

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2018

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 2019

Form 990 header section containing organization name (METROPOLITAN MUSEUM OF ART), EIN (13-1624086), address (1000 FIFTH AVENUE, NEW YORK, NY 10028-0198), principal officer (DANIEL WEISS), and website (WWW.METMUSEUM.ORG).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, membership counts, revenue (Total: 515,073,571), expenses (Total: 23,807,865), and net assets (Total: 3,735,123,952).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block for Jameson Kelleher, VP, CFO & Treasurer, dated 02/19/2020.

Preparer information for Travis L Patton, Preparer of Travis L Patton, dated 02/19/2020, representing PricewaterhouseCoopers LLP.

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission:

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

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 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

4b (Code:) (Expenses \$ 88,932,148. including grants of \$) (Revenue \$ 6,181,633.)

ACQUISITIONS AND SALES OF ART - SEE SCHEDULE O FOR MORE INFORMATION

4c (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

4d Other program services (Describe in Schedule O.) ATTACHMENT 1 (Expenses \$ 111,491,441. including grants of \$) (Revenue \$ 3,577,218.)

4e Total program service expenses 422,954,872.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?... 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?... 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... 6 Did the organization have members or stockholders?... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?... 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done... 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization... 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 arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records CONTROLLER'S OFFICE 1000 FIFTH AVENUE NEW YORK, NY 10028-0198 212-879-5500

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

Check if Schedule O contains a response or note to any line in this Part VII 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DANIEL BRODSKY ELECTIVE TRUSTEE & CHAIRMAN	5.00 0.	X		X				0.	0.	0.
(2) RUSSELL L. CARSON ELEC. TRUSTEE&V. CHAIR TO 9/18	1.00 0.	X		X				0.	0.	0.
(3) RICHARD L. CHILTON, JR. ELECTIVE TRUSTEE & VICE CHAIR	2.00 0.	X		X				0.	0.	0.
(4) LULU C. WANG ELECTIVE TRUSTEE & VICE CHAIR	2.00 0.	X		X				0.	0.	0.
(5) CHARLES N. ATKINS ELECTIVE TRUSTEE	1.00 0.	X						0.	0.	0.
(6) CANDACE K. BEINECKE ELECTIVE TRUSTEE	2.00 0.	X						0.	0.	0.
(7) DEBRA BLACK ELECTIVE TRUSTEE	1.00 0.	X						0.	0.	0.
(8) SAMANTHA BOARDMAN ELECTIVE TRUSTEE	2.00 0.	X						0.	0.	0.
(9) JAMES BREYER ELECTIVE TRUSTEE	1.00 0.	X						0.	0.	0.
(10) WELLINGTON Z. CHEN ELECTIVE TRUSTEE	1.00 0.	X						0.	0.	0.
(11) N. ANTHONY COLES ELECTIVE TRUSTEE	2.00 0.	X						0.	0.	0.
(12) STEPHEN M. CUTLER ELECTIVE TRUSTEE	1.00 0.	X						0.	0.	0.
(13) BLAIR EFFRON ELECTIVE TRUSTEE	2.00 0.	X						0.	0.	0.
(14) MARK FISCH ELECTIVE TRUSTEE	2.00 0.	X						0.	0.	0.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes rows for individuals like COLVIN GRANNUM, JEFFREY W. GREENBERG, etc.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 321

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'ATTACHMENT 3'.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 78

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) BIJAN MOSSAVAR-RAHMANI ----- ELECTIVE TRUSTEE	1.00 0.	X					0.	0.	0.	
(27) JOHN PAULSON ----- ELECTIVE TRUSTEE TO 9/18	1.00 0.	X					0.	0.	0.	
(28) JEFFREY M. PEEK ----- ELECTIVE TRUSTEE	2.00 0.	X					0.	0.	0.	
(29) EDWARD N. PICK ----- ELECTIVE TRUSTEE FROM 11/18	1.00 0.	X					0.	0.	0.	
(30) JOHN PRITZKER ----- ELECTIVE TRUSTEE FROM 03/19	1.00 0.	X					0.	0.	0.	
(31) SIR PAUL RUDDOCK ----- ELECTIVE TRUSTEE	1.00 0.	X					0.	0.	0.	
(32) ALVARO SAIEH ----- ELECTIVE TRUSTEE	1.00 0.	X					0.	0.	0.	
(33) ALEJANDRO SANTO DOMINGO ----- ELECTIVE TRUSTEE	2.00 0.	X					0.	0.	0.	
(34) ANDREW M. SAUL ----- ELECTIVE TRUSTEE	2.00 0.	X					0.	0.	0.	
(35) ANDREW SOLOMON ----- ELECTIVE TRUSTEE	2.00 0.	X					0.	0.	0.	
(36) BEATRICE STERN ----- ELECTIVE TRUSTEE	1.00 0.	X					0.	0.	0.	

1b Sub-total	
c Total from continuation sheets to Part VII, Section A	
d Total (add lines 1b and 1c)	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 321

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) ANN G. TENENBAUM ----- ELECTIVE TRUSTEE	1.00 0.	X						0.	0.	0.
(38) MERRYL H. TISCH ----- ELECTIVE TRUSTEE	1.00 0.	X						0.	0.	0.
(39) MATHEW M. WAMBUA ----- ELECTIVE TRUSTEE	1.00 0.	X						0.	0.	0.
(40) DAME ANNA WINTOUR ----- ELECTIVE TRUSTEE	1.00 0.	X						0.	0.	0.
(41) DASHA ZHUKOVA ----- ELECTIVE TRUSTEE	1.00 0.	X						0.	0.	0.
(42) BILL DE BLASIO ----- EX-OFFICIO TRUSTEE	1.00 0.	X						0.	0.	0.
(43) COREY JOHNSON ----- EX-OFFICIO TRUSTEE	1.00 0.	X						0.	0.	0.
(44) MITCHELL J. SILVER ----- EX-OFFICIO TRUSTEE	1.00 0.	X						0.	0.	0.
(45) TOM FINKELPEARL ----- EX-OFFICIO TRUSTEE	1.00 0.	X						0.	0.	0.
(46) SCOTT STRINGER ----- EX-OFFICIO TRUSTEE	1.00 0.	X						0.	0.	0.
(47) DANIEL H. WEISS ----- PRESIDENT/CEO, EX-OFF. TRUSTEE	35.00 0.	X	X					1,191,074.	0.	59,596.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **321**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) MAX HOLLEIN DIR./EX-OFF. TRUSTEE FROM 8/18	35.00 0.	X		X			737,318.	0.	26,775.	
(49) ANDREA BAYER DEP DIR COLLECTIONS FROM 10/18	35.00 0.			X			248,134.	0.	54,783.	
(50) QUINCY HOUGHTON DEPUTY DIR OF EXHIBITIONS	35.00 0.			X			378,974.	0.	58,946.	
(51) INKA DROGEMULLER DEP DIR DIG, ED, PUB FROM 4/19	35.00 0.			X			0.	0.	0.	
(52) SHARON H. COTT SVP, SECRETARY & GEN. COUNSEL	35.00 0.			X			454,617.	0.	59,069.	
(53) CLYDE B. JONES III SVP INSTITUTIONAL ADVANCEMENT	35.00 0.			X			521,009.	0.	47,932.	
(54) LAUREL BRITTON VP REVENUE & OPS FROM 9/18	35.00 0.			X			277,566.	0.	37,732.	
(55) TOM A. JAVITS VP CONSTRUCTION & FACILITIES	35.00 0.			X			379,537.	0.	58,634.	
(56) JAMESON KELLEHER VP, CFO & TREASURER	35.00 0.			X			413,196.	0.	56,615.	
(57) LAUREN A. MESERVE SVP, CHIEF INVESTMENT OFFICER	35.00 0.			X			1,227,045.	0.	366,601.	
(58) RICH PEDOTT VP & GNL MGR RETAIL	35.00 0.			X			455,328.	0.	39,093.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **321**

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

Section B. Independent Contractors

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

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

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

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Allison Rutledge-Parisi, Jeffrey S. Spar, Kenneth N. Weine, Justin V. Reed, Lisa Krassner, Michael B. Gallagher, Keith R. Christiansen, Stephen A. Manzi, and Carrie R. Barratt.

1b Sub-total

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 321

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

Table with 3 columns: Question number, Yes, No. Rows 3, 4, 5.

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b	29,091,025.		
	c	Fundraising events	1c	22,719,456.		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	13,164,025.		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	278,495,686.		
	g	Noncash contributions included in lines 1a-1f: \$		90,837,298.		
	h	Total. Add lines 1a-1f		343,470,192.		
Program Service Revenue	2a	EDUCATIONAL PRGMS, CONCERTS & LECTURES	Business Code 532000	7,047,785.	6,950,832.	96,953.
	b	PHOTO RENTALS & FILM FEES	532000	198,693.		198,693.
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		7,246,478.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		20,823,034.		-23,792,101.
	4	Income from investment of tax-exempt bond proceeds		0.		
	5	Royalties		531,250.		531,250.
			(i) Real (ii) Personal			
	6a	Gross rents				
	b	Less: rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				0.
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
			793,798,991.			
	b	Less: cost or other basis and sales expenses				-690,884,118.
	c	Gain or (loss)				102,914,873.
	d	Net gain or (loss)				102,914,873.
	8a	Gross income from fundraising events (not including \$ 22,719,455. of contributions reported on line 1c). See Part IV, line 18	a	1,070,686.		
	b	Less: direct expenses	b	6,374,481.		
	c	Net income or (loss) from fundraising events				-5,303,795.
	9a	Gross income from gaming activities. See Part IV, line 19	a	0.		
b	Less: direct expenses	b	0.			
c	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.			
c	Net income or (loss) from sales of inventory				2,689,564.	
Miscellaneous Revenue			Business Code			
11a	CORPORATE EVENTS	722320	3,327,887.	309,088.	3,018,799.	
b	PARKING GARAGE	812930	2,429,341.			2,429,341.
c	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.			
12	Total revenue. See instructions		515,073,571.	15,758,653.	-17,498,635.	173,343,361.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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 individuals. See Part IV, lines 15 and 16	79,167.	79,167.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	7,360,697.	2,541,886.	4,297,802.	521,009.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	127,487,451.	119,328,778.	2,425,720.	5,732,953.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,339,430.	3,229,590.	988,037.	121,803.
9 Other employee benefits	49,068,478.	36,518,873.	11,172,313.	1,377,292.
10 Payroll taxes	9,849,115.	7,330,134.	2,242,528.	276,453.
11 Fees for services (non-employees):				
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.		
e Professional fundraising services. See Part IV, line 17.	173,372.			173,372.
f Investment management fees	19,790,764.		19,790,764.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	9,722,271.	8,038,540.	898,484.	785,247.
12 Advertising and promotion	8,470,883.	7,565,990.	39,151.	865,742.
13 Office expenses	45,345,263.	39,936,528.	1,603,071.	3,805,664.
14 Information technology	3,200,322.	991,202.	2,062,443.	146,677.
15 Royalties	0.			
16 Occupancy	6,108,900.	5,878,681.	155,702.	74,517.
17 Travel	3,206,367.	2,846,210.	132,831.	227,326.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	357,025.	246,970.	95,739.	14,316.
20 Interest	12,865,679.	11,608,417.	1,076,279.	180,983.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	48,463,854.	46,074,527.	2,119,037.	270,290.
23 Insurance	1,820,015.	1,047,153.	635,787.	137,075.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PURCHASES OF ART	88,932,148.	88,932,148.		
b RESTAURANT SERVICES & SUPPLI	27,546,582.	27,546,582.		
c REPAIRS & MAINTENANCE	6,259,153.	6,254,611.	4,542.	
d CATERING SERVICES	3,378,937.	2,556,821.	65,568.	756,548.
e All other expenses	1,623,876.	1,074,017.	480,460.	69,399.
25 Total functional expenses. Add lines 1 through 24e	491,265,706.	422,954,872.	52,774,168.	15,536,666.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	34,282,316.	1	46,477,189.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	134,012,172.	3	127,566,117.
	4	Accounts receivable, net	11,281,301.	4	13,220,692.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	9,055,056.	8	12,720,325.
	9	Prepaid expenses and deferred charges	6,937,539.	9	6,403,852.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,179,047,787.		
	b	Less: accumulated depreciation	10b 810,091,312.		
			370,825,240.	10c	368,956,475.
	11	Investments - publicly traded securities	2,788,965,792.	11	2,837,328,048.
	12	Investments - other securities. See Part IV, line 11	939,876,765.	12	1,013,937,764.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
15	Other assets. See Part IV, line 11	69,116,529.	15	50,498,537.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,364,352,710.	16	4,477,108,999.	
Liabilities	17	Accounts payable and accrued expenses	69,664,822.	17	84,897,333.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	6,153,488.	19	5,580,978.
	20	Tax-exempt bond liabilities	164,139,130.	20	169,652,404.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	12,365,000.	23	14,703,800.
	24	Unsecured notes and loans payable to unrelated third parties	246,710,085.	24	247,385,913.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	193,316,272.	25	219,764,619.
	26	Total liabilities. Add lines 17 through 25	692,348,797.	26	741,985,047.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	964,277,996.	27	1,061,995,527.
	28	Temporarily restricted net assets	1,617,827,759.	28	1,304,211,292.
	29	Permanently restricted net assets	1,089,898,158.	29	1,368,917,133.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	3,672,003,913.	33	3,735,123,952.	
34	Total liabilities and net assets/fund balances.	4,364,352,710.	34	4,477,108,999.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	515,073,571.
2	Total expenses (must equal Part IX, column (A), line 25)	2	491,265,706.
3	Revenue less expenses. Subtract line 2 from line 1	3	23,807,865.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,672,003,913.
5	Net unrealized gains (losses) on investments	5	58,619,606.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-19,307,432.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,735,123,952.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2018

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2018; b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 6 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
3b	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.		
3c	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.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
4b	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.		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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 .		
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).		
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).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
9c	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 .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
10b	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.)		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3, 3a, 3b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	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 instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (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			
c	From 2015			
d	From 2016			
e	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 Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	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 and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

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

OMB No. 1545-0047

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

2018

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.
- If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.
- If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (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. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2018

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
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 1a and 1b)	321,647.													
d	Other exempt purpose expenditures	545,994,780.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	546,316,427.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

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

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

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

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

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

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

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

Table with columns Yes/No. Rows include: 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

Attach to Form 990.

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

METROPOLITAN MUSEUM OF ART

13-1624086

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2018

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a [X] Public exhibition
b [X] Scholarly research
c [X] Preservation for future generations
d [X] Loan or exchange programs
e [] Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [] Yes [X] No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [] Yes [] No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [] Yes [] No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII [] Yes [] No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment 28.7100 %
b Permanent endowment 71.2900 %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 368,956,475.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, Other (A) PRIVATE EQUITY, (B) REAL ASSETS, (C) through (H), and a Total row.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and a Total row.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and a Total row.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes, ANNUITY & SPLIT-INT OBLIGS., PENSION AND OTHER ACCRUED RTRM, (4) through (9), and a Total row.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Input box for footnote reference

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)

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 FOLLOWING:

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:

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

Part XIII Supplemental Information (continued)

TOTAL

172,220,205

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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 service(s) in the region	(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)					
(16)					
(17)					
3a Subtotal					974,339,960.
b Total from continuation sheets to Part I					
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

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

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

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

3 Enter total number of other organizations or entities ▲

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) T. ROUSSEAU FELLOWSHIP	EUROPE/ICELAND/GREENLAND	2.	79,167.	CHECK		N/A	N/A
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

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

OMB No. 1545-0047

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.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | | | | | |
|---|-------------------------------------|----------------------------------|---|-------------------------------------|---------------------------------------|
| a | <input checked="" type="checkbox"/> | Mail solicitations | e | <input checked="" type="checkbox"/> | Solicitation of non-government grants |
| b | <input checked="" type="checkbox"/> | Internet and email solicitations | f | <input checked="" type="checkbox"/> | Solicitation of government grants |
| c | <input checked="" type="checkbox"/> | Phone solicitations | g | <input checked="" type="checkbox"/> | Special fundraising events |
| d | <input checked="" type="checkbox"/> | In-person solicitations | | | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					429,709.	173,372.	256,337.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		COSTUME INSTITU (event type)	CORPORATE BENE (event type)	8. (total number)		
Revenue	1	Gross receipts	15,128,670.	1,939,155.	6,722,316.	23,790,141.
	2	Less: Contributions	14,615,670.	1,879,215.	6,224,570.	22,719,455.
	3	Gross income (line 1 minus line 2)	513,000.	59,940.	497,746.	1,070,686.
Direct Expenses	4	Cash prizes				
	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 lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-5,303,795.

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

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

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain: _____

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

Part IV Supplemental Information. 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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

Part IV Supplemental Information. 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).

MEMBERS WERE CONTACTED BY DSG PRIOR TO EXPIRATION WITH MEMBERSHIP RENEWAL REQUESTS; 2,210 LAPSED MEMBERS WERE CONTACTED BY DSG AFTER EXPIRATION WITH A REQUEST TO RENEW THEIR MEMBERSHIP.

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

Part IV Supplemental Information. 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 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 THE \$22,719,455 OF CONTRIBUTIONS WHICH IF INCLUDED, WOULD RESULT IN A NET SURPLUS OF \$17.4 MILLION.

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER

ACTIVITY

DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?
YES NO

GROSS RECEIPTS FROM ACTIVITY

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION

DONOR SERVICES GROUP

TELE-MARKETING

1200 WILSHIRE BOULEVARD
SUITE 650
LOS ANGELES
CA 90017

X

429,709.

173,372.

256,337.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

METROPOLITAN MUSEUM OF ART

**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.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number
13-1624086

Part I General Information on Grants and Assistance

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

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

	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (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, FMV, appraisal, other)	(f) Description of non-cash assistance
1 THE BOTHMER FELLOWSHIP	1.	6,667.		N/A	N/A
2 SYLVAN C. AND PAM COLEMAN MEMORIAL FELLOWSHIP	7.	213,750.		N/A	N/A
3 CHESTER DALE FELLOWSHIP	10.	289,792.		N/A	N/A
4 ANNETTE DE LA RENTA FELLOWSHIP	2.	55,238.		N/A	N/A
5 THE DOUGLASS FOUNDATION FELLOWSHIP	2.	48,600.		N/A	N/A
6 SHERMAN FAIRCHILD FOUNDATION FELLOWSHIP	2.	53,167.		N/A	N/A
7 ANDREW W. MELLON ART HISTORY FELLOWSHIP	18.	636,166.		N/A	N/A

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 ANDREW W. MELLON CONSERVATION FELLOWSHIP	10.	265,721.		N/A	N/A
2 ANDREW W. MELLON POSTDOCTORAL CURATORIAL FELLOWSHIP	2.	88,990.		N/A	N/A
3 ANDREW W. MELLON COLLECTION SPECIALIST FELLOWSHIP	3.	128,393.		N/A	N/A
4 RESEARCH SCHOLARSHIP IN PHOTOGRAPH CONSERVATION FE	1.	55,000.		N/A	N/A
5 J. CLAWSON MILLS FELLOWSHIP	5.	127,017.		N/A	N/A
6 SLIFKA FOUNDATION FELLOWSHIP	1.	6,667.		N/A	N/A
7 HANNS SWARZENSKI AND BRIGITTE HORNEY FELLOWSHIP	1.	38,333.		N/A	N/A

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 JANE AND MORGAN WHITNEY FELLOWSHIP	6.	69,771.		N/A	N/A
2 POLAIRE WEISSMAN FELLOWSHIP	3.	150,924.		N/A	N/A
3 LEONARD A. LAUDER FELLOWSHIPS IN MODERN ART	8.	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	N/A
6 ARIAH FELLOWSHIP	1.	22,533.		N/A	N/A

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

MONITORING PROCEDURES- FORM 990, SCHEDULE I, 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 GRANTEEES TO CONDUCT RESEARCH, EXTEND THEIR PROFESSIONAL KNOWLEDGE AND CONTRIBUTE TO THEIR RESPECTIVE FIELDS AT LARGE. TO THE BEST OF THE MUSEUM'S KNOWLEDGE, NONE OF THE RECIPIENTS OF THE GRANTS OR FELLOWSHIPS ARE RELATED TO ANY PERSON SUCH AS A TRUSTEE, AN OFFICER, OR A KEY EMPLOYEE OF THE MUSEUM.

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

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

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

EVERY GRANTEE IS ASSIGNED A SPECIFIC SUPERVISOR AT THE START OF THEIR FELLOWSHIP PERIOD. THE SUPERVISOR IS EITHER A CURATOR, CONSERVATOR OR SCIENTIST FROM THE DEPARTMENT HOSTING THE INDIVIDUAL 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 J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

METROPOLITAN MUSEUM OF ART

13-1624086

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- 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?
 - b** Any related organization?
- 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 payments not described on lines 5 and 6? If "Yes," describe in Part III.

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

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

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

Schedule J (Form 990) 2018

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DANIEL H. WEISS PRESIDENT/CEO, EX-OFF. TRUSTEE	(i) 955,473. (ii) 0.	0.	235,601. 0.	38,606.	20,990.	1,250,670.	
2 MAX HOLLEIN DIR./EX-OFF. TRUSTEE FROM 8/18	(i) 401,317. (ii) 0.	250,000.	86,001. 0.	22,000.	4,775.	764,093.	
3 ANDREA BAYER DEP DIR COLLECTIONS FROM 10/18	(i) 203,224. (ii) 0.	7,000.	37,910. 0.	33,859.	20,924.	302,917.	
4 QUINCY HOUGHTON DEPUTY DIR OF EXHIBITIONS	(i) 355,470. (ii) 0.	20,000.	3,504. 0.	38,606.	20,340.	437,920.	
5 SHARON H. COIT SVP, SECRETARY & GEN. COUNSEL	(i) 450,315. (ii) 0.	0.	4,302. 0.	38,606.	20,463.	513,686.	
6 CLYDE B. JONES III SVP INSTITUTIONAL ADVANCEMENT	(i) 513,485. (ii) 0.	0.	7,524. 0.	38,606.	9,326.	568,941.	
7 LAUREL BRITTON VP REVENUE & OPS FROM 9/18	(i) 276,657. (ii) 0.	0.	909. 0.	36,354.	1,378.	315,298.	
8 TOM A. JAVITS VP CONSTRUCTION & FACILITIES	(i) 371,166. (ii) 0.	0.	8,371. 0.	38,606.	20,028.	438,171.	
9 JAMESON KELLEHER VP, CFO & TREASURER	(i) 412,235. (ii) 0.	0.	961. 0.	35,983.	20,632.	469,811.	
10 LAUREN A. MESERVE SVP, CHIEF INVESTMENT OFFICER	(i) 643,371. (ii) 0.	581,964.	1,710. 0.	357,354.	9,247.	1,593,646.	263,163.
11 RICH PEDOTT VP & GNL MGR RETAIL	(i) 453,170. (ii) 0.	0.	2,158. 0.	30,250.	8,843.	494,421.	
12 ALLISON RUTLEDGE-PARISI VP & CHIEF HR OFFICER	(i) 371,766. (ii) 0.	0.	3,666. 0.	30,250.	18,921.	424,603.	
13 JEFFREY S. SPAR VP/CHIEF TECH OFFICER TO 12/18	(i) 357,017. (ii) 0.	0.	1,855. 0.	38,606.	20,316.	417,794.	
14 KENNETH N. WEINE VP EX. AFFAIRS, CHIEF COMM OFF	(i) 340,776. (ii) 0.	0.	1,819. 0.	30,250.	20,291.	393,136.	
15 JUSTIN V. REED INVESTMENT OFFICER	(i) 242,957. (ii) 0.	182,160.	470. 0.	148,700.	1,210.	575,497.	
16 LISA KRASSNER CHIEF MEMBER & VS OFF. TO 7/18	(i) 127,117. (ii) 0.	0.	218,724. 0.	22,831.	11,211.	379,883.	

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL B. GALLAGHER CHAIRMAN, PAINTINGS CONSERV.	290,462.	0.	14,446.	38,606.	20,004.	363,518.	
2 KEITH R. CHRISTIANSEN CHAIRMAN, EUROPEAN PAINTINGS	294,878.	0.	10,027.	38,606.	19,683.	363,194.	
3 STEPHEN A. MANZI CHIEF DEVELOP OFFICER INDIV	297,677.	0.	2,956.	38,606.	20,085.	359,324.	
4 CARRIE R. BARRATT DEPUTY DIR COLLECTIONS TO 6/18	180,910.	0.	129,531.	38,606.	16,393.	365,440.	
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

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

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:

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

**SCHEDULE K
(Form 990)**

TAX EXEMPT SET 1

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

METROPOLITAN MUSEUM OF ART

Part I Bond Issues

Employer identification number
13-1624086

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A TRUST FOR CULTURAL RESOURCES OF THE CITY OF NY	91-1882413	649717NP6	12/01/2006	65,000,000.	PARTIAL FUNDING OF CAPITAL PROJECT		X		X		X
B TRUST FOR CULTURAL RESOURCES OF THE CITY OF NY	91-1882413	649717N04	12/01/2006	65,000,000.	PARTIAL FUNDING OF CAPITAL PROJECT		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		65,000,000.		65,000,000.				
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		795,690.		795,690.				
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		64,204,310.		64,204,310.				
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X				
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Schedule K (Form 990) 2018

Part III Private Business Use

TAX EXEMPT SET 1

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X				
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government						%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government						%		%
6 Total of lines 4 and 5						%		%
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of						%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?	X		X					
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X					

Part IV Arbitrage (Continued)

Table with 4 columns (A, B, C, D) and rows for questions 4a through 7 regarding arbitrage procedures and GIC investments.

Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

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)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	210 .	0 .	
2 Art - Historical treasures				
3 Art - Fractional interests	X	3 .	0 .	
4 Books and publications	X			
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	153 .	90,837,298 .	MKT VALUE- GIFT DATE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other.				
15 Real estate - Residential				
16 Real estate - Commercial.				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy.				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶()				
26 Other ▶()				
27 Other ▶()				
28 Other ▶()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	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 to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization 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

JSA

8E1298 1.000

06571Q K686

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)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2018

**Open to Public
Inspection**

Department of the Treasury
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

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

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 BOROUGHES 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

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

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

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

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

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

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

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

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";

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

"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

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

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

Name of the organization

METROPOLITAN MUSEUM OF ART

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

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

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.

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

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,

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

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

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

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. KULPAT 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

Name of the organization METROPOLITAN MUSEUM OF ART	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

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

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

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

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)

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

ATTACHMENT 1

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
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		<u>111,491,441.</u>	<u>3,577,218.</u>

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
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

Employer identification number

METROPOLITAN MUSEUM OF ART

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)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

Schedule R (Form 990) 2018

Part III 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.

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUSTS (21)	TRUST	NY	N/A	TRUST					X
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s).		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s).		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s).		<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s).		<input checked="" type="checkbox"/>
f Dividends from related organization(s).		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s).		<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s).		<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s).		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s).		<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s).		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s).		<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s).		<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).		<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s).		<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses.		<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses.		<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s).		<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s).		<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII **Supplemental Information**

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