

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

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

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
METROPOLITAN MUSEUM OF ART
% CONTROLLER'S OFFICE
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
1000 FIFTH AVENUE
City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 100280198

D Employer identification number
13-1624086
E Telephone number
(212) 879-5500
G Gross receipts \$ 1,261,008,779

F Name and address of principal officer
Daniel Weiss
1000 FIFTH AVENUE
NEW YORK, NY 100280198

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀(insert no) 4947(a)(1) or 527

J Website: ▶ WWW.METMUSEUM.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1870

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE METROPOLITAN MUSEUM OF ART COLLECTS, STUDIES, CONSERVES, AND PRESENTS SIGNIFICANT WORKS OF ART ACROSS ALL TIMES AND CULTURES, SEE SCHEDULE O FOR MORE DETAILS

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

| | |
|--|-------------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 46 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 44 |
| 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 2,564 |
| 6 Total number of volunteers (estimate if necessary) | 1,328 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | -17,498,635 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | -26,324,101 |

| | Prior Year | Current Year |
|---|---------------------------|---------------|
| 8 Contributions and grants (Part VIII, line 1h) | 279,348,687 | 343,470,192 |
| 9 Program service revenue (Part VIII, line 2g) | 8,530,162 | 7,246,478 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 249,108,489 | 123,737,907 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 37,811,505 | 40,618,994 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 574,798,843 | 515,073,571 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 2,704,214 | 2,965,533 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 198,017,360 | 198,105,171 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 237,371 | 173,372 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶15,536,666 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 291,214,167 | 290,021,630 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 492,173,112 | 491,265,706 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 82,625,731 | 23,807,865 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 4,364,352,710 | 4,477,108,999 |
| 21 Total liabilities (Part X, line 26) | 692,348,797 | 741,985,047 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 3,672,003,913 | 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 Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
Signature of officer: _____ Date: 2020-02-19
JAMESON KELLEHER VP, CFO & TREASURER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
Check if self-employed PTIN: P00369623
Firm's name ▶ PricewaterhouseCoopers LLP Firm's EIN ▶ _____
Firm's address ▶ 600 13TH STREET NW Phone no (202) 414-1000
WASHINGTON, DC 20005

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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)
See Additional Data

4b (Code) (Expenses \$ 88,932,148 including grants of \$) (Revenue \$ 6,181,633)
See Additional Data

4c (Code) (Expenses \$ 56,868,560 including grants of \$) (Revenue \$)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(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 Number, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|--|---------|----|
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | No |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 Yes | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 Yes | |

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

| | | Yes | No |
|-----------|--|--------|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 773 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c Yes | |

| | | | | | |
|--|------------|-------|----|--|--|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 2,564 | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes | | | |
| b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> | 3b | Yes | | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | Yes | | | |
| b If "Yes," enter the name of the foreign country ▶ EG See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No | | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No | | |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No | | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Yes | | | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No | | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No | | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No | | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | |
| 8 Sponsoring organizations maintaining donor advised funds. | | | | | |
| Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | | |
| 9a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | |
| 10 Section 501(c)(7) organizations. Enter | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 Section 501(c)(12) organizations. Enter | | | | | |
| a Gross income from members or shareholders | 11a | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | | |
| c Enter the amount of reserves on hand | 13c | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No | | |
| b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | 14b | | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | 15 | | No | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | 16 | | No | | |

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



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 (46); 1b Enter the number of voting members included in line 1a, above, who are independent (44); 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? (Yes); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 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 (No).

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? (No); 10b 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? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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 (Yes); b Other officers or key employees of the organization (Yes); 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? (No); 16b 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

Table with 2 columns: Question, Answer. Row 17: List the States with which a copy of this Form 990 is required to be filed (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); Row 18: Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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); Row 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; Row 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 100280198 (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

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, or 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 | | | |
| See Additional Data Table | | | | | | | | | | |
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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.

Summary rows for sub-totals: 1b Sub-Total, 1c Total from continuation sheets, 1d Total (add lines 1b and 1c).

Table with 3 columns: Question number, Yes, No. Contains questions 2, 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. Lists contractors like SKANSKA USA BUILDING INC, H L ELECTRIC INC, etc.

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

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 | | 44,615,135 | |
| | 4 Income from investment of tax-exempt bond proceeds | | 0 | | | |
| | 5 Royalties | | 531,250 | | 531,250 | |
| | 6a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less rental expenses | | | | |
| | | c Rental income or (loss) | 0 | 0 | | |
| | d Net rental income or (loss) | | 0 | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | 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 | | 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 | | -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 | 2,317,100 | 372,464 | |
| 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, line 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 & SUPPLIES | 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) | | | | |

Part X Balance Sheet

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

| | | (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

| | | | |
|-----------|---|-----------|---------------|
| 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 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 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
- 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?
- 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

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 13-1624086

Name: METROPOLITAN MUSEUM OF ART

Form 990 (2018)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

GUARDIANSHIP AND MAINTENANCE OF THE MUSEUM AND ITS ART COLLECTION - SEE SCHEDULE O FOR MORE INFORMATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

| | | | | |
|--------------------------|--------------|------------|------------------------|-------------|
| (Code) | (Expenses \$ | 27,078,179 | including grants of \$ | (Revenue \$ |
| OPERATION OF RESTAURANTS | | | |) |

| | | | | |
|---------------------|--------------|------------|------------------------|-------------|
| (Code) | (Expenses \$ | 21,059,122 | including grants of \$ | (Revenue \$ |
| SPECIAL EXHIBITIONS | | | |) |

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

| | | | | | |
|-------------------------|--------------|------------|------------------------|-------------|---|
| (Code) | (Expenses \$ | 22,703,657 | including grants of \$ | (Revenue \$ |) |
| EDUCATION AND LIBRARIES | | | | | |

| | | | | | |
|----------------------------|--------------|------------|------------------------|-------------|-------------|
| (Code) | (Expenses \$ | 40,650,483 | including grants of \$ | (Revenue \$ | 3,577,218) |
| ALL OTHER SUPPORT SERVICES | | | | | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| Daniel Brodsky Elective Trustee & Chairman | 5 0 0 0 | X | | X | | | | 0 | 0 | 0 |
| Russell L Carson Elec Trustee&V Chair to 9/18 | 1 0 0 0 | X | | X | | | | 0 | 0 | 0 |
| Richard L Chilton Jr Elective Trustee & Vice Chair | 2 0 0 0 | X | | X | | | | 0 | 0 | 0 |
| Lulu C Wang Elective Trustee & Vice Chair | 2 0 0 0 | X | | X | | | | 0 | 0 | 0 |
| Charles N Atkins Elective Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Candace K Beinecke Elective Trustee | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Debra Black Elective Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Samantha Boardman Elective Trustee | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| James Breyer Elective Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Wellington Z Chen Elective Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| N Anthony Coles Elective Trustee | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Stephen M Cutler Elective Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Blair Effron Elective Trustee | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Mark Fisch Elective Trustee | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Colvin Grannum Elective Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Jeffrey W Greenberg Elective Trustee | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Caroline Diamond Harrison Elective Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| J Tomilson Hill Elective Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Bonnie B Himmelman Elective Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Ming Chu Hsu Elective Trustee from 11/18 | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| Hamilton E James Elective Trustee | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Michael ByungJu Kim Elective Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Sacha Lainovic Elective Trustee from 9/18 | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Philip F Maritz Elective Trustee | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Howard Marks Elective Trustee | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Bijan Mossavar-Rahmani Elective Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| John Paulson Elective Trustee to 9/18 | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Jeffrey M Peek Elective Trustee | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Edward N Pick Elective Trustee from 11/18 | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| John Pritzker Elective Trustee from 03/19 | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| Sir Paul Ruddock Elective Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Alvaro Saieh Elective Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Alejandro Santo Domingo Elective Trustee | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Andrew M Saul Elective Trustee | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Andrew Solomon Elective Trustee | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Beatrice Stern Elective Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Ann G Tenenbaum Elective Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Merryl H Tisch Elective Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Mathew M Wambua Elective Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Dame Anna Wintour Elective Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| Dasha Zhukova Elective Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Bill de Blasio Ex-Officio Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Corey Johnson Ex-Officio Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Mitchell J Silver Ex-Officio Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Tom Finkelppearl Ex-Officio Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Scott Stringer Ex-Officio Trustee | 1 0 0 0 | X | | | | | | 0 | 0 | 0 |
| Daniel H Weiss President/CEO, Ex-Off Trustee | 35 0 0 0 | X | | X | | | | 1,191,074 | 0 | 59,596 |
| Max Hollein Dir /Ex-Off Trustee from 8/18 | 35 0 0 0 | X | | X | | | | 737,318 | 0 | 26,775 |
| Andrea Bayer Dep Dir Collections from 10/18 | 35 0 0 0 | | | X | | | | 248,134 | 0 | 54,783 |
| Quincy Houghton Deputy Dir of Exhibitions | 35 0 0 0 | | | X | | | | 378,974 | 0 | 58,946 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| Inka Drogemuller Dep Dir Dig, Ed, Pub from 4/19 | 35 0 0 0 | | | X | | | | 0 | 0 | 0 |
| Sharon H Cott SVP, Secretary & Gen Counsel | 35 0 0 0 | | | X | | | | 454,617 | 0 | 59,069 |
| Clyde B Jones III SVP Institutional Advancement | 35 0 0 0 | | | X | | | | 521,009 | 0 | 47,932 |
| Laurel Britton VP Revenue & Ops from 9/18 | 35 0 0 0 | | | X | | | | 277,566 | 0 | 37,732 |
| Tom A Javits VP Construction & Facilities | 35 0 0 0 | | | X | | | | 379,537 | 0 | 58,634 |
| Jameson Kelleher VP, CFO & Treasurer | 35 0 0 0 | | | X | | | | 413,196 | 0 | 56,615 |
| Lauren A Meserve SVP, Chief Investment Officer | 35 0 0 0 | | | X | | | | 1,227,045 | 0 | 366,601 |
| Rich Pedott VP & Gnl Mgr Retail | 35 0 0 0 | | | X | | | | 455,328 | 0 | 39,093 |
| Allison Rutledge-Paris VP & Chief HR Officer | 35 0 0 0 | | | X | | | | 375,432 | 0 | 49,171 |
| Jeffrey S Spar VP/Chief Tech Officer to 12/18 | 35 0 0 0 | | | X | | | | 358,872 | 0 | 58,922 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| Kenneth N Weine VP Ex Affairs, Chief Comm Off | 35 0 0 0 | | | X | | | | 342,595 | 0 | 50,541 |
| Justin V Reed Investment Officer | 35 0 0 0 | | | | | X | | 425,587 | 0 | 149,910 |
| Lisa Krassner Chief Member & VS Off to 7/18 | 35 0 0 0 | | | | | X | | 345,841 | 0 | 34,042 |
| Michael B Gallagher Chairman, Paintings Conserv | 35 0 0 0 | | | | | X | | 304,908 | 0 | 58,610 |
| Keith R Christiansen Chairman, European Paintings | 35 0 0 0 | | | | | X | | 304,905 | 0 | 58,289 |
| Stephen A Manzi Chief Develop Officer Indiv | 35 0 0 0 | | | | | X | | 300,633 | 0 | 58,691 |
| Carrie R Barratt Deputy Dir Collections to 6/18 | 35 0 0 0 | | | | | | X | 310,441 | 0 | 54,999 |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

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

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 **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 | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|---------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.") | 255,926,608 | 259,945,100 | 312,492,656 | 279,348,687 | 343,470,192 | 1,451,183,243 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | 16,715,169 | 17,715,465 | 14,667,793 | 17,908,833 | 16,194,609 | 83,201,869 |
| 4 Total. Add lines 1 through 3 | 272,641,777 | 277,660,565 | 327,160,449 | 297,257,520 | 359,664,801 | 1,534,385,112 |
| 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) | | | | | | 105,090,823 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 1,429,294,289 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|---------------|
| 7 Amounts from line 4 | 272,641,777 | 277,660,565 | 327,160,449 | 297,257,520 | 359,664,801 | 1,534,385,112 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 43,474,530 | 38,288,913 | 39,412,992 | 44,924,524 | 45,146,385 | 211,247,344 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | 0 |
| 11 Total support. Add lines 7 through 10 | | | | | | 1,745,632,456 |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | 340,482,373 |

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

| | | |
|--|-----------|----------|
| 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 81.878 % |
| 15 Public support percentage for 2017 Schedule A, Part II, line 14 | 15 | 80.766 % |

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 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

| Calendar year (or fiscal year beginning in) ► | | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included 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

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 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 on line 12 of 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. | | |
| | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| | 3c | | |
| 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. | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| | 4c | | |
| 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). | | |
| | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | | |
| | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 8 | | |
| 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 . | | |
| | 9a | | |
| b | 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 . | | |
| | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| | 9c | | |
| 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 line 10b below. | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |
| | 10b | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b | A family member of a person described in (a) above? | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i> | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|--|--|--|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 | Activities Test Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

- 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) | 1 | |
| 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 | <input type="checkbox"/> 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 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is 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. | | | |

Additional Data

Software ID:

Software Version:

EIN: 13-1624086

Name: METROPOLITAN MUSEUM OF ART

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)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No 1545-0047

2018
Open to Public Inspection

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 the 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 | | | | |

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" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c If zero or less, enter -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

| | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total Add lines 1c through 1i | | | |
| 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).

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

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

| | |
|---|-----------|
| 1 Dues, assessments and similar amounts from members | 1 |
| 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 | 2a |
| b Carryover from last year | 2b |
| c Total | 2c |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 |
| 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? | 4 |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 |

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for 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 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|--|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Year | |
|---|-----------------------------|--|
| a Total number of conservation easements | 2a | |
| b Total acreage restricted by conservation easements | 2b | |
| c Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d | |

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? Yes No

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)? Yes No

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.

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 ► \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 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
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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 in Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 3,141,933,837 | 2,893,395,137 | 2,523,689,299 | 2,700,466,038 | 2,656,291,524 |
| b Contributions | 87,717,708 | 39,032,474 | 106,501,247 | 20,417,352 | 55,893,860 |
| c Net investment earnings, gains, and losses | 183,685,830 | 330,683,094 | 388,580,757 | -26,064,305 | 131,623,264 |
| d Grants or scholarships | 3,167,736 | 3,156,563 | 2,998,554 | 3,149,811 | 2,949,425 |
| e Other expenditures for facilities and programs | 153,780,575 | 118,020,305 | 122,377,612 | 167,979,975 | 140,393,185 |
| f Administrative expenses | | | | | |
| g End of year balance | 3,256,389,064 | 3,141,933,837 | 2,893,395,137 | 2,523,689,299 | 2,700,466,038 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 28 710 %
 - b** Permanent endowment ▶ 71 290 %
 - 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
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | No | No |
| (ii) related organizations | No | No |
| b If "Yes" on 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.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 1,015,000 | | 1,015,000 |
| b Buildings | | 39,524,458 | 28,258,911 | 11,265,547 |
| c Leasehold improvements | | 1,069,765,603 | 723,679,103 | 346,086,500 |
| d Equipment | | 68,742,726 | 58,153,298 | 10,589,428 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 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.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) PRIVATE EQUITY | 556,675,200 | F |
| (B) REAL ASSETS | 457,262,564 | F |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) | 1,013,937,764 | |

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.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) | | |

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) | |

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.

| (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | 0 |
| ANNUITY & SPLIT-INT OBLIGS | 15,076,392 |
| PENSION AND OTHER ACCRUED RTRM | 204,688,227 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | 219,764,619 |

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 608,910,016 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | 58,619,606 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | 16,245,609 |
| e | Add lines 2a through 2d | 2e | 74,865,215 |
| 3 | Subtract line 2e from line 1 | 3 | 534,044,801 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | -18,971,230 |
| c | Add lines 4a and 4b | 4c | -18,971,230 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 515,073,571 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 390,342,200 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | 71,296,699 |
| e | Add lines 2a through 2d | 2e | 71,296,699 |
| 3 | Subtract line 2e from line 1 | 3 | 319,045,501 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | 172,220,205 |
| c | Add lines 4a and 4b | 4c | 172,220,205 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 491,265,706 |

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information (continued)

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Additional Data

Software ID:

Software Version:

EIN: 13-1624086

Name: METROPOLITAN MUSEUM OF ART

Supplemental Information

| Return Reference | Explanation |
|-------------------------------|---|
| 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 |

Supplemental Information

| Return Reference | Explanation |
|------------------------------|---|
| SCHEDULE D, PART III, LINE 4 | <p>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</p> <p>, 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</p> |

Supplemental Information

| Return Reference | Explanation |
|------------------------------------|---|
| 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 |

Supplemental Information

| Return Reference | Explanation |
|-----------------------------|---|
| 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 |

Supplemental Information

| Return Reference | Explanation |
|------------------------------|---|
| 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 |

Supplemental Information

| Return Reference | Explanation |
|------------------------------|---|
| 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) 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) |

Supplemental Information

| Return Reference | Explanation |
|-------------------------------|--|
| 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 |

Supplemental Information

| Return Reference | Explanation |
|-------------------------------|---|
| 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 ----- TO TOTAL 172,220,205 |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
METROPOLITAN MUSEUM OF ART

Employer identification number
13-1624086

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| See Add'l Data | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | | | | | 974,339,960 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | 974,339,960 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. 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) |
|----------------------------|--|------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | | | | | | | |
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| | | | | | | | | |

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

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|--|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| T Rousseau Fellowship | Europe (Including Iceland and Greenland) | 2 | 79,167 | CHECK | 0 | N/A | N/A |
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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).

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|--|--|
| 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. |

Additional Data

Software ID:

Software Version:

EIN: 13-1624086

Name: METROPOLITAN MUSEUM OF ART

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| Europe (Including Iceland and Greenland) | | | Grantmaking | T Rousseau Fellowship | 79,167 |
| Europe (Including Iceland and Greenland) | | | Program Services | RESEARCH & EXHIBITIONS | 624,644 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------------------|-------------------------------------|---|--|--|-----------------------------------|
| Sub-Saharan Africa | | | Program Services | RESEARCH & EXHIBITIONS | 125 |
| East Asia and the Pacific | | | Program Services | RESEARCH & EXHIBITIONS | 157,717 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------|-------------------------------------|---|--|--|-----------------------------------|
| South Asia | | | Program Services | RESEARCH & EXHIBITIONS | 101,080 |
| South America | | | Program Services | RESEARCH & EXHIBITIONS | 15,156 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| Middle East and North Africa | | | Program Services | RESEARCH & EXHIBITIONS | 30,589 |
| North America | | | Program Services | RESEARCH & EXHIBITIONS | 33,441 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| Central America and the Caribbean | | | Investments | | 945,205,537 |
| Europe (Including Iceland and Greenland) | | | Investments | | 28,092,504 |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ 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 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|-----------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| DONOR SERVICES GROUP 1200 WILSHIRE BOULEVARD SUITE 650 LOS ANGELES, CA 90017 | TELE- MARKETING | | No | 429,709 | 173,372 | 256,337 |
| | | | | | | |
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| 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) |
|------------------------|---|--|---------------------------------------|----------------------------|--|
| | | <u>Costume Institu</u> (event type) | <u>Corporate Bene</u> (event type) | <u>8</u> (total number) | Total events (add col (a) through col (c)) |
| 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) ▶ | | | | 6,374,481 |
| | 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)) |
|--|--|---|---|---|---|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

- 16** Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

- 17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations 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.

| Return Reference | Explanation |
|--|---|
| 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 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 |
| 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 |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in 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 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

Part I General Information on Grants and Assistance

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

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 noncash 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 ▶ _____

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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| See Additional Data Table | | | | | |
| (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.

| Return Reference | Explanation |
|---|--|
| 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 grantees to conduct research, extend their professional knowledge and contribute to their respective fields at large. To the best of the Museum's knowledge, none of the recipients of the grants or fellowships are related to any person such as a trustee, an officer, or a key employee of the Museum. Every grantee is assigned a specific supervisor at the start of their fellowship period. The supervisor is either a curator, conservator 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. |

Additional Data

Software ID:
Software Version:
EIN: 13-1624086
Name: METROPOLITAN MUSEUM OF ART

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| The Bothmer Fellowship | 1 | 6,667 | | N/A | N/A |
| Sylvan C and Pam Coleman Memorial Fellowship | 7 | 213,750 | | N/A | N/A |
| Chester Dale Fellowship | 10 | 289,792 | | N/A | N/A |
| Annette de la Renta Fellowship | 2 | 55,238 | | N/A | N/A |
| The Douglass Foundation Fellowship | 2 | 48,600 | | N/A | N/A |

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

| (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 |
|--|---------------------------------|---------------------------------|--|--|---|
| Sherman Fairchild Foundation Fellowship | 2 | 53,167 | | N/A | N/A |
| Andrew W Mellon Art History Fellowship | 18 | 636,166 | | N/A | N/A |
| Andrew W Mellon Conservation Fellowship | 10 | 265,721 | | N/A | N/A |
| Andrew W Mellon Postdoctoral Curatorial Fellowship | 2 | 88,990 | | N/A | N/A |
| Andrew W Mellon Collection Specialist Fellowship | 3 | 128,393 | | N/A | N/A |

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

| (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 |
|--|---------------------------------|---------------------------------|--|--|---|
| Research Scholarship in Photograph Conservation Fe | 1 | 55,000 | | N/A | N/A |
| J Clawson Mills Fellowship | 5 | 127,017 | | N/A | N/A |
| Slifka Foundation Fellowship | 1 | 6,667 | | N/A | N/A |
| Hanns Swarzenski and Brigitte Horney Fellowship | 1 | 38,333 | | N/A | N/A |
| Jane and Morgan Whitney Fellowship | 6 | 69,771 | | N/A | N/A |

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

| (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 |
|--|---------------------------------|---------------------------------|--|--|---|
| Polaire Weissman Fellowship | 3 | 150,924 | | N/A | N/A |
| Leonard A. Lauder Fellowships in Modern Art | 8 | 318,407 | | N/A | N/A |
| Andrew W. Mellon Indian Conservation Fellowship Pr | 4 | 71,665 | | N/A | N/A |
| Mellon Supplemental Fellowship Funds | 74 | 239,565 | | N/A | N/A |
| ARIAH Fellowship | 1 | 22,533 | | N/A | N/A |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
METROPOLITAN MUSEUM OF ART

Employer identification number
13-1624086

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|--|---|---|---|--|---|---|---|--|--|--|
| <p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| <p>b If any of the boxes in 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.</p> | 1b Yes | | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p> | 2 Yes | | | | | | | | | |
| <p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <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 | | | | |
| <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 | | | | | | | | | |
| <p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a Yes | | | | | | | | | |
| | 4b Yes | | | | | | | | | |
| | 4c | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a | No | | | | | | | | |
| | 5b | No | | | | | | | | |
| <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a | No | | | | | | | | |
| | 6b | No | | | | | | | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p> | 7 Yes | | | | | | | | | |
| <p>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.</p> | 8 | No | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | |

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 are not listed on Form 990, Part VII.

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

| (A) Name 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 | | | | |
| See Additional Data Table | | | | | | | |
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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.

| Return Reference | Explanation |
|-----------------------------|--|
| 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. |

| Return Reference | Explanation |
|-----------------------------|---|
| SCHEDULE J, PART I, LINE 4A | THE FOLLOWING PERSON RECEIVED A SEVERANCE PAYMENT IN CALENDAR YEAR 2018 LISA KRASSNER - \$170,000 |

| Return Reference | Explanation |
|-----------------------------|---|
| 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 |

| Return Reference | Explanation |
|----------------------------|--|
| 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 |

| Return Reference | Explanation |
|---------------------------------|--|
| 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 |



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

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

Part I Bond Issues

| (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) Pool 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 | 649717NQ4 | 12-01-2006 | 65,000,000 | PARTIAL FUNDING OF CAPITAL PROJECT | | X | | X | | X |

Part II Proceeds

| | A | | B | | C | | D | |
|---|-----|------------|-----|------------|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Amount of bonds retired | | 0 | | 0 | | | | |
| 2 Amount of bonds legally defeased | | 0 | | 0 | | | | |
| 3 Total proceeds of issue | | 65,000,000 | | 65,000,000 | | | | |
| 4 Gross proceeds in reserve funds | | 0 | | 0 | | | | |
| 5 Capitalized interest from proceeds | | 0 | | 0 | | | | |
| 6 Proceeds in refunding escrows | | 0 | | 0 | | | | |
| 7 Issuance costs from proceeds | | 795,690 | | 795,690 | | | | |
| 8 Credit enhancement from proceeds | | 0 | | 0 | | | | |
| 9 Working capital expenditures from proceeds | | 0 | | 0 | | | | |
| 10 Capital expenditures from proceeds | | 64,204,310 | | 64,204,310 | | | | |
| 11 Other spent proceeds | | 0 | | 0 | | | | |
| 12 Other unspent proceeds | | 0 | | 0 | | | | |
| 13 Year of substantial completion | | | | | | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a current refunding issue? | | X | | X | | | | |
| 15 Were the bonds issued as part of an advance refunding issue? | | X | | X | | | | |
| 16 Has the final allocation of proceeds been made? | X | | X | | | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | | | | |

Part III Private Business Use

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

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | X | | X | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | X | | X | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | 0 % | | 0 % | | | | | |
| 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? | | X | | X | | | | |
| 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 | | | | | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | | | |
| b Name of provider | 0 | | 0 | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

Part IV Arbitrage (Continued)

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | | | |
| b Name of provider | 0 | | 0 | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | | | | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | X | | X | | | | | |

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

| Return Reference | Explanation |
|--|--|
| Schedule K, Part III Lines 4-6, Private Business and Unrelated Use | THE MUSEUM PERFORMS A DETAILED PRIVATE BUSINESS AND UNRELATED USE CALCULATION THE MUSEUM CALCULATED ITS PRIVATE BUSINESS AND UNRELATED USE FOR THE FISCAL YEAR ENDED JUNE 30, 2019 TO BE NEARLY 0% IN TAX EXEMPT BOND-FINANCED SPACE THIS ANALYSIS EXCLUDES COST OF ISSUANCE |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **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 the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
METROPOLITAN MUSEUM OF ART

Employer identification number
13-1624086

Part I 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 | | 0 | |
| 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 is not required to be used for exempt purposes for the entire holding period? | | No |
| 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? | Yes | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | Yes | |
| b If "Yes," describe in Part II | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II | | |

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.

| Return Reference | Explanation |
|---|---|
| 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

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.

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

2018

**Open to Public
Inspection**

Department of the Treasury

Name of the organization
METROPOLITAN MUSEUM OF ART

Employer identification number

13-1624086

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| FORM 990, PART III - PROGRAM SERVICES | <p>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 KIND RED 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 ART OF ALL TIMES AND CULTURES IN FISCAL YEAR 2019 THE MUSEUM ALSO BEGAN ACTIVELY PLANNING FOR ITS 150TH ANNIVERSARY CELEBRATION IN 2020, AND WE LOOK FORWARD TO CELEBRATING WITH OUR GLOBAL AUDIENCE IN WAYS THAT ALLOW THE MAGNIFICENCE AND RELEVANCE OF THE MET TO SHINE BELOW IS A SUMMARY OF OUR MANY ACTIVITIES AND ACHIEVEMENTS DURING FISCAL YEAR 2019 ATTENDANCE FOR THE THIRD YEAR IN A ROW THE MUSEUM WELCOMED MORE THAN 7 MILLION VISITORS (7,027,858) TO ITS THREE LOCATIONS --THE MET FIFTH AVENUE, THE MET CLOISTERS, AND THE MET BREUER--IN FISCAL YEAR 2019, WHICH WAS ALSO THE FIRST FULL FISCAL YEAR UNDER THE MUSEUM'S NEW ADMISSIONS POLICY CONTINUALLY ONE OF NEW YORK'S MOST VISITED TOURIST ATTRACTIONS FOR DOMESTIC AND INTERNATIONAL AUDIENCES, THE MET DRAWS A WIDE RANGE OF VISITORS IN THE PAST FISCAL YEAR, INTERNATIONAL TOURISTS ACCOUNTED FOR 28 PERCENT OF VISITORS, LOCAL VISITORS FROM THE FIVE BOROUGHS MADE UP 35 PERCENT OF THE OVERALL TOTAL, AND 16 PERCENT WERE FROM THE TRISTATE AREA THE MET CLOISTERS DREW 325,326 VISITORS IN FISCAL YEAR 2019, A RECORD FOR THE LOCATION THAT WAS FUELED BY THE ATTENDANCE FOR "HEAVENLY BODIES FASHION AND THE CATHOLIC IMAGINATION", AND THE MET BREUER SAW MORE THAN 326,392 INTERNATIONAL ACTIVITY CONNECTING AUDIENCES AROUND THE WORLD WITH THE MET'S VAST RESOURCES IS AN IMPORTANT PART OF OUR MISSION, AND FISCAL YEAR 2019 SAW MANY ACHIEVEMENTS IN THIS AREA IN THE FIELD OF CONSERVATION, THE MET CONTINUES ITS LEADERSHIP ROLE IN THE INDIAN CONSERVATION FELLOWSHIP PROGRAM (ICFP), A MULTIYEAR PARTNERSHIP INITIATED IN 2011 BETWEEN THE MET, STICHTING RESTAURATIE ATELIER LIMBURG, MAASTRICHT, THE NETHERLANDS, THE FREER GALLERY OF</p> |

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| FORM 990, PART III - PROGRAM SERVICES | <p>ART AND THE ARTHUR M SACKLER GALLERY, SMITHSONIAN INSTITUTE, WASHINGTON, D C , AND THE GOVERNMENT OF INDIA, SUPPORTED BY THE ANDREW W MELLON FOUNDATION AND THE MINISTRY OF CULTURE, INDIA THE PROGRAM PROVIDES PRACTICAL, INTENSIVE TRAINING AND PROFESSIONAL DEVELOPMENT FOR EMERGING AND MID-CAREER INDIAN CONSERVATORS AT HOST INSTITUTIONS THE NETWORK INITIATIVE FOR CONSERVATION SCIENCE (NICS), A PILOT PROGRAM LAUNCHED IN SEPTEMBER 2016 BY THE MET AND ITS DEPARTMENT OF SCIENTIFIC RESEARCH WITH THE SUPPORT OF THE ANDREW W MELLON FOUNDATION, HELD ITS SECOND ANNUAL SYMPOSIUM IN NOVEMBER 2018 NICS AIMS TO ADVANCE RESEARCH AND SCHOLARSHIP IN ART HISTORY, ARCHAEOLOGY, CONSERVATION, AND SCIENCE BY SHARING THE MUSEUM'S CUTTING-EDGE RESEARCH FACILITIES AND EXPERTISE WITH A GROUP OF PARTNER INSTITUTIONS, INCLUDING TEN NEW YORK MUSEUMS CONSERVATORS FROM THE BROOKLYN MUSEUM, THE CENTRAL PARK CONSERVANCY, THE FRICK COLLECTION, THE HISPANIC SOCIETY OF AMERICA, THE MORGAN LIBRARY AND MUSEUM, AND THE NEW YORK PUBLIC LIBRARY PARTICIPATED IN THIS YEAR'S SYMPOSIUM THE MET CONTINUED TO MAKE PROGRESS IN ITS PROJECT TO ASSIST SYRIAN AND IRAQI MUSEUM COLLEAGUES IN THEIR EFFORTS TO DOCUMENT AND PUBLISH ENDANGERED COLLECTIONS, AN INITIATIVE MADE POSSIBLE BY THE WHITING FOUNDATION IN JANUARY 2019, THE MET AND ITS PARTNERS, COLUMBIA UNIVERSITY AND THE AMERICAN CENTER OF ORIENTAL RESEARCH (ACOR), ORGANIZED A WORKSHOP IN AMMAN, JORDAN, THAT BROUGHT TOGETHER THIRTEEN STAFF MEMBERS FROM THE IRAQ, BASRAH, MOSUL, AND SLEMANI MUSEUMS FOR SPECIALIZED TRAINING IN WRITING LABELS AND TEXT, RESEARCHING OBJECTS, PREPARING IMAGES FOR PUBLICATION, CREATING WEBSITES, AND PRODUCING PUBLICATION-READY COLLECTION-RELATED CONTENT THROUGH THE SUPPORT OF THE MUSEUM'S ADELAIDE MILTON DE GROOT FUND, MET STAFF CONTINUE TO PARTICIPATE IN ARCHAEOLOGICAL RESEARCH IN GREECE, TURKMENISTAN, AND GUATEMALA AT PALAIKASTRO IN EASTERN CRETE, IN AN EXCAVATION CONDUCTED UNDER THE AUSPICES OF THE BRITISH SCHOOL AT ATHENS, WORK THIS YEAR FOCUSED ON THE STUDY OF BUILDING 4 FROM THE 1986-2003 EXCAVATION CAMPAIGN OF THE MINOAN BRONZE AGE SETTLEMENT THE MET INITIATED A NEW ARCHAEOLOGICAL PROJECT IN APRIL FOLLOWING A MEMORANDUM OF UNDERSTANDING SIGNED WITH THE MINISTRY OF CULTURE IN TURKMENISTAN FOR FIELDWORK AT THE SITE OF DANDANAKAN/DASH RABAT IN THE MARY PROVINCE, A MEDIEVAL CARAVAN TOWN THE WORK IS CONDUCTED IN COLLABORATION WITH COLLEAGUES FROM THE NATIONAL ADMINISTRATION FOR THE PROTECTION, STUDY AND RESTORATION OF CULTURAL AND HISTORICAL MONUMENTS OF TURKMENISTAN, AND THE ANCIENT MERV HISTORICAL AND CULTURAL PARK IN 2018, THE DEPARTMENT OF THE ARTS OF AFRICA, OCEANIA, AND THE AMERICAS PARTICIPATED IN A THIRD SEASON OF ARCHAEOLOGICAL FIELDWORK AND CONSERVATION AT THE SITE OF PIEDRAS NEGRAS, GUATEMALA, WORKING WITH THE GUATEMALAN INSTITUTE OF ANTHROPOLOGY AND HISTORY, BROWN UNIVERSITY, BRANDEIS UNIVERSITY, AND THE PEABODY MUSEUM OF ARCHAEOLOGY AND ETHNOLOGY AT HARVARD UNIVERSITY PIEDRAS NEGRAS, ONE OF T</p> |

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| FORM 990, PART III - PROGRAM SERVICES | <p>THE MOST IMPORTANT MAYA ROYAL COURTS FROM THE FIFTH TO THE NINTH CENTURY, IS RENOWNED FOR ITS HIEROGLYPHIC INSCRIPTIONS AND SCULPTURE, INCLUDING THE UPPER PORTION OF PIEDRAS NEGRAS STELA 5, ON LONG-TERM LOAN TO THE MET FROM GUATEMALA COLLECTION AND ACQUISITIONS IN FISCAL YEAR 2019 THE MUSEUM MADE A NUMBER OF KEY ACQUISITIONS THAT ADD NEW PERSPECTIVES AND POS E NEW QUESTIONS, KEEPING THE MET A RELEVANT AND DYNAMIC INSTITUTION KEY ACQUISITIONS INCL UDED TWO WORKS FOR THE DEPARTMENT OF EUROPEAN PAINTINGS A 1636 PORTRAIT OF QUEEN HENRIETT A MARIA BY THE FLEMISH PAINTER ANTHONY VAN DYCK (1599-1641) AND ONE OF THE FIRST POINTILLI ST 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 IMPRESS IVE 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 C ELEBRATED "BOOK OF FLOWER STUDIES", (CA 1510-15), FOR THE DEPARTMENT OF EUROPEAN SCULPTUR E 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 186 5, 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 CAPTUR ES THE VIBRANT SPECTACLE OF LOOKING AND BEING SEEN THAT CHARACTERIZED EARLY TWENTIETH-CENT URY 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 MONUMENTA L BLACK GRANITE RELIEF "TWO HORSES" (2019)</p> |

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| FORM 990, PART III - CONTINUED | <p>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 EUGNE DELACROIX (1798-1863), "DEVOTION TO DRAWING: THE KAREN B. COHEN COLLECTION OF EUGNE DELACROIX," "JANE AND LOUISE WILSON STAS: 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 DAGUERRETYPES OF GIRAULT DE PRANGEY "THE TALE OF GENJI: A JAPANESE CLASSIC ILLUMINATED "THE WORLD BETWEEN EMPIRES: ART AND IDENTITY IN THE ANCIENT MIDDLE EAST "PLAY IT LOUD: INSTRUMENTS OF ROCK & ROLL: THE ROOF GARDEN COMMISSION "ALICJA KWADE, PARAPIVOT "CAMP NOTES ON FASHION "WATERCOLORS OF THE ACROPOLIS: MILE GILLIRON IN ATHENS "FRANK LLOYD WRIGHT: TEXTILES: THE TALIESIN LINE, 1955-60 "RAGNAR KJAR TANSSON: DEATH IS ELSEWHERE AND, AT THE MET BREUER "OBSESSION: NUDES BY KLIMT, SCHIELE, AND PICASSO FROM THE SCOFIELD THAYER COLLECTION "ODYSSEY: JACK WHITTEN SCULPTURE, 1963-2017 "EVERYTHING IS CONNECTED: ART AND CONSPIRACY "JULIO LE PARC "LUCIO FONTANA: ON THE THRESHOLD "SIAH ARMAJANI: FOLLOW THIS LINE "HOME IS A FOREIGN PLACE: RECENT ACQUISITIONS IN CONTEXT AND "PHENOMENAL NATURE: MRINALINI MUKHERJEE." CONSERVATION AND RESEARCH: THE MUSEUM'S CURATORIAL PROGRAMS ARE SUPPORTED BY NUMEROUS SERVICES AND RESOURCES. THE DEPARTMENTS OF PAINTINGS, PAPER, OBJECTS, TEXTILE, AND PHOTOGRAPHS CONSERVATION ALONG WITH SCIENTIFIC RESEARCH PREPARE AND REVIEW EVERY ARTWORK SELECTED FOR AN EXHIBITION OR LOAN. THE MET'S CONSERVATION EFFORT RANKS WITH THE BEST OF THE WORLD'S MAJOR MUSEUMS. THE THOMAS J. WATSON LIBRARY HOUSES VALUABLE RESEARCH MATERIAL AVAILABLE TO THE STAFF AND PUBLIC FOR CURATORIAL, EDUCATION, AND PUBLICATION PROJECTS. IN FISCAL YEAR 2019, 10,784 VISITS WERE MADE BY OUTSIDE RESEARCHERS, AND 1,930 NEW OUTSIDE RESEARCHERS WERE REGISTERED. THE MUSEUM LIBRARIES CIRCULATED 65,915 ITEMS TO READERS. ELEVEN WEEKLY SESSIONS OF STORY TIME IN NOLEN LIBRARY REACHED OVER 17,333 CHILDREN AND THEIR CAREGIVERS. THE LIBRARY CONTINUED TO DIGITIZE RARE COLLECTION MATERIALS, BOTH PRINTED AND MANUSCRIPT, AND TO MAKE THEM AVAILABLE ONLINE, AVERAGING 188,458 PAGE HITS PER MONTH (COMPARED TO 159,598 IN FISCAL YEAR 2018). THE MET IS ONE OF THE WORLD'S PREEMINENT ART-BOOK PUBLISHERS, AND IN FISCAL YEAR 2019 THE MUSEUM'S PUBLICATIONS AND EDITORIAL DEPARTMENT HAD ONE OF ITS MOST ACTIVE YEARS, PRODUCING TWENTY-SEVEN NEW TITLES AND EIGHT REPRINTS. AMON</p> |

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| FORM 990, PART III - CONTINUED | <p>G 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 DAGUERRETYPES 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" 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 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 CONVEENE NINETEEN OTHER ORGANIZATIONS IN A PROFESSIONAL-LEARNING COMMUNITY FOCUSED ON THE SOCIAL IMPACT OF THE ARTS IN AND WITH COMMUNITIES NEW YORK-BASED ARTISTS RASHIDA BUMBRAY AND MIGUEL LUCIANO WORKED WITH MUSEUM EDUCATORS AND CURATORIAL STAFF TO LEAD THE KENAN PROJECT'S CIVIC PRACTICE SEMINAR, FORGING VITAL CONNECTIONS BETWEEN THE HISTORY AND COLLECTION OF THE MET AND THE NEIGHBORHOODS OF BEDFORD-STUYVESANT AND EAST HARLEM ARTIST PARTICIPANTS IN THE SEMINAR WERE TRAINED IN BUILDING RELATIONSHIPS BETWEEN COMMUNITIES AND INSTITUTIONS GROUNDBREAKING EDUCATION PROGRAMMING RELATED TO THE MET COLLECTION AND EXHIBITIONS FOREGROUNDED TIMELY CONVERSATIONS CONNECTING WORKS OF ART TO CURRENT EVENTS EVENTS INSPIRED BY THE COSTUME INSTITUTE EXHIBITION "</p> |

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| FORM 990, PART III - CONTINUED | <p>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 CRI P THE MET, AN INITIATIVE THAT ENGAGED DISABILITY SCHOLARS AND ACTIVISTS, CURATORS, EDUCATORS, AND ARTISTS IN DISCUSSION AROUND REPRESENTATIONS OF DISABILITY IN THE MUSEUM, WITH THE GOAL OF DEVELOPING INTERPRETIVE GUIDELINES FOR WRITING ABOUT DISABILITY AND ART OUR COMMITMENT TO SERVE AS A CULTURAL AND SOCIAL HUB FOR NEW YORK'S YOUNG PEOPLE HAS RESULTED IN MORE THAN 28,000 TEENS AND ALMOST 130 PARTNERS PARTICIPATING IN OUR TEENS TAKE THE MET PROGRAM OVER THE COURSE OF FIVE YEARS THE MET CONTINUED TO BE AN ESSENTIAL RESOURCE FOR TEACHING, LEARNING, TRAINING, AND RESEARCH AT ALL LEVELS THIS FISCAL YEAR, 237,763 K - 12 TEACHERS AND STUDENTS PARTICIPATED IN 6,943 GUIDED AND SELF-GUIDED SCHOOL-GROUP VISITS TO THE MET'S THREE LOCATIONS MORE THAN 2,600 TEACHERS AND SCHOOL LEADERS ALSO TOOK PART IN PROGRAMS FOCUSED ON INTEGRATING ART INTO THE CLASSROOM</p> |

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| FORM 990, PART III - CONTINUED | <p>DIGITAL THE MET HAS EMERGED AS A GLOBAL LEADER IN BOTH ITS DIGITAL PRACTICES AND REACH. IN OCTOBER 2018, WE LAUNCHED THE MET COLLECTION API (APPLICATION PROGRAMMING INTERFACE). BUILDING ON THE SUCCESS OF THE MUSEUM'S OPEN ACCESS POLICY ANNOUNCED IN 2017, THE API ENABLES ANY THIRD PARTY TO SUSTAINABLY INTEGRATE THE MET COLLECTION INTO THEIR WEBSITE, ENSURING THAT UP-TO-DATE VERSIONS OF MORE THAN 400,000 IMAGES AND DATA ARE AVAILABLE TO USERS WITHOUT RESTRICTION. IN RECOGNITION OF THE CONTINUALLY EXPANDING POTENTIAL FOR OPEN ACCESS TO BROADEN PUBLIC EXPOSURE TO THESE IMAGES AND SCHOLARLY RECORDS, THE MET COLLABORATED WITH MICROSOFT AND THE MASSACHUSETTS INSTITUTE OF TECHNOLOGY (MIT) TO EXPLORE THE WAYS IN WHICH AUDIENCES ENGAGE WITH THE COLLECTION THROUGH ARTIFICIAL INTELLIGENCE TECHNOLOGIES. THE RESULTS OF THE COLLABORATION WERE ANNOUNCED IN FEBRUARY 2019. LAST SPRING'S "PLAY IT LOUD: INSTRUMENTS OF ROCK & ROLL" WAS THE FIRST EXHIBITION TO FEATURE A NEW WEB-BASED DIGITAL RESOURCE CALLED THE PRIMER, WHICH ALLOWS AUDIENCES ALL OVER THE WORLD TO ENGAGE WITH THE ART IN OUR GALLERIES THROUGH STORIES, VIDEOS, AND IMAGES. GOING FORWARD, PRIMERS WILL BE OFFERED FOR MANY OF OUR MAJOR EXHIBITIONS TO HELP PREPARE VISITORS FOR AN UPCOMING VISIT OR TO EXTEND THEIR EXPERIENCE AFTERWARD. THE MUSEUM'S WEBSITE ENDED THE FISCAL YEAR WITH MORE THAN 30 MILLION VISITS, AND OUR SOCIAL MEDIA REACH HAS BEEN SIMILARLY BROAD. ITS TWITTER FEED HAS MORE THAN 4.3 MILLION FOLLOWERS, ITS WEBBY AWARD-WINNING INSTAGRAM HAS 3.2 MILLION FOLLOWERS, AND ITS FACEBOOK ACCOUNT HAS MORE THAN 1.9 MILLION FOLLOWERS. CAPITAL PROJECTS: THE MUSEUM COMPLETED THE RENOVATION AND REINTERPRETATION OF ITS ANDRÉ MERTENS GALLERIES FOR MUSICAL INSTRUMENTS IN FISCAL YEAR 2019. THE THIRD AND FINAL PHASE OF THE THREE-YEAR PROJECT OPENED IN FEBRUARY, FOLLOWING EARLIER GALLERY REOPENINGS IN JULY 2017 AND MARCH 2018, AND INCLUDES OVER 250 MUSICAL INSTRUMENTS OF VARIOUS ORIGINS AND KINDS AS WELL AS A CONCERT SPACE WITH ADVANCED RECORDING AND SOUND SYSTEMS. WE MADE SIGNIFICANT PROGRESS IN THE RENOVATION OF THE TEN GALLERIES THAT PRESENT BRITISH DECORATIVE ARTS AND SCULPTURE FROM THE EARLY SIXTEENTH THROUGH THE NINETEENTH CENTURY AND THAT INCLUDE THREE HISTORIC INTERIORS. THE GALLERIES ARE SCHEDULED TO REOPEN IN MARCH 2020. WORK TO REPLACE THE SKYLIGHTS AND MAKE INFRASTRUCTURE IMPROVEMENTS IN THE GALLERIES FOR EUROPEAN PAINTINGS FROM 1250 TO 1800 ALSO CONTINUED THIS YEAR. BEGUN IN AUGUST 2018, THIS MAJOR PROJECT TO ENHANCE VISITOR EXPERIENCE WILL BE COMPLETED OVER THREE AND A HALF YEARS TO ENSURE THAT IMPORTANT MASTERPIECES REMAIN ON VIEW DURING THIS TIME, MANY WORKS HAVE BEEN MOVED TO OTHER GALLERIES. IN NOVEMBER 2018, THE MUSEUM ANNOUNCED IT WOULD EMBARK ON AN AMBITIOUS RENOVATION OF THE MICHAEL C. ROCKEFELLER WING, WHICH COMPRISES THE 40,000-SQUARE-FOOT GALLERIES OF THE DEPARTMENT OF THE ARTS OF AFRICA, OCEANIA, AND THE AMERICAS. THE WING WILL BE COMPLETELY REIMAGINED TO REFLECT NEW CURATORIAL VISION AND THE</p> |

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| FORM 990, PART III - CONTINUED | MET'S CONTINUED COMMITMENT TO ART FROM THESE REGIONS KULAPAT YANTRASAST OF THE FIRM "WHY ARCHITECTURE" IS LEADING THE DESIGN EFFORT, WORK IS EXPECTED TO BEGIN IN LATE 2020 |

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| 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 |

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| FORM 990, PART VI, LINE 2 - FAMILY OR BUSINESS RELATIONSHIP | TWO TRUSTEES OF THE MUSEUM, HAMILTON E JAMES AND J TOMILSON HILL, HAD 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 |

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| 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 |

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| FORM 990, PART VI, LINE 11B - REVIEW PROCESS | PROCESS THE ORGANIZATION USES TO REVIEW THE FORM 990 THE MUSEUM'S FORM 990, INCLUDING REQUIRED SCHEDULES AND SUPPORTING DOCUMENTATION, IS INITIALLY COMPILED BY THE MUSEUM'S FINANCE DEPARTMENT PRIMARILY RELYING ON THE MUSEUM'S GENERAL LEDGER, AUDITED FINANCIAL STATEMENTS AND OTHER FINANCIAL SYSTEMS THE MUSEUM'S CONTROLLER, CHIEF FINANCIAL OFFICER, GENERAL COUNSEL, AND EXTERNAL TAX ADVISORS PARTICIPATE IN A SERIES OF DETAILED REVIEWS OF THE FORM 990 THE FORM 990 IS ALSO REVIEWED BY THE MUSEUM'S SENIOR MANAGEMENT, INCLUDING THE MUSEUM'S PRESIDENT AND DIRECTOR and THE AUDIT COMMITTEE OF THE MUSEUM'S BOARD OF TRUSTEES A COMPLETE COPY IS PROVIDED TO EACH MEMBER OF THE BOARD OF TRUSTEES PRIOR TO FILING THE RETURN THE MUSEUM'S EXTERNAL TAX ADVISORS FILE THE FORM 990 ELECTRONICALLY WITH THE INTERNAL REVENUE SERVICE |

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| Return Reference | Explanation |
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| FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST | <p>THE MUSEUM REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY BY REQUIRING ONGOING DISCLOSURE OF POTENTIAL CONFLICTS, REVIEW OF SUCH DISCLOSURES, AND RECUSAL BY CONFLICTED INDIVIDUALS WHEN WARRANTED SPECIFICALLY, ON AN ANNUAL BASIS, THE MUSEUM SEEKS TO ENSURE COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY BY SENDING RELEVANT WRITTEN POLICIES TO SENIOR STAFF, TRUSTEES AND ADVISORY MEMBERS OF COMMITTEES OF THE BOARD OF TRUSTEES EACH POLICY IS SENT WITH A STATEMENT, WHICH MUST BE COMPLETED, SIGNED AND RETURNED TO THE MUSEUM'S GENERAL COUNSEL THE STATEMENT REQUIRES EACH INDIVIDUAL TO CONFIRM THAT HE OR SHE HAS (I) RECEIVED A COPY OF THE POLICY, (II) READ AND UNDERSTOOD THE POLICY AND (III) AGREES TO COMPLY WITH THE POLICY THE INDIVIDUAL IS ALSO ASKED TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST THAT HE OR SHE OR A MEMBER OF HIS OR HER FAMILY, OR AN ENTITY IN WHICH ANY OF THEM HAVE A MATERIAL OWNERSHIP INTEREST, MAY HAVE THE STATEMENTS ARE COMPLETED AND RETURNED TO THE GENERAL COUNSEL'S OFFICE WHEN POTENTIAL CONFLICTS ARISE, THEY ARE INITIALLY EVALUATED BY THE GENERAL COUNSEL WITH THE ASSISTANCE OF OUTSIDE LEGAL COUNSEL IF NECESSARY ACTUAL CONFLICTS OF INTEREST ARE RESOLVED IN CONSULTATION WITH THE MUSEUM'S PRESIDENT AND DIRECTOR (FOR STAFF) AND THE CHAIRMAN OF THE BOARD OF TRUSTEES AND THE LEGAL COMMITTEE OF THE MUSEUM'S BOARD (FOR TRUSTEES, INCLUDING THE DIRECTOR AND THE PRESIDENT) IF AN ACTUAL CONFLICT OF INTEREST IS DETERMINED TO EXIST, THE INDIVIDUAL IS PROHIBITED FROM PARTICIPATING IN THE BOARD'S DELIBERATIONS AND DECISIONS REGARDING THE TRANSACTION A SUMMARY OF THE POTENTIAL CONFLICTS OF INTEREST DISCLOSED BY THE TRUSTEES ARE PRESENTED TO THE AUDIT COMMITTEE EACH YEAR A SUMMARY OF THE POTENTIAL CONFLICTS OF INTEREST DISCLOSED BY SENIOR STAFF IS PRESENTED TO THE PRESIDENT AND THE DIRECTOR EACH YEAR</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| 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 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| 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 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| 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) |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

Open to Public Inspection

- ▶ 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

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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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.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
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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 | |
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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 | NA | TRUST | | | | | No |
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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 | 1a | No |
| b Gift, grant, or capital contribution to related organization(s) | 1b | No |
| c Gift, grant, or capital contribution from related organization(s) | 1c | No |
| d Loans or loan guarantees to or for related organization(s) | 1d | No |
| e Loans or loan guarantees by related organization(s) | 1e | No |
| f Dividends from related organization(s) | 1f | No |
| g Sale of assets to related organization(s) | 1g | No |
| h Purchase of assets from related organization(s) | 1h | No |
| i Exchange of assets with related organization(s) | 1i | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | No |
| o Sharing of paid employees with related organization(s) | 1o | No |
| p Reimbursement paid to related organization(s) for expenses | 1p | No |
| q Reimbursement paid by related organization(s) for expenses | 1q | No |
| r Other transfer of cash or property to related organization(s) | 1r | No |
| s Other transfer of cash or property from related organization(s) | 1s | No |

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 |
|-------------------------------------|-------------------------------|------------------------|--|
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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 | |
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Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--------------------|
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