZ, Part V, line 35c (Prox
Name of organization Employer Identification number 13-1624086		/ (see separate matructions), the	EII			
METROPOLITAN MUSEUM OF ART 13 - 1624086			garizations. Complete Part III.		1	
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. (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions). 3 Volunteer hours for political campaign activities (see instructions). 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.			7 ADT		E CONTROL CONTROL	
Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions). Volunteer hours for political campaign activities (see instructions). Complete if the organization is exempt under section 501(c)(3). I Enter the amount of any excise tax incurred by the organization under section 4955. S If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Ves No 11 "Yes" describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). I Enter the amount directly expended by the filing organization for section 527 exempt function activities. Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL line 17b. Did the filing organization file Form 1120-POL for this year? 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 organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organizations to which the filing organization made payments. For each organization filisted, enter the amount paid from the filing organizations to which the filing organization made payments. For each organization filing organizations funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization. Such prompts and directly delivered to a separate political organization. Such prompts and directly delivered to a separate political organization for none, enter-0.	STEWARDS IN			· = = = = = = = = = = = = = = = = = = =		
definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions). Part H3 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		Complete ii the	organization is exempt under	r section 501(c) oi	r is a section 527 orga	anization.
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.	1	Provide a description of the	e organization's direct and indirect	political campaign a	activities in Part IV. (see	instructions for
3 Volunteer hours for political campaign activities (see instructions). Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955	•					
Einter the amount of any excise tax incurred by the organization managers under section 4955. Enter the amount of any excise tax incurred by organization managers under section 4955. If the organization incurred a section 4955 tax, did it file Form 4720 for this year? If the organization manage? If we was a correction ma		Political campaign activity	expenditures (see instructions)		▶ \$	
Einter the amount of any excise tax incurred by the organization managers under section 4955. Enter the amount of any excise tax incurred by organization managers under section 4955. If the organization incurred a section 4955 tax, did it file Form 4720 for this year? If the organization manage? If we was a correction ma	3	Volunteer hours for politica	I campaign activities (see instruction	ons)		
Enter the amount of any excise tax incurred by organization managers under section 4955. \$ \$ \$ \$ \$ \$ \$ \$ \$	Fa	Complete if the	organization is exempt under	section 501(c)(3).		
Enter the amount of any excise tax incurred by organization managers under section 4955. \$ \$ \$ \$ \$ \$ \$ \$ \$		Enter the amount of any ex	cise tax incurred by the organization	on under section 49	55 ▶ \$	
## Was a correction made?		Enter the amount of any ex	cise tax incurred by organization n	nanagers under sec	tion 4955 ▶ \$	
Part Loc Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities.		If the organization incurred	a section 4955 tax, did it file Form	4720 for this year?		Yes No
Part Loc Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities.	4 a	Was a correction made? .				Yes No
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities		If "Yes," describe in Part IV.				
activities	Pai					3).
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	1	Enter the amount directly activities	expended by the filing organizatio	n for section 527 e	exempt function	
Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL line 17b. Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL line 17b. Did the filing organization file Form 1120-POL for this year? 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 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	2	Enter the amount of the fili	ng organization's funds contributed	d to other organizat	ions for section	
Did the filing organization file Form 1120-POL for this year? 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- filing organization's funds. If none, enter -0- formitiations received and promptly and directly delivered to a separate political organization. If none, enter -0- (1) (2) (3) (4) (6) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1	3	Total exempt function exp	enditures. Add lines 1 and 2. Er	iter here and on F	orm 1120-POL.	
There in annes, 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) (6) (6)	4	Did the filing organization fil	e Form 1120-POL for this year?			
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) (6) (6) (6) (7) (9) (9) (9) (1) (1) (1) (1) (2) (3)	5	Enter the names, addresses	and employer identification numb	er (EIN) of all section	on 527 political organiz	ations to which the filing
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 filling organization's funds. If none, enter -0 (1) (2) (3) (4) (6) (6)		organization made payment	is. For each organization listed, er	iter the amount paid	d from the filing organi-	ration's funds Also onter
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (1) (2) (3) (4) (6) (6) (6)		the amount of political conf	fributions received that were prom	iptly and directly de	livered to a separate no	olitical organization such
(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 (1) (2) (3) (4) (6)	-	as a separate segregated fur	nd or a political action committee (PAC). If additional sp	pace is needed, provide	information in Part IV.
filing organization's funds. If none, enter -0 filing organization's funds. If none, enter -0 funds. If none		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
delivered to a separate political organization. If none, enter -0			27.2	10.000	filing organization's	
political organization. If none, enter -0					funds. If none, enter -0	
(1)						
(1) (2) (3) (4) (5) (6)						En-recognition v. Torrior Physical Physical Property
(3) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	(1)			8. 20. 1. 20. 4		
(3) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	(2)					
(4)	(-)					
(4)	(3)					
(5)	(3)					
(5)	(4)					
(6)	(4)					
(6)	(5)					
	(3)	-				
	(6)					
	(0)					
or Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-F7	For Pa	aperwork Reduction Act Nation	see the Instructions for Form 200	000 57		

Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if the organizate section 501(h)).	ion is exempt under section 501(c)(3) and	I filed Form 5768 (elec	tion under
A Check ▶ if the filing organization be address, EIN, expenses,	elongs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group memb	per's name,
B Check ▶ if the filing organization cl	necked box A and "limited control" provisions app	oly.	
Limits on Lob (The term "expenditures" m	bying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion (grass roots lobbying)	18,759.	
b Total lobbying expenditures to influence	a legislative body (direct lobbying)	302,888.	
c Total lobbying expenditures (add lines 1	a and 1b)	321,647.	
d Other exempt purpose expenditures		545,994,780.	
 Total exempt purpose expenditures (ad 	546,316,427.		
f Lobbying nontaxable amount. Enter the	e amount from the following table in both		
columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25	% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or le	ess, enter -0-	0.	0.
i Subtract line 1f from line 1c. If zero or le	ss, enter -0	0.	0.
J If there is an amount other than zero	on either line 1h or line 1i, did the organizat	ion file Form 4720	(80)(190)
reporting section 4911 tax for this year?	· · · · · · · · · · · · · · · · · · ·		Yes No
4	-Year Averaging Period Under Section 501(h)		

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

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

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total		
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000		
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.		
c Total lobbying expenditures	339,239.	342,462.	342,708.	321,647.	1,346,056.		
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.		
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.		
f Grassroots lobbying expenditures	18,989.	19,448.	20,948.	18,759.	78,144.		

Schedule C (Form 990 or 990-EZ) 2018

For each "Yes," response on lines 1a throid description of the lobbying activity. 1 During the year, did the filing organization a legislation, including any attempt to influreferendum, through the use of: a Volunteers? b Paid staff or management (include compense c Media advertisements? d Mailings to members, legislators, or the publications of the publication of the lobby in t	tempt to influence foreign, rence public opinion on a	national, state, or local legislative matter or	Yes	No	A	mount	
legislation, including any attempt to influreferendum, through the use of: a Volunteers? b Paid staff or management (include compension of the compension	ence public opinion on a	legislative matter or	4				
c Media advertisements?	tion in expenses reported o						
paid staff or management (include compension Media advertisements?	tion in expenses reported o	그는 얼마를 하는 것이 없다는 이 맛있다는 것이 나가 되었는데 있었다. 아이		1,100			
Media advertisements?		n lines 1c through 1i)?.		19			
Mailings to members, legislators, or the public							
	37						
Publications, or published or broadcast states	nents?						
Grants to other organizations for lobbying pur	poses?						
Direct contact with legislators, their staffs, go	vernment officials, or a legis	slative body?					
Rallies, demonstrations, seminars, convention	s, speeches, lectures, or an	y similar means?					
Other activities?							_
Total. Add lines 1c through 1i Did the activities in line 1 cause the organiza				- 7-6			
Did the activities in line 1 cause the organiza	ion to be not described in se	ection 501(c)(3)?					
If "Yes," enter the amount of any tax incurred	under section 4912						
If "Yes," enter the amount of any tax incurred If the filing organization incurred a section 49	by organization managers un	nder section 4912	Skar II.	100			
If the filing organization incurred a section 49 art III-A Complete if the organization is	exampt under eastier 5	Od/a)/d) a 4: - 504	() (=)	Ellist	•		
501(c)(6).	exempt under section 5	101(c)(4), section 501	C)(5),	or sect	ion		
						Yes	Т
Were substantially all (90% or more) dues rec	eived nandeductible by man	ahoro?			1	ies	+
Did the organization make only in-house lobby	ing expenditures of \$2 000	or loop?			2	+	+
Did the organization agree to carry over lobby	ng and political campaign a	ctivity expenditures from	n tho n		? 3	-	+
rt III-B Complete if the organization is	exempt under section 5	01(c)(4) section 501	o)(E)	nor year	. 3		_
501(c)(6) and if either (a) BOTH answered "Yes." Dues, assessments and similar amounts from					I-A, IIII	e 3, IS	
Section 162(e) nondeductible lobbying an	nolitical expenditures (to not include amou	oto of	Total	8		1777
political expenses for which the section 527	f) tax was paid).	ao not melade amou	113 01				
Current year				2a			
Carryover from last year				2b			
Total				2c			_
Aggregate amount reported in section 6033(e)	(1)(A) notices of nondeduct	ible section 162(e) dues		3			
If notices were sent and the amount on line	2c exceeds the amount of	n line 3 what portion	of the	1888			
excess does the organization agree to carryon	er to the reasonable estima	ate of nondeductible lot	hvina				
and political expenditure next year?				4			
raxable amount of lobbying and political exper	ditures (see instructions) .	<u> </u>		. 5			
Supplemental Information							_
de the descriptions required for Part I-A, line 1 e instructions); and Part II-B, line 1. Also, compl	Part I-B, line 4; Part I-C, lin	e 5; Part II-A (affiliated	group	list); Par	rt II-A. I	ines 1	-

Schedule C (Form 990 or 990-EZ) 2018

Part IV Supplemental Information (continued)

Page 4

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury

► Attach to Form 990. Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number

Section 2	ETROPOLITAN MUSEUM OF ART		13-1624086
F	Part I Organizations Maintaining Donor Advi	sed Funds or Other Similar Funds o	r Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		7
5	Did the organization inform all denotes and denote		
	Did the organization inform all donors and donor	advisors in writing that the assets held	in donor advised
6	funds are the organization's property, subject to the	organization's exclusive legal control? .	Yes No
0	Did the organization inform all grantees, donors, a	nd donor advisors in writing that grant for	unds can be used
	only for charitable purposes and not for the benefi	it of the donor or donor advisor, or for a	any other purpose
	conferring impermissible private benefit?		· · · · · · · · · Yes No
	art II Conservation Easements.		
_	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recre	eation or education) Preservation	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	ld a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified hi	istoric structure included in (a)	2c
d	Number of conservation easements included in (c)	acquired after 7/25/06 and not an a	20
V. ##	historic structure listed in the National Register	acquired after 7725700, and not on a	
3	Number of conservation ensoments modified trans	formed released at the 2 but and	2d
	Number of conservation easements modified, trans tax year ▶	refred, released, extinguished, or termina	ated by the organization during the
4			
5	Number of states where property subject to conserv	vation easement is located -	
3	Does the organization have a written policy rega	rding the periodic monitoring, inspection	on, handling of
c	violations, and enforcement of the conservation ease	ements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	ng, handling of violations, and enforcing cons	servation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing co	nservation easements during the year
011	> \$		
В	Does each conservation easement reported on line 2(o	d) above satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	in Part XIII, describe how the organization reports co	inservation easements in its revenue and	expense statement and
	balance sheet, and include, if applicable, the text of t	the footnote to the organization's financia	I statements that describes the
	organization's accounting for conservation easements	S.	
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 8.	
a	If the organization elected, as permitted under SFAS	S 116 (ASC 958) not to report in its re	evenue statement and halance shoot
	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar public service provide in Part XIII, the text of the foot	assets held for public exhibition, educa-	ation, or research in furtherance of
E.	parameter than provided in a direction, the text of the foot	mote to its illiancial statements that desc	ribes triese items.
b	If the organization elected, as permitted under SF,	AS 116 (ASC 958), to report in its rev	venue statement and balance sheet
	works of art, historical treasures, or other similar public service, provide the following amounts relating	assets held for public exhibition, educate these items:	ation, or research in furtherance of
			. .
	(i) Revenue included on Form 990, Part VIII, line 1		
,	(ii) Assets included in Form 990, Part X		· · · · · · • \$
•	If the organization received or held works of art,	nistorical treasures, or other similar as	sets for financial gain, provide the
2	following amounts required to be reported under SFA	S 116 (ASC 958) relating to these items:	
a h	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X	 	▶ \$

100	_		
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	Part III Organizations Maintai	ning Collections o	f Art Histo	rical T	roacuro	or Othe	v Cimilar A	\aaata	/aantin	Page 🛦
3	Using the organization's acquisit	tion accession and	other recer	de che	easures	f the falls	or Similar F	Assets	(Continue)	<i>a)</i>
(1-0)	collection items (check all that ap	inly).	other recor	us, che	CK ally 0	i the folio	owing that a	ire a sig	gnificant us	se of its
	a X Public exhibition	ply).	. T	7	200000000000000000000000000000000000000					
	b X Scholarly research		d 2	7		ange progr	ams			
	c X Preservation for future gen	orotions	e	Othe	r					
4	Provide a description of the ora	eralioris enizationis collection								
7	Provide a description of the orga	anization's collection	is and expla	ain how	they fur	ther the c	rganization's	s exem	pt purpose	in Part
5		! : ::::					22-22-09-24-0			
3	During the year, did the organizat	ion solicit or receive	donations of	f art, his	torical tre	easures, o	r other simila	ar		
	assets to be sold to raise funds ra art IV Escrow and Custodial	ner than to be main	tained as pa	rt of the	organiza	tion's colle	ection?		Yes	X No
	Complete if the organiz	Arrangements.	'aall an Fau	- 000	D+ I) /	ı: o				
	Complete if the organiz 990, Part X, line 21.	allon answered f	es on Forr	n 990,	Paπ IV,	line 9, or	reported ar	n amou	int on For	m
1.								0		-
1 6	Is the organization an agent, trust	ee, custodian or oth	ner intermed	ary for o	contributi	ons or oth	er assets not	t ,		
	included on Form 990, Part X?	in Dart VIII and							Yes	No
	o If "Yes," explain the arrangement	in Part XIII and com	plete the foll	owing ta	ble:					
	Roginning holonos				-			Amoun	t	
c						1c				
6	3 ,				• • • •	1d				
f	9 ,					1e				
2 a					• • • • L	1f				
	5	is Dort VIII. Charlet	Part X, line	21, for e	escrow o	r custodiai	account liab	oility?	Yes	No
D	If "Yes," explain the arrangement art V Endowment Funds.	in Part XIII. Check h	iere if the exp	planation	has bee	n provided	on Part XIII			
	Complete if the organization	ation answered "V	os" on Form	2 000 1	2ort 1\ / 1	ina 10				
	Complete if the organiza	(a) Current year			1		1			
		3141933837.	(b) Prior			years back	(d) Three yea		(e) Four yea	
1a	3 9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	87,717,708.	289339			689299.	270046		A 100 A	91524.
b		67,717,708.	39,032	,4/4.	106,5	01,247.	20,417	, 352.	55,89	3,860.
С	Net investment earnings, gains,	183,685,830.	220 602	0.04	200 5	00 757				₩ 0. Distance-to-
	and losses	3,167,736.	330,683			30,757.	-26,064		131,62	
	Grants or scholarships	3,107,730.	3,156	,563.	2,9	98,554.	3,149	,811.	2,94	9,425.
е	Other expenditures for facilities	152 700 575	110 000	205	100 01	75 610				
	and programs	153,780,575.	118,020	,305.	122,3	77,612.	167,979,	,975.	140,39	3,185.
f	Administrative expenses	3256389064.	214102	2027	00000	05105	050050			
g	End of year balance		314193			395137.	2523689	9299.	27004	56038.
2 a	Provide the estimated percentage	of the current year e	end balance	(line 1g,	column (a	a)) held as	:			
a h	Board designated or quasi-endown Permanent endowment ▶ 71.2		_%		1					
o C	Temporarily restricted endowment									
C	The percentages on lines 2a, 2b, a		000/							
32										
Ja	Are there endowment funds not in organization by:	the possession of th	ie organizatio	on that a	are held a	and admin	istered for th	ie		T
									Yes	
	(i) unrelated organizations								3a(i)	X
b	(ii) related organizations	d oversimations lists .							3a(ii)	X
4	If "Yes" on line 3a(ii), are the relate Describe in Part XIII the intended u	o organizations listed	as required	on Sche	eaule R?.				3b	
Mary Process	rt VI Land, Buildings, and Equ	inment	ion's endowr	nent tun	ds.					
	Complete if the organiza	tion answered "Ye	s" on Form	990, P	art IV, li	ne 11a. S	See Form 9	90. Par	t X. line 1	0.
	Description of property	(a) Cost or o	other basis (I		other basis	(c) Acc	umulated eciation		Book value	
1 a	Land				15,000		\$55.62\\$XX		1,015,	000.
b	Buildings			39,52	24,458	. 28,25	8,911.		11,265,	
С	Leasehold improvements				765603		79,103.	3	46,086,	
d	Equipment				12,726	-	3,298.		10,589,	
e	Other									
Tota	. Add lines 1a through 1e. (Column	(d) must equal Form	990, Part X,	column	(B), line	10c.)		3	68,956,	475.
					· ·			-	le D (Form 99	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
Financial derivatives	• •	
Other	• •	
(A) PRIVATE EQUITY	556,675,200.	FMV
(B) REAL ASSETS	457,262,564.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
al. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,013,937,764.	
Investments - Program Related.		
		art IV, line 11c. See Form 990, Part X, line 1
(a) Description of investment	(b) Book value	(c) Method of valuation:Cost or end-of-year market value
1)		Cost of end-of-year market value
2)		
3)		
4)		
5)		
5)		
7)		
3)		
9)		
	and the second second	
II. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.		
il. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Int IX Other Assets.	red "Yes" on Form 990, Par	rt IV, line 11d. See Form 990, Part X, line 15
il. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answer	red "Yes" on Form 990, Par Description	
II. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answer (a)	N/A	
other Assets. Complete if the organization answer (a)	N/A	
II. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answer (a)	N/A	
of (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answer (a)	N/A	
Other Assets. Complete if the organization answer (a)	N/A	
It (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answer (a)))))	N/A	
Other Assets. Complete if the organization answer (a) (b) Other Assets. Complete if the organization answer (b) (c) (d) (e) (e) (f)	N/A	
I. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answer (a))))))))	N/A	
Other Assets. Complete if the organization answer (a) (b) Other Assets. Complete if the organization answer (b) (c) (d) (e) (e) (f) (e) (f) (f) (f) (f	Description	(b) Book valu
Other Assets. Complete if the organization answer (a) (b) Other Assets. Complete if the organization answer (a) (b) (c) (d) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f	Description	(b) Book valu
Other Assets. Complete if the organization answer (a) (b) Other Assets. Complete if the organization answer (a) (b) (c) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f	Description	(b) Book valu
Other Assets. Complete if the organization answer (a) (b) Other Assets. Complete if the organization answer (a) (b) (c) (d) (d) (e) (e) (fix) Other Liabilities. Complete if the organization answer (d)	Description	(b) Book valu
I. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answer (a)))) al. (Column (b) must equal Form 990, Part X, col. (E) Tt X Other Liabilities. Complete if the organization answer line 25.	Description i) line 15.)ed "Yes" on Form 990, Par	(b) Book valu
Other Assets. Complete if the organization answer (a) (b) Other Assets. Complete if the organization answer (a) (b) (c) (a) (c) (d) (d) (e) (e) (e) (fix) Other Liabilities. Complete if the organization answer line 25. (a) Description of liability	Description	(b) Book valu
I. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answer (a)))) al. (Column (b) must equal Form 990, Part X, col. (E) Tt X Other Liabilities. Complete if the organization answer line 25. (a) Description of liability Federal income taxes	Description i) line 15.)ed "Yes" on Form 990, Par	(b) Book valu
Other Assets. Complete if the organization answer (a) (b) Other Assets. Complete if the organization answer (a) (b) (c) (a) (c) (a) (b) (c) (a) (c) (d) (d) (d) (e) (e) (fix) Other Liabilities. Complete if the organization answer line 25. (a) Description of liability (d) Federal income taxes (a) ANNUITY & SPLIT-INT OBLIGS.	Description (b) Book value 15,076,392.	(b) Book valu
Other Assets. Complete if the organization answer (a) (b) Other Assets. Complete if the organization answer (a) (b) (c) (a) (c) (a) (b) (c) (d) (d) (e) (e) (e) (e) (fix) Other Liabilities. Complete if the organization answer line 25. (a) Description of liability (e) Federal income taxes (fix) Description i) line 15.)ed "Yes" on Form 990, Par	(b) Book valu	
Other Assets. Complete if the organization answer (a) (b) must equal Form 990, Part X, col. (B) line 13.) (c) (d) (d) (e) (a) (e) (fix) Other Liabilities. Complete if the organization answer line 25. (a) Description of liability Federal income taxes ANNUITY & SPLIT-INT OBLIGS. PENSION AND OTHER ACCRUED RTRM	Description (b) Book value 15,076,392.	(b) Book valu
It (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answer (a)))))) al. (Column (b) must equal Form 990, Part X, col. (B) tX Other Liabilities. Complete if the organization answer line 25. (a) Description of liability Federal income taxes ANNUITY & SPLIT-INT OBLIGS. PENSION AND OTHER ACCRUED RTRM	Description (b) Book value 15,076,392.	(b) Book valu
At (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answer (a)) (a)) (b) (c) (a)) (a) (b) (a) (c) (a) (c) (a) (d) (d) (e) (e) (ft X Other Liabilities. Complete if the organization answer line 25. (a) Description of liability (a) Federal income taxes (a) ANNUITY & SPLIT-INT OBLIGS. (b) PENSION AND OTHER ACCRUED RTRM	Description (b) Book value 15,076,392.	(b) Book valu
At (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answer (a)) (a)) (b) (c) (a)) (a) (b) (a) (c) (a) (b) (a) (c) (a) (c) (d) (d) (e) (e) (ft X Other Liabilities. Complete if the organization answer line 25. (a) Description of liability (a) (b) Federal income taxes (a) PENSION AND OTHER ACCRUED RTRM	Description (b) Book value 15,076,392.	(b) Book valu
At (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answer (a)) (a)) (b) (c) (a)) (a) (b) (a) (c) (a) (c) (a) (d) (d) (e) (e) (ft X Other Liabilities. Complete if the organization answer line 25. (a) Description of liability (a) Federal income taxes (a) ANNUITY & SPLIT-INT OBLIGS. (b) PENSION AND OTHER ACCRUED RTRM	Description (b) Book value 15,076,392.	

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	Page
1	Total revenue, gains, and other support per audited financial statements	1	608,910,016
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	74,865,215.
3	Subtract line 2e from line 1	3	534,044,801.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	18	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		1
C	Add lines 4a and 4b	4c	-18,971,230.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	515,073,571.
Part >	Reconciliation of Expenses per Audited Financial Statements With Expenses per Potus	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	390,342,200.
2 /	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a l	Donated services and use of facilities		
b	Prior year adjustments		
с (Other losses		
	Other (Describe in Part XIII.)		
e A	Add lines 2a through 2d	2e	71,296,699.
3 5	Subtract line 2e from line 1	3	319,045,501.
4 /	Amounts included on Form 990, Part IX, line 25, but not on line 1:		,,
a li	nvestment expenses not included on Form 990, Part VIII, line 7b 4a		
b C	Other (Describe in Part XIII.)	3-0	
c A	ald lines 4 - and 41	4c	172,220,205.
5 1	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	491,265,706.
Part A	Supplemental Information.		
Part X	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part	t V, lir	ne 4; Part X, line
CDD 1	(I, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the state of the s	ation.	
SEE I	AGE 5		

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 1A

SFAS 116 FOOTNOTE

IN CONFORMITY WITH ACCOUNTING POLICIES GENERALLY FOLLOWED BY ART MUSEUMS,
THE VALUE OF THE MUSEUM'S COLLECTIONS HAS BEEN EXCLUDED FROM THE

STATEMENT OF FINANCIAL POSITION, AND GIFTS OF ART OBJECTS ARE EXCLUDED

FROM REVENUE IN THE STATEMENT OF ACTIVITIES. PURCHASES OF ART OBJECTS BY
THE MUSEUM ARE RECORDED AS DECREASES IN NET ASSETS IN THE STATEMENT OF
ACTIVITIES. PURSUANT TO STATE LAW AND MUSEUM POLICY, PROCEEDS FROM THE

SALE OF ART AND RELATED INSURANCE SETTLEMENTS ARE RECORDED AS TEMPORARILY
RESTRICTED NET ASSETS FOR THE ACQUISITION OF ART.

SCHEDULE D, PART III, LINE 4

DESCRIPTION OF ORGANIZATION'S COLLECTIONS & FURTHERANCE OF EXEMPT PURPOSE

THE MUSEUM'S WORLD-CLASS ART COLLECTION SPANS THE GLOBE AND RANGES IN

DATE FROM ANCIENT TO CONTEMPORARY ART. IT OFFERS A SURVEY OF CONSIDERABLE

BREADTH OF ART FROM THE ANCIENT CIVILIZATIONS OF ASIA, AFRICA, SOUTH

AMERICA, THE PACIFIC ISLANDS, EGYPT, THE NEAR EAST, AND GREECE AND ROME

TO THE PRESENT TIME. THE MUSEUM'S COLLECTIONS INCLUDE EUROPEAN PAINTINGS,

MEDIEVAL ART AND ARCHITECTURE, ARMS AND ARMOR, PRINTS, PHOTOGRAPHS,

DRAWINGS, COSTUMES, MUSICAL INSTRUMENTS, SCULPTURE, TEXTILES, AND

DECORATIVE ARTS FROM THE RENAISSANCE TO THE PRESENT TIME, AS WELL AS ONE

OF THE FOREMOST COLLECTIONS OF AMERICAN ART IN THE WORLD. THE MUSEUM ALSO

MAINTAINS SOME OF THE MOST COMPREHENSIVE ART AND ARCHITECTURE LIBRARIES

IN THE UNITED STATES. THE COLLECTIONS ARE MAINTAINED FOR PUBLIC

EXHIBITION, EDUCATION, AND RESEARCH IN FURTHERANCE OF PUBLIC SERVICE,

RATHER THAN FOR FINANCIAL GAIN.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 3A & 4

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

SCHEDULE D, PART XI, LINE 1

AUDITED FINANCIAL STATEMENTS INCLUDE \$370,437,874 FROM OPERATING
ACTIVITIES AND \$238,472,142 FROM NON-OPERATING ACTIVITIES FOR REVENUE,
GAINS AND OTHER SUPPORT. TOTAL PART XI, LINE 1 \$608,910,016.

SCHEDULE D, PART XI, LINE 2D

RECONCILING ITEMS FOR REVENUE INCLUDE THE FOLLOWING:

ADVERTISING GIFTS-IN-KIND

51,000

FEDERAL INDEMNIFICATION

382,083

UTILITIES PROVIDED BY THE CITY OF NEW YORK

15,812,526

TOTAL

16,245,609

SCHEDULE D, PART XI, LINE 4B

RECONCILING ITEMS FOR REVENUE INCLUDE THE FOLLOWING:

MANAGEMENT FEES AND OTHER INVESTMENT EXPENSES

20,700,118

EXCESS INVESTMENT RETURN

29,956,627

COST OF SALES

(48,676,609)

FUNDRAISING EVENTS

(6,374,481)

Part XIII Supplemental Information (continued)		13 1021000	raye 3
PROCEEDS FROM SALE OF ART	6,181,633		
2015 BOND PROCEEDS	1,443,558		
CORPORATE SPECIAL EVENTS	729,425		
MUSEUM LOANS	860,600		
PARTNERSHIP UBIT	(23,792,101)		
TOTAL	(18,971,230)		
SCHEDULE D, PART XII, LINE 2D			
RECONCILING ITEMS FOR EXPENSES INCLUDE THE FOLLOWIN	G:		
COST OF SALES	48,676,609		
FUNDRAISING EVENTS	6,374,481		
ADVERTISING GIFTS-IN-KIND	51,000		
FEDERAL INDEMNIFICATION	382,083		
UTILITIES PROVIDED BY THE CITY OF NEW YORK	15,812,526		
TOTAL	71,296,699		
SCHEDULE D, PART XII, LINE 4B			
RECONCILING ITEMS FOR EXPENSES INCLUDE THE FOLLOWING	G:		
DEPRECIATION AND MISCELLANEOUS NON-CAPITAL EXPENSES	47,932,099		
PURCHASES OF ART	88,932,148		
MANAGEMENT FEES AND OTHER INVESTMENT INCOME	20,700,118		
INVESTMENT EXPENSES ON THE SERIES 2015 BOND	317,691		
CORPORATE SPECIAL EVENTS	729,425		
MUSEUM LOANS	860,600		
EFFECT OF INTEREST RATE SWAP	12,748,124		

13-1624086

Page 5

Part XIII Supplemental Information (continued)

TOTAL

172,220,205

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

Pa	General Information Form 990, Part IV, line 1	on Activities 4b.	Outside the	United States. Comp	lete if the organization a	answered "Yes" or
1	For grantmakers. Does the orgassistance, the grantees' eligibgrants or assistance?	ility for the gran	nts or assistance	ce, and the selection criter	ia used to award the	X Yes No
2	For grantmakers. Describe in outside the United States.					
3	Activities per Region. (The follo	owing Part I. line	e 3 table can b	e duplicated if additional sr	nace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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	(f) Total expenditures for and investments in the region
_(1)	EUROPE	0.	0.	GRANTMAKING	T. ROUSSEAU FELLOWSHIP	79,167.
_(2)	EUROPE	0.	0.	PROGRAM SERVICES	RESEARCH & EXHIBITIONS	624,644.
(3)	SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	RESEARCH & EXHIBITIONS	125.
(4)	EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	RESEARCH & EXHIBITIONS	157,717.
_(5)	SOUTH ASIA	0.	0.	PROGRAM SERVICES	RESEARCH & EXHIBITIONS	101,080.
(6)	SOUTH AMERICA	0.	0.	PROGRAM SERVICES	RESEARCH & EXHIBITIONS	15,156.
_(7)	MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	RESEARCH & EXHIBITIONS	30,589.
_(8)	NORTH AMERICA	0.	0.	PROGRAM SERVICES	RESEARCH & EXHIBITIONS	33,441.
_(9)	CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		945,205,537.
(10)	EUROPE	0.	0.	INVESTMENTS		28,092,504.
(11)						
(12)						
(13)						
(14)						
(15)		N.				
(16)						
(17)						
3a b	Subtotal					974,339,960.
c	Totals (add lines 3a and 3b)					974,339,960.

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

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

Part II Grants and Ot

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

(a) Name of	200							
organization	section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV,
(1)								appraisa, ourer)
(2)								
(3)								
(4)								
(5)								
(9)								
(7)								
(8)								
(6)								
(10)	2							
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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 7

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2018

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JSA E1275 1.000

Schedule F (Form 990) 2018

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

(h) Method of valuation (book, FMV, appraisal, other) N/A (g) Description of noncash assistance N/A (f) Amount of noncash assistance (e) Manner of cash disbursement CHECK 79,167. (d) Amount of cash grant (c) Number of recipients 2 EUROPE/ICELAND/GREENLAND (b) Region (a) Type of grant or assistance (1) T. ROUSSEAU FELLOWSHIP (2) (3) (4) (2) (9) (7 (8) 6) (10) (11) (12)(13) (14) (16) (11) (18) (15)

Schedule F (Form 990) 2018

Pad	10	4

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

Schedule F (Form 990) 2018

Part V Supplemental Information

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

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

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

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

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

realite of the organization					Employer identificat	ion number
METROPOLITAN MUSEUM OF ART					13-1624086	
Part I Fundraising Activities. Corn Form 990-EZ filers are not	nplete if the org	ganization	answered	"Yes" on Form	990, Part IV, line	e 17.
1 Indicate whether the organization rai				activities Check	all that apply	
a X Mail solicitations				non-government		
b X Internet and email solicitations				government grant		
c X Phone solicitations				ising events	.5	
d X In-person solicitations		9 000	olai Tariata	ising events		
 Did the organization have a written of or key employees listed in Form 990 If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	, Part VII) or entit viduals or entities	ty in conne	ction with p	rofessional fundra	ising services?	X Yes No fundraiser is to b
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			***************************************
1						
ATTACHMENT 1						
2						
3						
4						
5						10.517 ->119
6						217 19
7						
8						
9						
9						
10	1.00					
Total	2			429 709	173,372.	256,337.
3 List all states in which the organization registration or licensing.	on is registered of	or licensed	to solicit	contributions or h	nas been notified	it is exempt from
AL, AK, AR, CA, CO, CT, FL, GA, HI, IL,						
KS, KY, LA, ME, MD, MA, MI, MN, MS, MO,	NV, NH, NJ, NM	NY, NC. N	D.OH.		1988	
OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,		111/110/11	270117	-		
	30					
				-		
						B

Р	art	Fundraising Events. Comple more than \$15,000 of fundr events with gross receipts gro	aising event contribut	answered "Yes" on tions and gross incon	Form 990, Part IV, ne on Form 990-EZ	line 18, or reported, lines 1 and 6b. Lis
			(a) Event #1 COSTUME INSTITU	(b) Event #2 CORPORATE BENE	(c) Other events	(d) Total events (add col. (a) through
ne			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	15,128,670.	1,939,155.	6,722,316.	23,790,141
œ	2	Less: Contributions	14,615,670.	1,879,215.	6,224,570.	22,719,455
	3	line 2)	513,000.	59,940.	497,746.	1,070,686
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				,
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	4,396,288.	219,548.	1,758,645.	6,374,481.
	10	Direct expense summary. Add line Net income summary. Subtract lir	es 4 through 9 in colur	mn (d)		6,374,481. -5,303,795.
Pa	rt II	Gaming. Complete if the orga	anization answered "Y	es" on Form 990, F	Part IV, line 19, or	reported more than
4)		\$15,000 on Form 990-EZ, line	e 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
A.	1	Gross revenue				
ses	2	Cash prizes				
irect Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	Yes%	Yes%	
	7	Direct expense summary. Add line	s 2 through 5 in colum	ın (d)		
	8	Net gaming income summary. Sub	otract line 7 from line 1	column (d)		
9 a b	E	inter the state(s) in which the organization licensed to cond	nization conducts gam	ning activities:	5?	. Yes No
0a b		Vere any of the organization's gaming "Yes," explain:	licenses revoked, suspe	ended, or terminated duri	ing the tax year?	. Yes No

Schedule G (Form 990 or 990-EZ) 2018
11 Does the organization conduct gaming activities with nonmembers? Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
formed to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
records.
Name ▶
Address ▶
15a Does the organization have a contract with a third party from whom the organization receives gaming
revenue?
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
amount of gaming revenue retained by the third party ▶ \$
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?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations
or spent in the organization's own exempt activities during the tax year ▶ \$
Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and
Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
(see instructions).
SCHEDULE G, PART I, LINE 2B
THE MEMBERSHIP DEPARTMENT CONTRACTED TELEMARKETING FIRM DONOR SERVICES
GROUP (DSG) TO FACILITATE CAMPAIGNS DIRECTED AT CURRENT AND LAPSED
MEMBERS OF THE MET THROUGHOUT FISCAL 2019. DSG CALLERS REFERRED TO A
SCRIPT, PREAPPROVED BY THE MEMBERSHIP DEPARTMENT, WHEN SOLICITING MEMBERS
BY PHONE. IN FISCAL 2019, 7,564 CURRENT MEMBERS WERE CONTACTED BY DSG
REQUESTING A CONTRIBUTION TO THE MEMBERSHIP ANNUAL APPEAL; 19,867 CURRENT

Schedule G (Form 990 or 990-EZ) 2018

Sche	dule G (Form 990 or 990-EZ) 2018
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name
	Name ►
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name •
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
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	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
MEME	(see instructions).
MEMP	ERS WERE CONTACTED BY DSG PRIOR TO EXPIRATION WITH MEMBERSHIP RENEWAL
REOU	ESTS; 2,210 LAPSED MEMBERS WERE CONTACTED BY DSG AFTER EXPIRATION
~	-, -, -, -, -, -, -, -, -, -, -, -, -, -
WITH	A REQUEST TO RENEW THEIR MEMBERSHIP.
-	
	Schodulo G (Form 000 or 000 F7) 2040

Sche	dule G (Form 990 or 990-EZ) 2018
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ►
	Address ►
150	
ısa	Does the organization have a contract with a third party from whom the organization receives gaming
h	revenue?
D	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
C	amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:
C	The stand address of the third party:
	Name ▶
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
b	retain the state gaming license?
	or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
SCHE	DULE G, PART II, LINE 11 AND FORM 990, PART VIII, LINE 8
NOTE	THAT THE \$5,303,795 LOSS ON FORM 990, PART VIII, LINE 8(C) EXCLUDES
m. r.	
THE	\$22,719,455 OF CONTRIBUTIONS WHICH IF INCLUDED, WOULD RESULT IN A NET
מנום ח.	THE OF 617 A MILLION
SUKP.	LUS OF \$17.4 MILLION.
	Schedule G (Form 990 or 990-EZ) 2018

JSA 8E1503 1.000

FUNDRAISER
PAID
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1
Н
PART
Ü
SCHEDULE
,066

AMOUNT PAID TO (OR RETAINED BY ORGANIZATION	256,337.
AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	173,372.
GROSS RECEIPTS FROM ACTIVITY	429,709.
DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	×
ACTIVITY	TELE- MARKETING
NAME AND ADDRESS OF FUNDRAISER	DONOR SERVICES GROUP 1200 WILSHIRE BOULEVARD SUITE 650 LOS ANGELES CA 90017

ATTACHMENT 1 PAGE 51

SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

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2018

Open to Public Inspection

Employer identification number

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

METROPOLITAN MUSEUM OF ART

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I (Form 990) (2018) Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance X 13-1624086 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Part I General Information on Grants and Assistance (b) EIN 1 (a) Name and address of organization or government Part II Ξ (2) 3 (12)7 4 (2) 9 (7) 8 က 6) (11) 10)

JSA 8E1288 1.000 06571Q K686

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal other)	(f) Description of non-cash assistance
				(incomplete the control of the contr	
1 THE BOTHMER FELLOWSHIP	1.	6,667.		N/A	N/A
2 SYLVAN C. AND PAM COLEMAN MEMORIAL FELLOWSHIP	7.	213,750.		a/N	N/N
3 CHESTER DALE FELLOWSHIP	10.	289,792		N/A	N/A
The state of the s				G /4	N/A
4 ANNEITE DE LA KENTA FELLOWSHIP	2.	55,238.		N/A	N/A
5 THE DOUGLASS FOUNDATION FELLOWSHIP	2.	48,600.		N/A	N/N
6 SHERMAN FAIRCHILD FOUNDATION FELLOWSHIP	2.	53,167.		4/N	M / 22
7 ANDREW W. MELLON ART HISTORY FELLOWSHIP	18.	326 358		*/*	27/4
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	information re	quired in Part I, I	ine 2, Part III, o	olumn (b); and any ot	her additional

Schedule I (Form 990) (2018) Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, EMV annuals other	(f) Description of non-cash assistance
				(pur) bands '	
1 ANDREW W. MELLON CONSERVATION FELLOWSHIP	10.	265,721.		N/A	4/2
2 ANDREW W. MELLON POSTDOCTORAL CURATORIAL FELLOWSHI	. 7	.088,990.		N/A	M/A
3 ANDREW W. MELLON COLLECTION SPECIALIST FELLOWSHIP	3.	128,393.		N/A	M/A
4 RESEARCH SCHOLARSHIP IN PHOTOGRAPH CONSERVATION FE	1.	.000.		N/A	N/A
5 J. CLAWSON MILLS FELLOWSHIP	.57	127,017.		N/N	N/R N/R
6 SLIFKA FOUNDATION FELLOWSHIP	1.	6,667.		N/A	N/A
	1.	38,333.		N	7/4.
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	nformation re	quired in Part I, I	line 2, Part III, c	olumn (b); and any ot	her additional

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2018) Part III

	ace is inceded.				
(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 JANE AND MORGAN WHITNEY FELLOWSHIP	.9	69,771.		N/A	N/N
2 POLAIRE WEISSMAN FELLOWSHIP	3.	150,924.		N/A	N/A
3 LEONARD A. LAUDER FELLOWSHIPS IN MODERN ART	&	318,407.		N/A	N/A
4 ANDREW W. MELLON INDIAN CONSERVATION FELLOWSHIP PR	. 4	71,665.		N/A	N/A
5 MELLON SUPPLEMENTAL FELLOWSHIP FUNDS	74.	239,565.		N/A	A/N
6 ARIAH FELLOWSHIP	1.	22,533.		N/A	N/A
_	6				
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	information re	quired in Part I,	line 2, Part III, c	olumn (b); and any or	ther additional

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

STIPENDS AND FELLOWSHIPS ON EDUCATIONAL TRAVEL THE MUSEUM AWARDS GRANTS,

COMPRISED AN OBJECTIVE AND NONDISCRIMINATORY BASIS. A GRANTS COMMITTEE,

SCIENTISTS AND LIBRARIANS, EDUCATORS, CONSERVATORS, OF MUSEUM CURATORS,

THE PURPOSE MAKE SELECTIONS BASED UPON COMPETITIVE WRITTEN APPLICATIONS.

TO CONDUCT OF THE GRANTS IS TO PROVIDE AN OPPORTUNITY FOR THE GRANTEES

RESEARCH, EXTEND THEIR PROFESSIONAL KNOWLEDGE AND CONTRIBUTE TO

TO THE BEST OF THE MUSEUM'S KNOWLEDGE, NONE RESPECTIVE FIELDS AT LARGE.

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.

Schedule I (Form 990) (2018)

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Schedule I (Form 990) (2018)

Part III

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

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance information. Part IV 7 က 4 2 9

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

Schedule I (Form 990) (2018)

SCHEDULE J (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

METROPOLITAN MUSEUM OF ART

Part I Questions Regarding Compensation

Employer identification number 13-1624086

			Yes	No
1a	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		T WE	
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
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		x	
2	explain	1b	^	Book
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			ERAN.
	1a?	2	х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	6000	Health 1	Sizes
Ü	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
C	- anti-part in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
a	The organization?	6a		Χ
b	Any related organization?	6b		Χ
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	REAL S		
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Χ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

Schedule J (Form 990) 2018

Pane 2

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

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

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

	(B) Breakdown of W	W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	eldevetack (C)	(E) Total of	į
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
DANIEL H. WEISS (i)	955,473.	0	235,601.	38,606.	20.990	1 250 670	
1 PRESIDENT/CEO, EX-OFF. TRUSTEE (II)	0.	0	0		5	1004	
	401,317.	250,000.	86,001.	22,000.	4,775.	764,093	
ZOIN: LEA-UFF. INUSIEE FROM 8/18 (II)	0.	0	0				
ANDREA BAYER	203,224.	7,000.	37,910.	33,859.	20,924.	302.917	
3 The Discussions From 10/18 (ii)	0	0	0			1	
	355,470.	20,000.	3,504.	38,606.	20,340.	437 920	
·	0.	0	0			20110	
SHARON H. COTT	450,315.	0	4,302.	38,606.	20,463.	513.686	
	0.	0	.0				
SUP INSTITUTIONAL ADVANCEMENT (i)	513,485.	0	7,524.	38,606.	9,326.	568.941	
6 The first of the		.0	.0				
VP REVENITE & OBS FROM 0/10	276,657.	0.	.606	36,354.	1,378.	315.298	
7: 12: 12: 12: 13: 13: (ii)	.0	0	.0				
TOM A. JAVITS VP CONSTRICTION & EACH I THIESE	371,166.	0	8,371.	38,606.	20,028.	438,171.	
	.0	0.	.0				
UP CEO 6 TREATER (I)	412,235.	.0	961.	35,983.	20,632.	469.811	
9 **, CFO & 1KEASUKER (ii)	0.	.0	0			1000	
LAUREN A. MESERVE	643,371.	581,964.	1,710.	357,354.	9,247.	1,593.646	263 163
10 vi, cathe investment Officer (ii)	0.	0.	0			1000) H
VP & GNI MCP DEFAIT	453,170.	0.	2,158.	30,250.	8,843.	494.421	
(ii)	0.	0.	.0				
VP & CHIEF UP OFFICES VP & CHIEF UP OFFICES	371,766.	0.	3,666.	30,250.	18,921.	424.603	
12 (ii)	0	0.	.0				
UEFFREY S. SPAR	357,017.	0.	1,855.	38,606.	20,316.	417.794	
	.0	0.	0				
VP BY APPAIDS CUIDE COME OFF	340,776.	0.	1,819.	30,250.	20,291.	393.136	
CHIEF COMM OFF	0.	0.	.0				
JUSTIIN V. REED	242,957.	182,160.	470.	148,700.	1,210.	575,497.	
	0	0.	.0				
AEMBER & VS OFF TO 7/18	127,117.	0.	218,724.	22,831.	11,211.	379,883.	
(ii)	0	0	0				

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Page 2

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

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

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

	(B) Breakdown of W	of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	Total of ordinar	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MICHAEL B. GALLAGHER (i)	290,462.	.0	14,446.	38,606.	20.004.	363.518	
CHAIRMAN, PAINTINGS CONSERV. (ii)	0	.0	0				
N	294,878.	.0	10,027.	38,606.	19,683.	363,194.	
2 CHAIRMAN, EUROPEAN PAINTINGS (II)	0	.0	0			- 1	
	297,677.	.0	2,956.	38,606.	20,085.	359,324.	
3CHIEF DEVELOP OFFICER INDIV	0	.0	0				
CARRIE R. BARRATT (i)	180,910.	.0	129,531.	38,606.	16,393.	365.440	
4 DEPUTY DIR COLLECTIONS TO 6/18 (ii)		.0	0				
0							
5 (ii)							
(6)							
(iii) 9							
(0)							
(ii) 7							
(5)							
(ii) 8							
(5)							
(ii) 6							
(5)							
10 (ii)							
(2)							
11 (ii)							
12 (ii)							
13 (ii)							
2							
14 (ii)							
15 (ii)							
16 (ii)							

8E1291 1.000

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Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

PERSONAL HOUSING - FOR CALENDAR YEAR 2018, THE MUSEUM PROVIDED A HOUSING

ALLOWANCE TO THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, DANIEL WEISS. THE

MUSEUM PROVIDED A HOUSING ALLOWANCE TO THE DIRECTOR, MAX HOLLEIN, FOR A

PORTION OF CALENDAR YEAR 2018 COMMENCING ON JULY 23, 2018. THESE

ALLOWANCES WERE TREATED AS TAXABLE COMPENSATION

SCHEDULE J, PART I, LINE 4A

THE FOLLOWING PERSON RECEIVED A SEVERANCE PAYMENT IN CALENDAR YEAR 2018:

LISA KRASSNER - \$170,000

SCHEDULE J, PART I, LINE 4B

THE FOLLOWING PERSONS PARTICIPATED IN OR RECEIVED PAYMENTS FROM A

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN IN CALENDAR YEAR 2018:

DANIEL WEISS - \$105,000

MAX HOLLEIN - \$22,200

8E1505 1.000

Schedule J (Form 990) 2018

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 7

PURSUANT TO THE MUSEUM'S INCENTIVE COMPENSATION PLAN FOR INVESTMENT

STAFF, SENIOR VICE PRESIDENT AND CHIEF INVESTMENT OFFICER, LAUREN

MESERVE, RECEIVED A BONUS PAYMENT OF \$581,964 AND INVESTMENT OFFICER,

JUSTIN V. REED, RECEIVED A BONUS PAYMENT OF \$182,160. ALL SUCH PAYMENTS

ARE INCLUDED IN SCHEDULE J, PART II COLUMN B.

SCHEDULE J, PART II, COLUMN (C)

COLUMN (C) INCLUDES DEFERRED COMPENSATION AS FOLLOWS:

JUSTIN V. REED OF \$118,450. THIS DEFERRED COMPENSATION MAY BE FORFEITED A BONUS PAYMENT FOR LAUREN MESERVE OF \$318,983 AND A BONUS PAYMENT FOR EXACT AMOUNT IS SUBJECT TO ADJUSTMENT BASED ON THE PERFORMANCE OF THE IF THE RECIPIENT LEAVES THE MUSEUM'S EMPLOYMENT BEFORE IT IS PAID. ENDOWMENT FUND. Schedule J (Form 990) 2018

TAX EXEMPT SET 1

Supplemental Information on Tax-Exempt Bonds

SCHEDULE K (Form 990)

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

▶ Attach to Form 990.

OMB No. 1545-0047 2018

Open to Public Inspection

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

Name of the organization Department of the Treasury

Employer identification number

(i) Pooled financing Yes No × 13-1624086 (h) On behalf of Yes No × (g) Defeased ° × × Yes 65,000,000. PARTIAL FUNDING OF CAPITAL PROJECT PARTIAL FUNDING OF CAPITAL PROJECT (f) Description of purpose .000,000,59 (e) Issue price (d) Date issued 12/01/2006 12/01/2006 (c) CUSIP# 649717NP6 649717NQ4 (b) Issuer EIN 91-1882413 91-1882413 A TRUST FOR CULTURAL RESOURCES OF THE CITY OF NY B TRUST FOR CULTURAL RESOURCES OF THE CITY OF NY METROPOLITAN MUSEUM OF ART (a) Issuer name Bond Issues Proceeds D Part II Part I

O

2 Amount of bonds retired	65,000,			מ	
Amount of bonds legally defeased. Total proceeds of issue. Gross proceeds in reserve funds. Capitalized interest from proceeds. Proceeds in refunding escrows. Issuance costs from proceeds. Credit enhancement from proceeds. Working capital expenditures from proceeds. Capital expenditures from proceeds.		.000.			
Total proceeds of issue. Gross proceeds in reserve funds. Capitalized interest from proceeds. Proceeds in refunding escrows. Issuance costs from proceeds. Credit enhancement from proceeds. Working capital expenditures from proceeds. Capital expenditures from proceeds.		.000.			
Gross proceeds in reserve funds		. 069			
Capitalized interest from proceeds	. 795,	690.			
Proceeds in refunding escrows. Issuance costs from proceeds. Credit enhancement from proceeds. Working capital expenditures from proceeds. Capital expenditures from proceeds. Other spent proceeds.	. 795,	.0690			
Issuance costs from proceeds	. 795,	690.			
Credit enhancement from proceeds	100				
Working capital expenditures from proceeds					
Capital expenditures from proceeds					
	010 000 01	010			
		0.10.			
		+			
14 Were the hands issued as some at a first in the No	Yes	No Yes	o _N	Yes	No
if isolod prior to 2010 a part of a lettending issue of tax-exempt bonds (or,					
il issueu prior to zuile, a current refunding issue)?		×			
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if					
issued prior to 2018, an advance refunding issue)?		×			
16 Has the final allocation of proceeds been made?	×				
17 Does the organization maintain adequate books and records to support the					
Tinal allocation of proceeds?	×				

JSA

8E1295 1.000

Schedule K (Form 990) 2018

Part Private Business Use	EXEMPT	SET 1						rage 7
	A		В		O		٥	
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
WIICII OWNE		×		×				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		×		×				
3a Are there any management or service contracts that may result in private	,			:				
the second and the se	×		×					
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 hisiness use of	:		4					
יייי מתפווובפא מאב		×		×				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		/0
5 Enter the percentage of financed property used in a private business use as a						2		0/
our organizatio								
another section 501(c)(3) organization, or a state or local government		%		%		%		%
		%		%		2 %		%
- 1		×		×				2
8a Has there been a sale or disposition of any of the bond-financed property to a								
		×		×				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		ò		č				
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		0,		%		%		%
sections 1.141-12 and 1.145-27								
9 Has the organization established written procedures to ensure that all								
nonqualitied bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-22	Þ		;					
Part IV Arbitrage	<		<					
	A		B		O		٥	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
1		×		×				
a Rebate not due yet?								
b Exception to rebate?	×		×					
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
3 Is the bond issue a variable rate issue?	×		×					

8E12961,000 06571Q K686

Schedule K (Form 990) 2018

Schedule K (Form 990) 2018

Page 3 °N No Yes Yes ô ô O O Yes Yes Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions å ô × × × m В Yes Yes × × S °N × × × 4 Yes Yes × d Was the hedge superintegrated?...... d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the qualified c Term of hedge voluntary closing agreement program if self-remediation isn't available under 6 Were any gross proceeds invested beyond an available temporary period? monitor a into 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? ç entered Has the organization established written procedures the governmental issuer Procedures To Undertake Corrective Action hedge with respect to the bond issue?... requirements of section 148? applicable regulations? Part IV Arbitrage (Continued) 0 e Was the hedge terminated? organization the 4a Has Part V Part VI

Page 4

JSA 8E15111.000 06571Q K686

Schedule K (Form 990) 2018

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

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

THE MUSEUM PERFORMS A DETAILED PRIVATE BUSINESS AND UNRELATED USE

CALCULATION. THE MUSEUM CALCULATED ITS PRIVATE BUSINESS AND UNRELATED USE

FOR THE FISCAL YEAR ENDED JUNE 30, 2019 TO BE NEARLY 0% IN TAX EXEMPT

BOND-FINANCED SPACE. THIS ANALYSIS EXCLUDES COST OF ISSUANCE.

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

Name of the organization METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

Types of Property (a) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art X 210. Art - Historical treasures X Art - Fractional interests 3. 0. X Books and publications Clothing and household goods Cars and other vehicles. Boats and planes 7 8 Intellectual property X 153. Securities - Publicly traded 90,837,298. MKT VALUE- GIFT DATE 10 Securities - Closely held stock . . . 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other. Real estate - Residential 15 Real estate - Commercial Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies . . . 20 21 Taxidermy..... Historical artifacts. 22 Scientific specimens 23 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 70. Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required X 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a b If "Yes." describe in Part II. 33 If the organization didn't 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) 2018

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

SCHEDULE M, PART I, COLUMN (B)

THE AMOUNTS SHOWN IN PART I, COLUMN (B) FOR "NUMBER OF CONTRIBUTIONS"

REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS AND NOT NECESSARILY THE

TOTAL NUMBER OF ITEMS CONTRIBUTED.

USE OF THIRD PARTIES - FORM 990, SCHEDULE M, PART I, LINE 32B

THE MUSEUM MAY, FROM TIME TO TIME, SELL ART WORKS ACQUIRED AS NON-CASH

CONTRIBUTIONS THROUGH THIRD PARTIES SUCH AS PUBLIC AUCTION HOUSES,

PRIVATE DEALERS, OR INDIVIDUALS. IN EACH CASE, THE MUSEUM ENTERS INTO A

CONTRACT OR AGREEMENT WITH THE THIRD PARTY CONDUCTING OR PARTICIPATING IN

THE SALE AND ADHERES TO ITS OWN PUBLISHED POLICY REGARDING SUCH SALES AS

WELL AS APPLICABLE IRS LAWS AND STANDARDS OF ACCOUNTING.

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

IN ACCORDANCE WITH FASB'S SFAS 116, THE MUSEUM DOES NOT TREAT DONATIONS

OF PROPERTY OF THE TYPES DESCRIBED IN PART I OF SCHEDULE M AS REVENUE OR

CAPITALIZE ITS COLLECTIONS BECAUSE THEY ARE USED TO SUPPORT ITS

NON-PROFIT EDUCATIONAL MISSION, AND, SHOULD THE PROPERTY BE SOLD,

PROCEEDS FROM SUCH SALE WOULD BE USED SOLELY TO ACQUIRE OTHER ITEMS FOR

THE COLLECTION. THESE ACCOUNTING STANDARDS ARE ALSO ENDORSED BY THE

AMERICAN ALLIANCE OF MUSEUMS AND THE ASSOCIATION OF ART MUSEUM DIRECTORS,

OF WHICH ORGANIZATIONS THE MUSEUM IS A MEMBER.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Internal Revenue Service

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

FORM 990, PART III - PROGRAM SERVICES
MISSION AND ACCOMPLISHMENTS

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

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

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

THE METROPOLITAN MUSEUM OF ART'S UNPARALLELED COLLECTION, GROUNDBREAKING EXHIBITIONS AND SCHOLARSHIP, AND INNOVATIVE PROGRAMS OFFER POWERFUL WAYS TO EXPERIENCE MORE THAN FIVE MILLENNIA OF ART AND CULTURE. IN FISCAL YEAR 2019, OUR WIDE-RANGING ACTIVITIES WERE BOTH IMPACTFUL AND WELL RECEIVED. TOTAL ATTENDANCE WAS MORE THAN 7 MILLION VISITORS FOR THE THIRD YEAR IN A ROW, DEMONSTRATING THE STRENGTH OF OUR MISSION TO CONNECT PEOPLE WITH THE

Employer identification number

ART OF ALL TIMES AND CULTURES. IN FISCAL YEAR 2019 THE MUSEUM ALSO BEGAN ACTIVELY PLANNING FOR ITS 150TH ANNIVERSARY CELEBRATION IN 2020, AND WE LOOK FORWARD TO CELEBRATING WITH OUR GLOBAL AUDIENCE IN WAYS THAT ALLOW THE MAGNIFICENCE AND RELEVANCE OF THE MET TO SHINE.

BELOW IS A SUMMARY OF OUR MANY ACTIVITIES AND ACHIEVEMENTS DURING FISCAL YEAR 2019.

ATTENDANCE

FOR THE THIRD YEAR IN A ROW THE MUSEUM WELCOMED MORE THAN 7 MILLION VISITORS (7,027,858) TO ITS THREE LOCATIONS--THE MET FIFTH AVENUE, THE MET CLOISTERS, AND THE MET BREUER--IN FISCAL YEAR 2019, WHICH WAS ALSO THE FIRST FULL FISCAL YEAR UNDER THE MUSEUM'S NEW ADMISSIONS POLICY. CONTINUALLY ONE OF NEW YORK'S MOST VISITED TOURIST ATTRACTIONS FOR DOMESTIC AND INTERNATIONAL AUDIENCES, THE MET DRAWS A WIDE RANGE OF VISITORS. IN THE PAST FISCAL YEAR, INTERNATIONAL TOURISTS ACCOUNTED FOR 28 PERCENT OF VISITORS, LOCAL VISITORS FROM THE FIVE BOROUGHS MADE UP 35 PERCENT OF THE OVERALL TOTAL, AND 16 PERCENT WERE FROM THE TRISTATE AREA. THE MET CLOISTERS DREW 325,326 VISITORS IN FISCAL YEAR 2019, A RECORD FOR THE LOCATION THAT WAS FUELED BY THE ATTENDANCE FOR "HEAVENLY BODIES: FASHION AND THE CATHOLIC IMAGINATION", AND THE MET BREUER SAW MORE THAN 326,392.

INTERNATIONAL ACTIVITY

CONNECTING AUDIENCES AROUND THE WORLD WITH THE MET'S VAST RESOURCES IS AN

IMPORTANT PART OF OUR MISSION, AND FISCAL YEAR 2019 SAW MANY ACHIEVEMENTS IN THIS AREA. IN THE FIELD OF CONSERVATION, THE MET CONTINUES ITS LEADERSHIP ROLE IN THE INDIAN CONSERVATION FELLOWSHIP PROGRAM (ICFP), A MULTIYEAR PARTNERSHIP INITIATED IN 2011 BETWEEN THE MET; STICHTING RESTAURATIE ATELIER LIMBURG, MAASTRICHT, THE NETHERLANDS; THE FREER GALLERY OF ART AND THE ARTHUR M. SACKLER GALLERY, SMITHSONIAN INSTITUTE, WASHINGTON, D.C.; AND THE GOVERNMENT OF INDIA, SUPPORTED BY THE ANDREW W. MELLON FOUNDATION AND THE MINISTRY OF CULTURE, INDIA. THE PROGRAM PROVIDES PRACTICAL, INTENSIVE TRAINING AND PROFESSIONAL DEVELOPMENT FOR EMERGING AND MID-CAREER INDIAN CONSERVATORS AT HOST INSTITUTIONS. THE NETWORK INITIATIVE FOR CONSERVATION SCIENCE (NICS), A PILOT PROGRAM LAUNCHED IN SEPTEMBER 2016 BY THE MET AND ITS DEPARTMENT OF SCIENTIFIC RESEARCH WITH THE SUPPORT OF THE ANDREW W. MELLON FOUNDATION, HELD ITS SECOND ANNUAL SYMPOSIUM IN NOVEMBER 2018. NICS AIMS TO ADVANCE RESEARCH AND SCHOLARSHIP IN ART HISTORY, ARCHAEOLOGY, CONSERVATION, AND SCIENCE BY SHARING THE MUSEUM'S CUTTING-EDGE RESEARCH FACILITIES AND EXPERTISE WITH A GROUP OF PARTNER INSTITUTIONS, INCLUDING TEN NEW YORK MUSEUMS. CONSERVATORS FROM THE BROOKLYN MUSEUM, THE CENTRAL PARK CONSERVANCY, THE FRICK COLLECTION, THE HISPANIC SOCIETY OF AMERICA, THE MORGAN LIBRARY AND MUSEUM, AND THE NEW YORK PUBLIC LIBRARY PARTICIPATED IN THIS YEAR'S SYMPOSIUM. THE MET CONTINUED TO MAKE PROGRESS IN ITS PROJECT TO ASSIST SYRIAN AND IRAQI MUSEUM COLLEAGUES IN THEIR EFFORTS TO DOCUMENT AND PUBLISH ENDANGERED COLLECTIONS, AN INITIATIVE MADE POSSIBLE BY THE WHITING FOUNDATION. IN JANUARY 2019, THE MET AND ITS PARTNERS, COLUMBIA UNIVERSITY AND THE AMERICAN CENTER OF ORIENTAL RESEARCH (ACOR), ORGANIZED

A WORKSHOP IN AMMAN, JORDAN, THAT BROUGHT TOGETHER THIRTEEN STAFF MEMBERS FROM THE IRAQ, BASRAH, MOSUL, AND SLEMANI MUSEUMS FOR SPECIALIZED TRAINING IN WRITING LABELS AND TEXT, RESEARCHING OBJECTS, PREPARING IMAGES FOR PUBLICATION, CREATING WEBSITES, AND PRODUCING PUBLICATION-READY COLLECTION-RELATED CONTENT. THROUGH THE SUPPORT OF THE MUSEUM'S ADELAIDE MILTON DE GROOT FUND, MET STAFF CONTINUE TO PARTICIPATE IN ARCHAEOLOGICAL RESEARCH IN GREECE, TURKMENISTAN, AND GUATEMALA. AT PALAIKASTRO IN EASTERN CRETE, IN AN EXCAVATION CONDUCTED UNDER THE AUSPICES OF THE BRITISH SCHOOL AT ATHENS, WORK THIS YEAR FOCUSED ON THE STUDY OF BUILDING 4 FROM THE 1986-2003 EXCAVATION CAMPAIGN OF THE MINOAN BRONZE AGE SETTLEMENT. THE MET INITIATED A NEW ARCHAEOLOGICAL PROJECT IN APRIL FOLLOWING A MEMORANDUM OF UNDERSTANDING SIGNED WITH THE MINISTRY OF CULTURE IN TURKMENISTAN FOR FIELDWORK AT THE SITE OF DANDANAKAN/DASH RABAT IN THE MARY PROVINCE, A MEDIEVAL CARAVAN TOWN. THE WORK IS CONDUCTED IN COLLABORATION WITH COLLEAGUES FROM THE NATIONAL ADMINISTRATION FOR THE PROTECTION, STUDY AND RESTORATION OF CULTURAL AND HISTORICAL MONUMENTS OF TURKMENISTAN, AND THE ANCIENT MERV HISTORICAL AND CULTURAL PARK. IN 2018, THE DEPARTMENT OF THE ARTS OF AFRICA, OCEANIA, AND THE AMERICAS PARTICIPATED IN A THIRD SEASON OF ARCHAEOLOGICAL FIELDWORK AND CONSERVATION AT THE SITE OF PIEDRAS NEGRAS, GUATEMALA, WORKING WITH THE GUATEMALAN INSTITUTE OF ANTHROPOLOGY AND HISTORY, BROWN UNIVERSITY, BRANDEIS UNIVERSITY, AND THE PEABODY MUSEUM OF ARCHAEOLOGY AND ETHNOLOGY AT HARVARD UNIVERSITY. PIEDRAS NEGRAS, ONE OF THE MOST IMPORTANT MAYA ROYAL COURTS FROM THE FIFTH TO THE NINTH CENTURY, IS RENOWNED FOR ITS HIEROGLYPHIC INSCRIPTIONS AND SCULPTURE, INCLUDING THE

UPPER PORTION OF PIEDRAS NEGRAS STELA 5, ON LONG-TERM LOAN TO THE MET FROM GUATEMALA.

COLLECTION AND ACQUISITIONS

IN FISCAL YEAR 2019 THE MUSEUM MADE A NUMBER OF KEY ACQUISITIONS THAT ADD NEW PERSPECTIVES AND POSE NEW QUESTIONS, KEEPING THE MET A RELEVANT AND DYNAMIC INSTITUTION. KEY ACQUISITIONS INCLUDED TWO WORKS FOR THE DEPARTMENT OF EUROPEAN PAINTINGS: A 1636 PORTRAIT OF QUEEN HENRIETTA MARIA BY THE FLEMISH PAINTER ANTHONY VAN DYCK (1599-1641) AND ONE OF THE FIRST POINTILLIST PORTRAITS BY THEO VAN RYSSELBERGHE (BELGIAN, 1862-1926), TITLED "LITTLE DENISE"; FOR THE DEPARTMENT OF GREEK AND ROMAN ART, AN EXTRAORDINARY EXAMPLE OF ROMAN SCULPTURE -- AN IMPRESSIVE MARBLE WELLHEAD, OR PUTEAL, OF THE SECOND CENTURY; FOR THE DEPARTMENT OF ASIAN ART, A MASTERWORK IN THE CORPUS OF IMPERIAL-QUALITY DEVOTIONAL BRONZE ICONS PRODUCED UNDER CHOLA PATRONAGE DEPICTING THE FORM OF SHIVA AS DESTROYER OF EVIL; FOR THE DEPARTMENT OF MEDIEVAL ART AND THE CLOISTERS, AN ILLUSTRATED MANUSCRIPT OF THE MASTER OF CLAUDE DE FRANCE, THE CELEBRATED "BOOK OF FLOWER STUDIES", (CA. 1510-15); FOR THE DEPARTMENT OF EUROPEAN SCULPTURE AND DECORATIVE ARTS, A LIFE-SIZED MARBLE BUST OF A BOUND WOMAN OF AFRICAN DESCENT BY THE FRENCH SCULPTOR JEAN-BAPTISTE CARPEAUX (1827-1875) THAT REFLECTS ON THE HORRORS OF SLAVERY FOLLOWING ITS ABOLITION IN FRANCE IN 1848 AND THE CLOSE OF THE AMERICAN CIVIL WAR IN 1865; FOR THE AMERICAN WING COLLECTION, A RARE PICTURE BY ASHCAN ARTIST JOHN SLOAN (1871-1951), "GRAY AND BRASS", THAT JUXTAPOSES SOCIOECONOMIC DIFFERENCE IN A SINGLE IMAGE AND CAPTURES THE VIBRANT

SPECTACLE OF LOOKING AND BEING SEEN THAT CHARACTERIZED EARLY

TWENTIETH-CENTURY CITY LIFE; AND FOR THE DEPARTMENT OF MODERN AND

CONTEMPORARY ART, A MAJOR WORK BY ONE OF THE WORLD'S GREATEST LIVING

SCULPTORS, CHARLES RAY (AMERICAN, BORN 1953), THE MONUMENTAL BLACK

GRANITE RELIEF "TWO HORSES" (2019).

FORM 990, PART III - CONTINUED EXHIBITIONS

THE MET MOUNTED FORTY-FOUR EXHIBITIONS AND PUBLISHED TWENTY-SEVEN NEW TITLES IN FISCAL YEAR 2019, ALL OF WHICH OFFERED THOUGHT-PROVOKING WAYS TO EXPERIENCE ART. THE PROGRAMMING RANGED FROM SMALL, FOCUSED INSTALLATIONS TO MAJOR INTERNATIONAL LOAN SHOWS. THE FOLLOWING EXHIBITIONS WERE AMONG THE HIGHLIGHTS IN FISCAL YEAR 2019: THE FIRST COMPREHENSIVE RETROSPECTIVE IN NORTH AMERICA OF FRENCH PAINTER EUGÈNE DELACROIX (1798-1863); "DEVOTION TO DRAWING: THE KAREN B. COHEN COLLECTION OF EUGÈNE DELACROIX"; "JANE AND LOUISE WILSON: STASI CITY"; "ARMENIA!"; "ART OF NATIVE AMERICA: THE CHARLES AND VALERIE DIKER COLLECTION"; "ARTISTIC ENCOUNTERS WITH INDIGENOUS AMERICA"; "CELEBRATING TINTORETTO: PORTRAIT PAINTINGS AND STUDIO DRAWINGS"; "IN PRAISE OF PAINTING: DUTCH MASTERPIECES AT THE MET"; "JEWELRY: THE BODY TRANSFORMED"; "ATEA: NATURE AND DIVINITY IN POLYNESIA"; "EPIC ABSTRACTION: POLLOCK TO HERRERA"; "THE ART OF LONDON FIREARMS"; "MONUMENTAL JOURNEY: THE DAGUERREOTYPES OF GIRAULT DE PRANGEY"; "THE TALE OF GENJI: A JAPANESE CLASSIC ILLUMINATED"; "THE WORLD BETWEEN EMPIRES: ART AND IDENTITY IN THE ANCIENT MIDDLE EAST"; "PLAY IT LOUD: INSTRUMENTS OF ROCK & ROLL"; THE ROOF GARDEN COMMISSION: "ALICJA KWADE, PARAPIVOT";

"CAMP: NOTES ON FASHION"; "WATERCOLORS OF THE ACROPOLIS: ÉMILE GILLIÉRON
IN ATHENS"; "FRANK LLOYD WRIGHT TEXTILES: THE TALIESIN LINE, 1955-60";
"RAGNAR KJARTANSSON: DEATH IS ELSEWHERE"; AND, AT THE MET BREUER:
"OBSESSION: NUDES BY KLIMT, SCHIELE, AND PICASSO FROM THE SCOFIELD THAYER
COLLECTION"; "ODYSSEY: JACK WHITTEN SCULPTURE, 1963-2017"; "EVERYTHING IS
CONNECTED: ART AND CONSPIRACY"; "JULIO LE PARC"; "LUCIO FONTANA: ON THE
THRESHOLD"; "SIAH ARMAJANI: FOLLOW THIS LINE"; "HOME IS A FOREIGN PLACE:
RECENT ACQUISITIONS IN CONTEXT"; AND "PHENOMENAL NATURE: MRINALINI
MUKHERJEE".

CONSERVATION AND RESEARCH

THE MUSEUM'S CURATORIAL PROGRAMS ARE SUPPORTED BY NUMEROUS SERVICES AND RESOURCES. THE DEPARTMENTS OF PAINTINGS, PAPER, OBJECTS, TEXTILE, AND PHOTOGRAPHS CONSERVATION ALONG WITH SCIENTIFIC RESEARCH PREPARE AND REVIEW EVERY ARTWORK SELECTED FOR AN EXHIBITION OR LOAN. THE MET'S CONSERVATION EFFORT RANKS WITH THE BEST OF THE WORLD'S MAJOR MUSEUMS. THE THOMAS J. WATSON LIBRARY HOUSES VALUABLE RESEARCH MATERIAL AVAILABLE TO THE STAFF AND PUBLIC FOR CURATORIAL, EDUCATION, AND PUBLICATION PROJECTS. IN FISCAL YEAR 2019, 10,784 VISITS WERE MADE BY OUTSIDE RESEARCHERS, AND 1,930 NEW OUTSIDE RESEARCHERS WERE REGISTERED. THE MUSEUM LIBRARIES CIRCULATED 65,915 ITEMS TO READERS. ELEVEN WEEKLY SESSIONS OF STORY TIME IN NOLEN LIBRARY REACHED OVER 17,333 CHILDREN AND THEIR CAREGIVERS. THE LIBRARY CONTINUED TO DIGITIZE RARE COLLECTION MATERIALS, BOTH PRINTED AND MANUSCRIPT, AND TO MAKE THEM AVAILABLE ONLINE, AVERAGING 188,458 PAGE HITS PER MONTH (COMPARED TO 159,598 IN FISCAL YEAR 2018). THE MET IS ONE

OF THE WORLD'S PREEMINENT ART-BOOK PUBLISHERS, AND IN FISCAL YEAR 2019
THE MUSEUM'S PUBLICATIONS AND EDITORIAL DEPARTMENT HAD ONE OF ITS MOST
ACTIVE YEARS, PRODUCING TWENTY-SEVEN NEW TITLES AND EIGHT REPRINTS. AMONG
THESE WERE FOURTEEN EXHIBITION CATALOGUES, INCLUDING THE HIGHLY
SUCCESSFUL "DELACROIX", "ARMENIA: ART, RELIGION, AND TRADE IN THE MIDDLE
AGES", "THE TALE OF GENJI: A JAPANESE CLASSIC ILLUMINATED", "PLAY IT
LOUD: INSTRUMENTS OF ROCK & ROLL", AND "CAMP: NOTES ON FASHION", AS WELL
AS CATALOGUES ON THE DAGUERREOTYPES OF GIRAULT DE PRANGEY, NATIVE
AMERICAN ART, PHOTOGRAPHS OF THE MOON, AND JEWELRY. IN ADDITION, THE
DEPARTMENT PUBLISHED VOLUMES HIGHLIGHTING THE MET COLLECTION OF FRENCH
PAINTINGS (AVAILABLE ONLINE AND IN PRINT), ISLAMIC CALLIGRAPHY, AND
MODERN AND CONTEMPORARY ART, AS WELL AS A NEW EDITION OF THE
"METROPOLITAN MUSEUM GUIDE". IT INAUGURATED A PICTURE ALBUMS SERIES TO
ACCOMPANY SELECT EXHIBITIONS, AND PUBLISHED THE ANNUAL "METROPOLITAN
MUSEUM JOURNAL" AND FOUR ISSUES OF THE "BULLETIN".

EDUCATION

THROUGH ANOTHER SUCCESSFUL YEAR OF INNOVATIVE PROGRAMMING, SCHOLARLY ENDEAVORS, AND COMMUNITY ENGAGEMENT, THE MUSEUM'S EDUCATION DEPARTMENT INCREASED THE DIVERSITY AND PARTICIPATION OF THE MET AUDIENCES IN FISCAL YEAR 2019. WHILE FOSTERING GREATER COLLABORATION AMONG COLLEAGUES WITHIN THE MET AS WELL AS LOCALLY, NATIONALLY, AND INTERNATIONALLY, THE DEPARTMENT ALSO CONTINUED WORK ON ITS KEY PRIORITIES TO SOLIDIFY ITS POSITION AS A LEADER AND INFLUENCER IN THE FIELD; MAKE THE MET RESPONSIVE AND RELEVANT, SERVING AS A PLATFORM FOR TIMELY ISSUES; DEEPEN THE

Employer identification number 13-1624086

MUSEUM'S PRESENCE AND IMPACT BEYOND ITS WALLS AND INTO COMMUNITIES; AND ESTABLISH GALLERIES AND OTHER SPACES AS ACTIVE LABORATORIES FOR SCHOLARS, ARTISTS, AND THE GENERAL PUBLIC. IN THE PAST FISCAL YEAR, THE DEPARTMENT SERVED OVER TWELVE PERCENT OF THE MUSEUM'S MORE THAN 7 MILLION VISITORS THROUGH APPROXIMATELY 37,400 PROGRAMS AND TOURS THAT DREW OVER 830,000 PARTICIPANTS.

ARTISTS CONTINUED TO BE CRITICAL PARTNERS. SOPRANO JULIA BULLOCK, THE 2018-19 METLIVEARTS ARTIST IN RESIDENCE, CREATED FIVE PROGRAMS IN COLLABORATION WITH GUEST ARTISTS, SUCH AS THE MULTI-INSTRUMENTALIST TYSHAWN SOREY, TO EXAMINE ISSUES OF EXOTICISM, IDENTITY, SEGREGATION, AND CULTURAL EXCLUSION IN THE CONTEXT OF AND THROUGH THE COLLECTION. AS PART OF THE THREE-YEAR KENAN PROJECT LAUNCHED IN FALL 2017, THE MET, IN PARTNERSHIP WITH NEW YORK UNIVERSITY'S TISCH SCHOOL OF THE ARTS CONTINUED TO CONVENE NINETEEN OTHER ORGANIZATIONS IN A PROFESSIONAL-LEARNING COMMUNITY FOCUSED ON THE SOCIAL IMPACT OF THE ARTS IN AND WITH COMMUNITIES. NEW YORK-BASED ARTISTS RASHIDA BUMBRAY AND MIGUEL LUCIANO WORKED WITH MUSEUM EDUCATORS AND CURATORIAL STAFF TO LEAD THE KENAN PROJECT'S CIVIC PRACTICE SEMINAR, FORGING VITAL CONNECTIONS BETWEEN THE HISTORY AND COLLECTION OF THE MET AND THE NEIGHBORHOODS OF BEDFORD-STUYVESANT AND EAST HARLEM. ARTIST PARTICIPANTS IN THE SEMINAR WERE TRAINED IN BUILDING RELATIONSHIPS BETWEEN COMMUNITIES AND INSTITUTIONS.

GROUNDBREAKING EDUCATION PROGRAMMING RELATED TO THE MET COLLECTION AND

EXHIBITIONS FOREGROUNDED TIMELY CONVERSATIONS CONNECTING WORKS OF ART TO CURRENT EVENTS. EVENTS INSPIRED BY THE COSTUME INSTITUTE EXHIBITION

"CAMP: NOTES ON FASHION", FOR EXAMPLE, INCLUDED A COLLEGE NIGHT THAT ATTRACTED MORE THAN 1,800 STUDENTS; A CONVERSATION EXPLORING THE CONCEPT OF CAMP IN PERFORMANCE, BALLROOM STYLE, POP CULTURE, AND HIGH FASHION BETWEEN BROADWAY PERFORMER AND ACTOR BILLY PORTER AND CULTURAL CRITIC, DEEJAY, AND ASSISTANT PROFESSOR OF QUEER STUDIES AT VIRGINIA COMMONWEALTH UNIVERSITY, MADISON MOORE; AND A "BATTLE OF THE LEGENDS" VOGUEING COMPETITION ON DAVID H. KOCH PLAZA. TO COMMEMORATE THE FIFTIETH ANNIVERSARY OF THE STONEWALL UPRISING, EDUCATION PRESENTED

METFRIDAYS-PRIDE, A MUSEUM-WIDE EVENT FEATURING TALKS THAT EXAMINED RECENT CIVIL RIGHTS VICTORIES THROUGH THE LENS OF THE MET COLLECTION, ART MAKING, A PANEL DISCUSSION ON GENDER, AND MORE.

CULTURAL FESTIVALS WITH ACTIVITIES AND PERFORMANCES DESIGNED FOR VISITORS OF ALL AGES AND WITH VARIED ABILITIES DREW MORE THAN 15,300 ATTENDEES. WE ALSO LAUNCHED CRIP THE MET, AN INITIATIVE THAT ENGAGED DISABILITY SCHOLARS AND ACTIVISTS, CURATORS, EDUCATORS, AND ARTISTS IN DISCUSSION AROUND REPRESENTATIONS OF DISABILITY IN THE MUSEUM, WITH THE GOAL OF DEVELOPING INTERPRETIVE GUIDELINES FOR WRITING ABOUT DISABILITY AND ART.

OUR COMMITMENT TO SERVE AS A CULTURAL AND SOCIAL HUB FOR NEW YORK'S YOUNG PEOPLE HAS RESULTED IN MORE THAN 28,000 TEENS AND ALMOST 130 PARTNERS PARTICIPATING IN OUR TEENS TAKE THE MET PROGRAM OVER THE COURSE OF FIVE YEARS.

THE MET CONTINUED TO BE AN ESSENTIAL RESOURCE FOR TEACHING, LEARNING, TRAINING, AND RESEARCH AT ALL LEVELS. THIS FISCAL YEAR, 237,763 K - 12 TEACHERS AND STUDENTS PARTICIPATED IN 6,943 GUIDED AND SELF-GUIDED SCHOOL-GROUP VISITS TO THE MET'S THREE LOCATIONS. MORE THAN 2,600 TEACHERS AND SCHOOL LEADERS ALSO TOOK PART IN PROGRAMS FOCUSED ON INTEGRATING ART INTO THE CLASSROOM.

FORM 990, PART III - CONTINUED DIGITAL

THE MET HAS EMERGED AS A GLOBAL LEADER IN BOTH ITS DIGITAL PRACTICES AND REACH. IN OCTOBER 2018, WE LAUNCHED THE MET COLLECTION API (APPLICATION PROGRAMMING INTERFACE). BUILDING ON THE SUCCESS OF THE MUSEUM'S OPEN ACCESS POLICY ANNOUNCED IN 2017, THE API ENABLES ANY THIRD PARTY TO SUSTAINABLY INTEGRATE THE MET COLLECTION INTO THEIR WEBSITE, ENSURING THAT UP-TO-DATE VERSIONS OF MORE THAN 400,000 IMAGES AND DATA ARE AVAILABLE TO USERS WITHOUT RESTRICTION. IN RECOGNITION OF THE CONTINUALLY EXPANDING POTENTIAL FOR OPEN ACCESS TO BROADEN PUBLIC EXPOSURE TO THESE IMAGES AND SCHOLARLY RECORDS, THE MET COLLABORATED WITH MICROSOFT AND THE MASSACHUSETTS INSTITUTE OF TECHNOLOGY (MIT) TO EXPLORE THE WAYS IN WHICH AUDIENCES ENGAGE WITH THE COLLECTION THROUGH ARTIFICIAL INTELLIGENCE TECHNOLOGIES. THE RESULTS OF THE COLLABORATION WERE ANNOUNCED IN FEBRUARY 2019. LAST SPRING'S "PLAY IT LOUD: INSTRUMENTS OF ROCK & ROLL" WAS THE FIRST EXHIBITION TO FEATURE A NEW WEB-BASED DIGITAL RESOURCE CALLED THE PRIMER, WHICH ALLOWS AUDIENCES ALL OVER THE WORLD TO ENGAGE WITH THE ART IN OUR GALLERIES THROUGH STORIES, VIDEOS, AND IMAGES. GOING FORWARD,

PRIMERS WILL BE OFFERED FOR MANY OF OUR MAJOR EXHIBITIONS TO HELP PREPARE VISITORS FOR AN UPCOMING VISIT OR TO EXTEND THEIR EXPERIENCE AFTERWARD. THE MUSEUM'S WEBSITE ENDED THE FISCAL YEAR WITH MORE THAN 30 MILLION VISITS, AND OUR SOCIAL MEDIA REACH HAS BEEN SIMILARLY BROAD: ITS TWITTER FEED HAS MORE THAN 4.3 MILLION FOLLOWERS, ITS WEBBY AWARD-WINNING INSTAGRAM HAS 3.2 MILLION FOLLOWERS, AND ITS FACEBOOK ACCOUNT HAS MORE THAN 1.9 MILLION FOLLOWERS.

CAPITAL PROJECTS

THE MUSEUM COMPLETED THE RENOVATION AND REINTERPRETATION OF ITS ANDRÉ MERTENS GALLERIES FOR MUSICAL INSTRUMENTS IN FISCAL YEAR 2019. THE THIRD AND FINAL PHASE OF THE THREE-YEAR PROJECT OPENED IN FEBRUARY, FOLLOWING EARLIER GALLERY REOPENINGS IN JULY 2017 AND MARCH 2018, AND INCLUDES OVER 250 MUSICAL INSTRUMENTS OF VARIOUS ORIGINS AND KINDS AS WELL AS A CONCERT SPACE WITH ADVANCED RECORDING AND SOUND SYSTEMS. WE MADE SIGNIFICANT PROGRESS IN THE RENOVATION OF THE TEN GALLERIES THAT PRESENT BRITISH DECORATIVE ARTS AND SCULPTURE FROM THE EARLY SIXTEENTH THROUGH THE NINETEENTH CENTURY AND THAT INCLUDE THREE HISTORIC INTERIORS. THE GALLERIES ARE SCHEDULED TO REOPEN IN MARCH 2020. WORK TO REPLACE THE SKYLIGHTS AND MAKE INFRASTRUCTURE IMPROVEMENTS IN THE GALLERIES FOR EUROPEAN PAINTINGS FROM 1250 TO 1800 ALSO CONTINUED THIS YEAR. BEGUN IN AUGUST 2018, THIS MAJOR PROJECT TO ENHANCE VISITOR EXPERIENCE WILL BE COMPLETED OVER THREE AND A HALF YEARS. TO ENSURE THAT IMPORTANT MASTERPIECES REMAIN ON VIEW DURING THIS TIME, MANY WORKS HAVE BEEN MOVED TO OTHER GALLERIES. IN NOVEMBER 2018, THE MUSEUM ANNOUNCED IT WOULD

EMBARK ON AN AMBITIOUS RENOVATION OF THE MICHAEL C. ROCKEFELLER WING,
WHICH COMPRISES THE 40,000-SQUARE-FOOT GALLERIES OF THE DEPARTMENT OF THE
ARTS OF AFRICA, OCEANIA, AND THE AMERICAS. THE WING WILL BE COMPLETELY
REIMAGINED TO REFLECT NEW CURATORIAL VISION AND THE MET'S CONTINUED
COMMITMENT TO ART FROM THESE REGIONS. KULAPAT YANTRASAST OF THE FIRM "WHY
ARCHITECTURE" IS LEADING THE DESIGN EFFORT; WORK IS EXPECTED TO BEGIN IN
LATE 2020.

FORM 990, PART VI, LINE 1A - VOTING RIGHTS
GOVERNING BODY DELEGATED AUTHORITY

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

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

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

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

REPEAL ANY RESOLUTION OF THE BOARD OF TRUSTEES WHICH BY ITS TERMS SHALL

NOT BE SO AMENDABLE OR REPEALABLE; (D) ELECT OR REMOVE TRUSTEES OR

OFFICERS; (E) APPROVE A MERGER OR PLAN OF DISSOLUTION; (F) ADOPT A

RESOLUTION AUTHORIZING ACTION ON THE SALE, LEASE, EXCHANGE OR OTHER

DISPOSITION OF ALL OR SUBSTANTIALLY ALL THE ASSETS OF THE MUSEUM; OR (G)

APPROVE AMENDMENTS TO THE CHARTER.

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

TWO TRUSTEES OF THE MUSEUM, HAMILTON E. JAMES AND J. TOMILSON HILL, HAD

Employer identification number 13-1624086

A BUSINESS RELATIONSHIP UNTIL DECEMBER 2018. BOTH WERE OFFICERS OF THE BLACKSTONE GROUP. IN ADDITION, TWO TRUSTEES OF THE MUSEUM, JAMES BREYER AND HAMILTON JAMES, HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER; BOTH SERVE ON THE BOARD OF DIRECTORS OF THE BLACKSTONE GROUP.

FORM 990, PART VI, LINE 6 - MEMBERS OF THE ORGANIZATION GOVERNING BODY AND MANAGEMENT

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

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

PROCESS THE ORGANIZATION USES TO REVIEW THE FORM 990

THE MUSEUM'S FORM 990, INCLUDING REQUIRED SCHEDULES AND SUPPORTING

DOCUMENTATION, IS INITIALLY COMPILED BY THE MUSEUM'S FINANCE DEPARTMENT

PRIMARILY RELYING ON THE MUSEUM'S GENERAL LEDGER, AUDITED FINANCIAL

STATEMENTS AND OTHER FINANCIAL SYSTEMS. THE MUSEUM'S CONTROLLER, CHIEF

FINANCIAL OFFICER, GENERAL COUNSEL, AND EXTERNAL TAX ADVISORS PARTICIPATE

IN A SERIES OF DETAILED REVIEWS OF THE FORM 990. THE FORM 990 IS ALSO

REVIEWED BY THE MUSEUM'S SENIOR MANAGEMENT, INCLUDING THE MUSEUM'S

PRESIDENT AND DIRECTOR AND THE AUDIT COMMITTEE OF THE MUSEUM'S BOARD OF

TRUSTEES. A COMPLETE COPY IS PROVIDED TO EACH MEMBER OF THE BOARD OF

TRUSTEES PRIOR TO FILING THE RETURN. THE MUSEUM'S EXTERNAL TAX ADVISORS

FILE THE FORM 990 ELECTRONICALLY WITH THE INTERNAL REVENUE SERVICE.

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

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

FROM PARTICIPATING IN THE BOARD'S DELIBERATIONS AND DECISIONS REGARDING
THE TRANSACTION. A SUMMARY OF THE POTENTIAL CONFLICTS OF INTEREST
DISCLOSED BY THE TRUSTEES ARE PRESENTED TO THE AUDIT COMMITTEE EACH YEAR.
A SUMMARY OF THE POTENTIAL CONFLICTS OF INTEREST DISCLOSED BY SENIOR
STAFF IS PRESENTED TO THE PRESIDENT AND THE DIRECTOR EACH YEAR.

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

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

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

THE "REBUTTABLE PRESUMPTION" PROCEDURES FOR DETERMINING THAT COMPENSATION IS REASONABLE UNDER INTERNAL REVENUE CODE SECTION 4958. DELIBERATIONS AND DECISIONS REGARDING COMPENSATION ARRANGEMENTS ARE CONTEMPORANEOUSLY DOCUMENTED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 19 - GOVERNING DOCUMENTS PUBLIC AVAILABILITY OF OTHER DOCUMENTS

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

PART XI, LINE 9, OTHER CHANGES IN NET ASSETS

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	(18,924,086)
UNREALIZED GAINS AND LOSSES ON 2015 BOND PROCEEDS	4,680,361
NET RECLASSIFICATIONS, FEES, AND OTHER	805,803
PENSION - RELATED CHANGES OTHER THAN NPPC	(20,952,969)
CHANGE IN FAIR VALUE OF INTEREST RATE EXCHANGE AGREEMENTS	(8,708,642)
PARTNERSHIP UBIT	23,792,101
TOTAL	(19,307,432)

3,577,218.

Name of the organization		Employer identificatio	n number
METROPOLITAN MUSEUM OF ART		13-1624086	5
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVI	CES	ATTACHMENT	1
DESCRIPTION	GRANTS	EXPENSES	REVENUE
OPERATION OF RESTAURANTS		27,078,179.	
SPECIAL EXHIBITIONS		21,059,122.	
EDUCATION AND LIBRARIES		22,703,657.	
ALL OTHER SUPPORT SERVICES		40,650,483.	3,577,218.

TOTALS

ATTACHMENT 2

111,491,441.

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, CO,

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

MN, MS, NH, NJ, NM, NY, ND, OH, OR, PA,

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

ATTACHMENT 3

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SKANSKA USA BUILDING INC 389 INTERPACE PARKWAY 5TH FL PARSIPPANY, NJ 07054	CONSTRUCTION MANAGER	15,229,135.
H & L ELECTRIC INC 41-11 28TH ST LONG ISLAND CITY, NY 11101	CONSTRUCTION MANAGER	5,202,384.
ISLAND ACCOUSTICS LLC 518 JOHNSON AVENUE BOHEMIA, NY 11716	CONSTRUCTION MANAGER	2,924,764.
ATRIUM STAFFING LLC 625 LIBERTY AVE, SUITE 200 PITTSBURGH, PA 15222	PROFESSIONAL SRVCS	2,696,766.

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

MASTERPIECE INTERNATIONAL 39 BROADWAY SUITE 1410 NEW YORK, NY 10006

CUSTOMS BROKERAGE

2,332,542.

SCHEDULE R (Form 990)

Partl

5

(2)

(4)

(3)

(2)

(9)

Department of the Treasury Internal Revenue Service Name of the organization

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

▶ Attach to Form 990.

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

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Employer identification number 13-1624086

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity METROPOLITAN MUSEUM OF ART

Part II

one of more refered tax-exempt of gainzanous dufing the tax year	ne lax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	12(b)(13)
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule R (Form 990) 2018	R (Form 99	30) 2018

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Page 2

Schedule R (Form 990) 2018

President Taylor a Data wide in the continue of the continue and continue of the continue of t

Percentage Section ownership controlled Yes No (k) Percentage ownership (j) General or managing partner? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Yes No Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. end-of-year assets Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of (f) Share of total (h) Disproportionate income Yes (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) TRUST (f) Share of total (d)
| Direct controlling entity N/A (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c) Legal domicile (state or foreign NX (b) Primary activity (d) Direct controlling TRUST (c) Legal domicile (state or foreign country) (a) Name, address, and EIN of related organization (b) Primary activity (1) CHARITABLE REMAINDER TRUSTS (21) Name, address, and EIN of related organization Part III Part IV (7) (3) 4 (2) (7 Ξ 4 (9) (2) (3)

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(9)

(2)

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Schedule R (Form 990) 2018

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	arts II, III, or IV of this schedule.				Yes	No.
1 During the tax year, did the organization en	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	related organizations list	ed in Parts II-IV?			
	alties, or (iv) rent from a controlled entity				1a	×
b Gift, grant, or capital contribution to related organization(s)	d organization(s)			-	1b	×
c Gift, grant, or capital contribution from related organization(s)	ated organization(s)			-	10	×
d Loans or loan guarantees to or for related organization(s)	organization(s)			-	10	×
e Loans or loan guarantees by related organization(s)	iization(s)			-	1e	×
f Dividends from related organization(s)				-	11	×
					19	×
h Purchase of assets from related organization(s).	on(s)			4	ų	×
i Exchange of assets with related organization(s),	on(s)				i-	×
j Lease of facilities, equipment, or other assets to related organization(s)	sets to related organization(s)				į	×
Latera may atomo rotte as transmirros acitificat to ascal A						
	sets itotti terated organization(s)	• • • • • • • • • • • • • • • • • • • •		*	×	×
	Performance of services or membership or fundraising solicitations for related organization(s)	• • • • • • • • • • • • • • • • • • • •		=	_	×
m Performance of services or membership o	Performance of services or membership or fundraising solicitations by related organization(s)			1m	E	×
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	_	×
 Sharing of paid employees with related organization(s) 	ganization(s)			-	10	×
	on(s) for expenses			1p	Q	×
q Reimbursement paid by related organization(s) for expense	on(s) for expenses			19	. 6	×
						16
	ed organization(s)			11	L	×
un l	lated organization(s)			:	1s	×
2 If the answer to any of the above is "Yes,"	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	this line, including cover	ed relationships and transa	action thresho	olds.	
	(a)	(q)	(c)	(p)		
Name	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	eterminin nvolved	б
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

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

(k) Percentage ownership																
~ = = =	Yes	-	-													
(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)																
E 0 #	Yes No															
(g) Share of end-of-year assets																
(f) Share of total income																
(e) Are all partners section 501(c)(3) organizations?	Yes															
Predominant income (related, unrelated, excluded from tax under																
(c) Legal domicile (state or foreign country)																
(b) Primary activity																
(a) (b) (c) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

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Part VII

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